

# Fire Safety Statement

Approved under the Environmental Planning and Assessment Regulation 2000.

Version 2.0

Effective from 1 December

## How to complete this form

1. Please print in CAPITAL LETTERS
2. Please complete all relevant sections in full

## Note

1. A reference to 'the Regulation' in this statement is a reference to the Environmental Planning and Assessment Regulation 2000
2. A reference to a CFSP in this statement is a reference to a 'competent fire safety practitioner' as defined by clause 167A of the Regulation

## Section 1: Type of statement

- This is (mark applicable box)  an annual fire safety statement (complete the declaration at [Section 7](#) of this form)
- a supplementary fire safety statement (complete the declaration at [Section 8](#) of this form)

## Section 2: Building the subject of this statement

Street No.	Street Name	Suburb	Postcode
Lot No (if known)	DP/SP (if known)	Building Name (if applicable)	

- This statement applies to (mark applicable box)  the whole building
- part of the building

## Section 3: Description of the building or part of the building the subject of this statement

Storeys above ground in the building (No.)	Storeys below ground in the building (No.)
If statement relates to a part – describe that part and its location in the building	
Uses of building or part subject to this statement (e.g. retail, offices, residential, assembly, carparking)	

## Section 4: Name and address of owner of the building or part

Title	Given Name/s	Family Name	
Street No.	Street Name	Suburb	Postcode

**Section 5: Fire Safety Measures**

- 1. All essential fire safety measures (including critical fire safety measures) must be listed for an annual fire safety statement
- 2. Only critical fire safety measures must be listed for a supplementary fire safety statement

Fire Safety Measure	Date Assessed	CFSP*	Minimum Standard of Performance

\* Insert initials of CFSP

**Section 6: Details of competent fire safety practitioners (CFSPs)**

The table must include details of:

- 1. Each CFSP who endorsed a fire safety measure referred to in Section 5 of this form
- 2. Each CFSP who inspected the building in accordance with clause 175(b) of the Regulation (in a shaded row)

Initials	Given Name/s	Family Name	Phone	Email	Signature



**Section 7: Annual fire safety statement declaration**

I, [Click here](#) (insert full name)

being the (mark applicable box)  owner  
 owner’s agent

certify that: a) each essential fire safety measure specified in this statement has been assessed by a competent fire safety practitioner and was found, when it was assessed, to be capable of performing:  
i. in the case of an essential fire safety measure identified in Section 5 of this form and the fire safety schedule - to a standard no less than that specified in the schedule, or  
ii. in the case of any other essential fire safety measure identified in Section 5 of this form - to a standard no less than that to which the measure was originally designed and implemented, and  
b) the building has been inspected by a competent fire safety practitioner and was found, when it was inspected, to be in a condition that did not disclose any grounds for a prosecution under Division 7 of the Regulation.

Owner/Agent Name	Owner/Agent Signature	Date

**Section 8: Supplementary fire safety statement declaration**

I, [Click here](#) (insert full name)

being the (mark applicable box)  owner  
 owner’s agent

certify that each critical fire safety measure specified in this statement has been assessed by a competent fire safety practitioner and was found, when it was assessed, to be capable of performing to at least the standard required by the current fire safety schedule for the building for which this statement is issued.

Owner/Agent Name	Owner/Agent Signature	Date

**Section 9: Owner’s authorisation**

(To be completed where an agent makes the declaration in Section 7 or Section 8 of this form)

I, being the owner, authorise the agent named in Section 7 or Section 8 to act on my behalf to make the declaration.

Owner’s Name	Owner’s Signature	Date

**Section 10: Contact details of person issuing this statement**

Title	Given Name/s	Family Name
Phone	Email	

**Section 11: Fire safety schedule**

A current fire safety schedule for the building must be attached to this statement.

