# Fire Safety Statement

Approved under the Environmental Planning and Assessment Regulation 2000.

Version 2.0 Effective from 1 December

#### How to complete this form

- 1. Please print in CAPITAL LETTERS
- 2. Please complete all relevant sections in full

#### Note

- 1. A reference to 'the Regulation' in this statement is a reference to the Environmental Planning and Assessment Regulation 2000
- 2. A reference to a CFSP in this statement is a reference to a 'competent fire safety practitioner' as defined by clause 167A of the Regulation

Section 1	: Type of state	nent					
This is (mark applicable box)		☐ an annual fire safety statement (complete the declaration at <u>Section 7</u> of this form)					
☐ a supplementary fire sa			ary fire safe	fety statement (complete the declaration at <u>Section 8</u> of this form)			
Section 2	: Building the s	ubject of this s	tatement				
Street No. Street Name				Suburb	Postcode		
Lot No (if known) DP/SP (if known)				Building Name (if applicable)			
This statem	ent applies to (mar	k applicable box)	☐ the who	ole building			
		,,	□ part of t	the building			
				· ·			
	_	_	-	he building the subject			
Storeys abo	ove ground in the b	uilaing (No.)		Storeys below ground in the	building (No.)		
If statemen	relates to a part –	describe that part	and its loca	tion in the building			
Uses of bui	ding or part subject	t to this statement	(e.g. retail.	offices, residential, assembly	. carparking)		
	эт рын сында		(crgr resem,				
Section 4: Name and address of owner of the building or part							
Title	Given Name/s			Family Name			
Street No.	Street Name			Suburb	Postcode		



#### **Section 5: Fire Safety Measures**

- 1. All essential fire safety measures (including critical fire safety measures) must be listed for an annual fire safety statement
- 2. Only critical fire safety measures must be listed for a supplementary fire safety statement

Fire Safety Measure	Date Assessed	CFSP*	Minimum Standard of Performance

<sup>\*</sup> Insert initials of CFSP

### Section 6: Details of competent fire safety practitioners (CFSPs)

The table must include details of:

- 1. Each CFSP who endorsed a fire safety measure referred to in Section 5 of this form
- 2. Each CFSP who inspected the building in accordance with clause 175(b) of the Regulation (in a shaded row)

Initials	Given Name/s	Family Name	Phone	Email	Signature



I, Click here (insert f	rull name)						
being the (mark applicable box) $\ \square$ owner							
□ owner's agent							
practitioner and was found, when it was assessed in the case of an essential fire safety measure schedule - to a standard no less than that specification in the case of any other essential fire safety in no less than that to which the measure was of the building has been inspected by a competent	each essential fire safety measure specified in this statement has been assessed by a competent fire safety practitioner and was found, when it was assessed, to be capable of performing:  i. in the case of an essential fire safety measure identified in Section 5 of this form and the fire safety schedule - to a standard no less than that specified in the schedule, or  ii. in the case of any other essential fire safety measure identified in Section 5 of this form - to a standard no less than that to which the measure was originally designed and implemented, and the building has been inspected by a competent fire safety practitioner and was found, when it was inspected, to be in a condition that did not disclose any grounds for a prosecution under Division 7 of the						
Owner/Agent Name	Owner/Agent Signature	Date					
Section 8: Supplementary fire safety statement dec	claration full name)						
being the (mark applicable box)							
□ owner's agent							
certify that each critical fire safety measure specified in this state practitioner and was found, when it was assessed, to be capable current fire safety schedule for the building for which this statement.	e of performing to at least the standard	-					
Owner/Agent Name	Owner/Agent Signature	Date					
Section 9: Owner's authorisation (To be completed where an agent makes the declaration in Section 7 or Section 8 of this form)  I, being the owner, authorise the agent named in Section 7 or Section 8 to act on my behalf to make the declaration.  Owner's Name  Owner's Signature  Date							
Section 10: Contact details of person issuing this st  Title Given Name/s	atement Family Name						
Phone	Email						

## Section 11: Fire safety schedule

A current fire safety schedule for the building must be attached to this statement.

