



FIRE ALARM MONITORING SERVICES

[8.4.4] C7 FORM

DIRECT BRIGADE ALARM – SPRINKLER SYSTEM COMPLIANCE: REQUIRED DOCUMENTS

1. SITE INFORMATION

ADDRESS OF PROTECTED PREMISES:	
PREMISES OCCUPIED BY:	
TYPE OF SYSTEM:	
AUSTRALIAN STANDARD DESIGNED TO:	
NAME OF SPRINKLER CONTRACTOR:	
NAME OF PROJECT CONSULTANT:	
NAME OF 3 RD PARTY CERTIFIER	
NAME OF FIRE DETECTION INSTALLER:	
FIRE INDUSTRY MEMBER (SPRINKLER CONTRACTOR) (CHECK BOX)	NFIA <input type="checkbox"/> OR FPA <input type="checkbox"/>

2. DOCUMENTS TO BE SUPPLIED

DOCUMENT - DETAILS	PDF ATTACHED	N/A
BLOCK PLAN	<input type="checkbox"/>	<input type="checkbox"/>
AS BUILT DRAWINGS	<input type="checkbox"/>	<input type="checkbox"/>
HYDRAULIC CALCULATIONS	<input type="checkbox"/>	<input type="checkbox"/>
INSTALLERS COMPLETION CERTIFICATES	<input type="checkbox"/>	<input type="checkbox"/>
FIRE SAFETY ENGINEERED REPORT (FSER) POST COMPLETION REPORT (PCR)	<input type="checkbox"/>	<input type="checkbox"/>
THIRD PARTY CERTIFICATION	<input type="checkbox"/>	<input type="checkbox"/>
SPRINKLER CONSULTANTS CERTIFICATION	<input type="checkbox"/>	<input type="checkbox"/>
WATER SUPPLY DETAIL	<input type="checkbox"/>	<input type="checkbox"/>

3. ADDITIONAL INFORMATION

4. FIRE AGENT DECLARATION (PLEASE PRINT CLEARLY AND USE BLOCK LETTERS)

I hereby declare that the information provided in this form is accurate, the sprinkler system specified within this form is ready for DBA connection, and all certification documentation required by DFES, and Australian Standards, has been submitted to the DFES Governance Officer.

SPRINKLER CONTRACTOR SIGNATURE:		DATE:	
NAME OF SPRINKLER CONTRACTOR:			
POSITION/ TITLE:			
COMPANY NAME:			
PHONE NUMBER:			
EMAIL:			

ALL SECTIONS OF THIS FORM MUST BE COMPLETED AND SIGNED AND DATED TO AVOID DELAYS.
FOR ASSISTANCE WITH THIS FORM PLEASE CONTACT FIRE ALARM MONITORING SERVICES ON: 1300 793 722

COMPLETED C7 FORMS CAN BE EMAILED TO: WACSC@CHUBB.COM.AU