



FIRE ALARM MONITORING SERVICES

C6 FORM (v1.1)

APPLICATION TO DFES FOR A NEW DBA COMMISSIONING/ OR CHANGES TO AN EXISTING DBA

PENDING CONNECTION:

THIS FORM ADVISES DFES THAT A FIRE DETECTION ALARM SYSTEM (FDAS) HAS BEEN INSTALLED IN THE PREMISES LISTED BELOW AND IS READY FOR COMMISSIONING OF A DIRECT BRIGADE ALARM (DBA). PLEASE ALLOW A MINIMUM TEN (10) WORKING DAYS FOR COMMISSIONING OF THE DBA.

EXISTING CONNECTION:

THIS FORM ADVISES DFES THAT A CHANGE HAS BEEN MADE TO THE FDAS WHICH ALSO REQUIRES THE DBA MONITORING CONFIGURATION TO BE CHECKED/ CHANGED. FIRE ALARM AGENT IS NOT PERMITTED TO REMOVE/ RELOCATE THE CODE RED ASE. PLEASE ALLOW A **MINIMUM 72 HOURS** FOR PROCESSING AND SCHEDULING FOR A FAMS APPOINTMENT FOR UPGRADE WORKS. THIS FORM WILL ALSO ACT AS AUTHORITY TO PROCEED, WHETHER OR NOT A PURCHASE ORDER IS RECEIVED.

1. DETAILS OF PREMISES (PLEASE COMPLETE ALL SECTIONS)

TYPE OF JOB REQUEST:	<input type="checkbox"/>	NEW DBA	APP NUMBER:	
	<input type="checkbox"/>	EXISTING DBA	DBA NUMBER:	
NAME OF BUILDING:				
ADDRESS:				
SUBURB:			POST CODE:	
LOT/ DP NUMBER:				
NEAREST CROSS STREET:				
SITE CONTACT NAME:				
SITE CONTACT PHONE:			MOBILE:	
SITE CONTACT EMAIL:				
INDUCTION REQUIRED:	<input type="checkbox"/> NO	<input type="checkbox"/> YES <i>If Induction required for Site Access – Please include details below:</i>		
INDUCTION DETAILS:				
FIRE INDICATOR PANEL MAKE/ MODEL:				
FIRE INDICATOR PANEL LOCATION:				
COAXIAL CABLE TYPE:	<input type="checkbox"/> RG58 LOW LOSS RF19006 or CWD195	<input type="checkbox"/> LDF4-50 OVER 15m		
LOCATION OF ANTENNA J-BOX:				

2. SYSTEM DETAILS

TYPE OF WORK TO BE COMPLETED:	<input type="checkbox"/>	NEW ALARM COMMISSIONING	<input type="checkbox"/>	UPGRADE – ADD FIP FUNCTION
	<input type="checkbox"/>	UPGRADE – FIP RELOCATION	<input type="checkbox"/>	INSPECTION
	<input type="checkbox"/>	UPGRADE – FIP CHANGEOVER	<input type="checkbox"/>	OTHER:
MONITORED ALARMS:	<input type="checkbox"/>	THERMAL / MANUAL / SMOKE	<input type="checkbox"/>	VALVE TAMPER
NOTE: ALL MONITORED INPUTS MUST BE WIRED TO THE TERMINAL STRIP	<input type="checkbox"/>	PANEL FAULT	<input type="checkbox"/>	LOW WATER PRESSURE
	<input type="checkbox"/>	PANEL ISOLATE	<input type="checkbox"/>	WATER TANK LOW
	<input type="checkbox"/>	SPRINKLER	<input type="checkbox"/>	FIP PSU FAIL
	<input type="checkbox"/>	GAS DETECTION	<input type="checkbox"/>	PANEL BATTERY
	<input type="checkbox"/>	GAS DISCHARGE	<input type="checkbox"/>	HYDRANT
	<input type="checkbox"/>	SUB INDICATOR BOARD	<input type="checkbox"/>	PUMP RUN
	<input type="checkbox"/>		<input type="checkbox"/>	PUMP FAULT

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

I hereby declare that the information provided in this form is accurate, the Fire Indication Panel is ready for DBA commissioning, and all certification documentation required by Australian Standards has been submitted to Direct Brigade Alarm. (DBA)

FIRE AGENT SIGNATURE:		DATE:
NAME OF FIRE AGENT:		
POSITION/ TITLE:		
MOBILE NUMBER:		EMAIL:
COMPANY NAME:		