

DEVELOPMENT ASSESMENT SERVICE

GPO Box 2468, Adelaide SA 5001
Level 5, 60 Waymouth Street, Adelaide SA 5000
P: (08) 8115 3372
E: das@cfs.sa.gov.au

APPLICATION

DAS 08

REGULATION 83(4) INSPECTION REPORT / FIRE SAFETY SYSTEMS COMMISSIONING & FLOW TESTING

Fees shall be charged as per Schedule 18 - Fire and Emergency Services Regulations 2005 (as amended)

1. Please note that your application will not be considered unless **ALL** sections of this form are completed, including the declarations.
2. A copy of the relevant Essential Safety Provisions Schedule **must be provided** with this application. (Form 1 - issued by Council or Private Certifier.)
3. A certificate of connection to a street mains from OTR is attached
4. A certificate of compliance with Sch.10 of AS2419 2005 - Hydrostatic Testing is attached (if applicable)
5. A certificate of compliance with AS1670 2017 (if applicable)
6. The SACFS Development Assessment Service (DAS) will conduct an inspection of the premises prior to issuing a Regulation 83(4) Report. It is expected that the Relevant Authority or an authorised nominee will be present.

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

*Application is not complete until signed

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

*Application is not complete until signed by Applicant

Premise Details:			
Owner			
Name			
Street Address			
Suburb		Postcode:	
Section/Hundred		Lot/DP Number:	
Location Comments			
Council Area			
Approving Authority			
Consultant		Name Number	
Engineers		Name Number	
Architects		Name Number	

Description of Building:	
Building Class (as per Council): _____	If more than one class: _____
Type/Use of Premises: _____	
Type of Construction: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Effective Height: _____m
Levels Contained: _____	Rise in Storeys (RIS): _____
Total Floor Area: _____m ²	Ground Floor Area: _____m ²
Floor Area of fire compartment _____m ² _____m ³	Volume of fire compartment _____

Inspection of Building:	
Preferred date and time of inspection: _____	
<i>(Please note that your nominated date and time is subject to availability of staff – the assigned Officer will confirm with the Applicant. Be advised that if premise is not ready for testing by SACFS at agreed time and date, a second inspection fee will apply.)</i>	
Will the PCA or nominated representative be available during the inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Site Manager _____	Contact Number: _____
Company Name: _____	



Type of Occupancy Application:

Has an application for occupancy been received by the Relevant Authority?

☐ Yes ☐ No

Please identify the type of occupancy for which the application for occupancy appertains

☐ Final ☐ Interim

If interim, please identify the specific areas/sections of the development that the application appertains:

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. _____

Miscellaneous Matters:

Has a Regulation 28(3) Report or FER Comment been previously issued by the CFS DAS?

☐ Yes ☐ No

If yes, please provide our reference number (located on covering letter): CFS 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 / Alteration

☐ Other (please specify) _____

System(s) to be Tested:

☐ Hose Reels Only

☐ Boosted and Pumped Hydrants

☐ Unassisted Hydrants (No Booster)

☐ Boosted and Pumped Combination Hydrant Sprinkler

☐ Boosted Hydrants

☐ Sprinkler

☐ Unassisted Combination Hydrant Sprinkler

☐ Street Hydrants

☐ Boosted Combined Hydrant Sprinkler



If Sprinklered:

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:

Lpm @ KPA

Using a _____ meter

With a _____ probe

Which equates to _____ % of flow

☐ RES

☐ OH Group: _____

☐ ESFR K: _____

☐ LH

☐ HH Cat: _____

☐ Other: _____

☐ Gaseous System – Type: _____

Contractor to Perform Test: _____

Contact Name and Number: _____

If Boosted:

Has Booster Assembly been overhauled?

☐ Yes ☐ No

Number of Supply Inlets: _____

Number of Boosted Outlets: _____

Are Street Plugs used as Water Source

☐ Yes ☐ No

Are On-site Tanks used as Water Source

8. ☐ Yes ☐ No

If yes, number of 64mm outlets _____ / Large bore outlets _____ / size of large bore outlets _____



☐ New System ☐ Alteration to Existing System ☐ Extension of Existing System

☐ Thermal – number _____

☐ CO _____

☐ Flame _____

☐ Smoke _____

☐ Multi Type – Make: _____ / Model: _____

☐ Aspirating (VESDA) – 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 Inputs _____

☐ FIP

☐ Sprinkler

No of Secondary Inputs _____

☐ Monitor Valves

☐ Pump Run

☐ Faults

☐ Other

Completed form must be forwarded to:

das@cfs.sa.gov.au

Enquiries regarding this application please contact the

Development Assessment Service on

(08) 8115 3372

