**Schedule 2 – *Occupier’s* statement1**

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| --- | --- | --- | --- |
| **Name of building and address:** | **Name of occupier:** | | |
| ***Prescribed fire safety installation*2** | **Nominated Australian Standard or relevant *maintenance* requirements3** | **Was a *critical defect notice*4 issued during the period covered by this statement (Yes/No)** | **Date of rectification of *critical defect*4** |
| Air handling systems |  |  |  |
| Emergency lifts |  |  |  |
| Emergency lighting |  |  |  |
| Emergency power supply |  |  |  |
| Emergency warning and intercommunication systems5 |  |  |  |
| Exit signs |  |  |  |
| Fire detection and alarm systems |  |  |  |
| Fire doorsets |  |  |  |
| Fire extinguishers |  |  |  |
| Fire hose reels |  |  |  |
| Fire hydrants (including boosters) |  |  |  |
| Fire mains |  |  |  |
| Fire shutters |  |  |  |
| Other features6 (provide details) |  |  |  |
| Smoke and heat venting systems |  |  |  |
| Smoke doorsets |  |  |  |
| Smoke exhaust systems |  |  |  |
| Solid core doors |  |  |  |
| Special automatic fire suppression systems |  |  |  |
| Sprinklers |  |  |  |
| Stairwell pressurisation systems |  |  |  |

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as an authorised person on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_7 declare the above listed *prescribed fire safety installations* have**

**(Full name) (Name of organisation)**

**been *maintained* during the period covered by this statement in accordance with this code and as specified, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature) (Date)**

* + - 1. This yearly statement must be kept with the building’s *maintenance records* in accordance with A2(c) and be produced on demand by local government officers and authorised officers of the Queensland Fire and Rescue Service.
      2. Note: delete *prescribed fire safety installations* that are not installed in/for the building.
      3. For example, in accordance with manufacturer’s instruction manual date day/month/year or in accordance with the building’s *certificate of classification*.
      4. Copies of *critical defect notices* issued and proof of rectification within the period of this statement must be attached.
      5. This is also known as sound systems and intercommunication systems for emergency purposes.
      6. Includes additional *fire safety installations* or conditions that are *required* under the building’s *alternative solution* of the *Building Act 1975* or *BCA* clauses E1.10 and E2.3.
      7. If the owner is signing or the *occupier* is not employed by a body corporate the ‘name of organisation’ section does not need to be completed.