**E:** [CFS.DASCommericalTeam@eso.sa.gov.au](mailto:CFS.DASCommericalTeam@eso.sa.gov.au)

**DAS 08**

**APPLICATION FOR REGULATION 103**

**COMMISSIONING / FUNCTIONAL TESTING AND REPORT**

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| Fees shall be charged as per the Fire and Emergency Services Act 2005 |

Please note that your application will not be considered unless **all sections of this form are completed**, including the declarations.

A copy of the relevant Essential Safety Provisions Schedule must be provided with this application. (Form 1- issued by the Council or a Private Certifier.)

At least 3 business days before any hydrant test a certificate of compliance from the OTR (if applicable) must be received by this office.

At least 3 business days before any hydrant test a certificate of compliance with Sch.10 of AS 2419.1, Hydrostatic Testing must be received by this office.

At least 5 business days before any alarm system inspection a certificate of compliance to AS1670.1 and AS 1670.3 must be received by this office

At least business 5 days before any test all relevant Block Plans must be forwarded to this office.

Any failure on any of the above deliverables will result in a cancellation.

The SACFS Development Assessment Service (DAS) will conduct an inspection of the premises prior to issuing a Regulation 83 /103 Report; it is advisable that the Relevant Authority will be present during this inspection.

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| **(Billing Name & Address)** | Name: | Signature: |
| Address: | |

\*\***If the above section is not completed the Applicant becomes responsible for all fees and charges related to this service.**

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| *Applicant Details:* | | | |
| Name: |  | | |
| Company: |  | | |
| Physical Address: |  | | |
| Suburb: |  | Postcode: |  |
| Postal Address: |  | | |
| Suburb |  | Postcode: |  |
| Telephone: |  | Mobile: |  |
| Email Address: |  | | |
| Development Application Number: |  | | |
| Applicant Signature: |  | Date: |  |

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| *Premise Details:* | | | |
| Owner: |  | | |
| Name: |  | | |
| Street Address: |  | | |
| Suburb: |  | Postcode: |  |
| Section/Hundred: |  | Lot/DP Number: |  |
| Location Comments: |  | | |

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| *Description of Building:* | | | |
| Building Class *(as per Council)*: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | If more than one class: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Type/Use of Premises: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Type of Construction: | A  B  C | Effective Height: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ m |
| Levels Contained: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Rise in Storeys (RIS): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Total Floor Area: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ m2 | Ground Floor Area: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ m2 |
| If more than one building, description of site/building:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| *Inspection of Building:* | | | | | |
| Preferred date and time of inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Please note that your nominated date and time is subject to availability of staff – please call to confirm the date and time the business day following submission of this form. Be advised that if premise is not ready for testing by SACFS at agreed time and date, a second inspection fee will apply.).* | | | | | |
| Will the PCA or nominated representative be available during the inspection? | | | | | Yes  No |
| Name of Site Manager during inspection: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Contact Number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
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| *Type of Occupancy Application:* | | | | | |
| Has an application for occupancy been received by the Relevant Authority? | | | | | Yes  No |
| Please identify the type of occupancy that the application for occupancy pertains to. | | | | | Final  Interim |
| If interim, please identify the specific areas/sections of the development that the application pertains to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| If interim occupancy is sought and not all passive and active fire safety systems will be operational, have all stakeholders agreed to minimum essential fire safety measures before interim occupancy can occur? | | | | | Yes  No |
| Attach a copy of any signed agreement or provide a reference number: Report No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

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| *Miscellaneous Matters:* | | | |
| Has a Regulation Regulation 45 Report been previously issued by the SACFS DAS? | | | Yes  No |
| If yes, please provide our reference number (located on covering letter): CFS DAS File No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| If no, what date was the Building Rules consent granted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| The premises is/shall be insured by: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Policy No.: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Type of Test Required:* | | | |
| Commissioning Extension Other *(please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | |

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| *System(s) to be Tested:* | | |
| Hose Reels Only Unassisted Hydrants (No Booster) Boosted Hydrants Unassisted Combination Hydrant Sprinkler Boosted Combination Hydrant Sprinkler | | Boosted and Pumped Hydrants Boosted and Pumped Combination Hydrant Sprinkler Sprinkler Street Hydrants |
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| *If Sprinkled:* | | |

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| Does Sprinkler System(s) have Test Facilities installed? *(If yes, Contractor to be on site, date of test with Annubar)* | | | Yes  No |
| If yes, please supply Test Flow Rate requirements of Sprinkler:L/S @ KPAUsing a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ meterWith a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ probeWhich equates to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ % of flow | | | |
| RES OH Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ESFR K: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LH | | HH Cat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gaseous System – Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Company to Perform Test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| *If Boosted:* | | | |

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| Has Booster Assembly been overhauled? | | Yes  No |
| Number of Inlets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Number of Outlets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Are Street Plugs used as Water Source | | Yes  No |
| Are On-site Tanks used as Water Source | | Yes  No |
| If yes, number of 64mm outlets \_\_\_\_\_\_\_\_\_\_\_\_\_/ Stortz outlets \_\_\_\_\_\_\_\_\_\_\_\_/ 140mm Suction outlets\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| *If fitted with an Alarm System:* | | |
| New System  Alteration to Existing System  Extension of Existing System | | |
| Thermal – How many? \_\_\_\_\_\_\_\_\_\_\_\_ CO Flame Video – Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Smoke – How many? \_\_\_\_\_\_\_\_\_\_\_\_\_ Multi Type – Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Aspirating – Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| FIP Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIP Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Manufacture: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Monitored by Fire Service? | | Yes  No |
| If no, please provide Private Monitoring details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| ASE No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |
| Ancillary Equipment Operated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| No of Primary Alarms? \_\_\_\_\_\_\_\_\_\_  FIP  SprinklerNo of Secondary Alarms? \_\_\_\_\_\_\_\_  Monitor Valves  Pump Run  Faults  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

# Completed form must be forwarded to:

# Email: [CFS.DASCommercialTeam@eso.sa.gov.au](mailto:CFS.DASCommercialTeam@eso.sa.gov.au)

# Enquiries regarding this application please contact the

# Development Assessment Services on

# (08) 8115 3372.