

CERTIFICATE OF COMPLETION

PART 1: TO BE COMPLETED BEFORE TESTING

AS 4214:2018 Rev.20251125

① Complete all form fields.

We (name of installer) _____ of _____
certify that we have completed the following gaseous fire extinguishing installation/extension(s) in
accordance with AS 4214:

Name of system:			
Designed by:			
Name of client:			
Address of protected area:			
		Postcode:	
Premises known as or occupied by:			
Type of system:			
Date of completion:		(dd/mm/year)	

System information

Protected area	Agent quantity	Number of storage	Agent design concentration	Applicable drawing(s)

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Remote System Monitoring

Remote system monitoring will be performed by:		
Date of remote monitoring connection:		(dd/mm/year)

Variations to Standard

Variations from this Standard previously agreed to by the authority having jurisdiction are attached.	YES	N/A
<i>❗ If applicable, clause references and related variations should be listed.</i>		

System Installer

Name:		
Position:		
Signature:	OR; type to sign:	
Date:		(dd/mm/year)

Continued on next page.

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PART 2: TO BE COMPLETED AFTER TESTING

AS 4214:2018

SYSTEM TESTING

Commissioning test(s)

Commissioning test(s) conducted by:

Signature:

OR; type to sign:

Date:

(dd/mm/year)

Commissioning test(s) witnessed by:

Signature:

OR; type to sign:

Date:

(dd/mm/year)

Door fan test(s)

Door fan test(s) conducted by:

Signature:

OR; type to sign:

Date:

(dd/mm/year)

Door fan test(s) witnessed by:

Signature:

OR; type to sign:

Date:

(dd/mm/year)

Discharge test

Discharge test conducted by:

Signature:

OR; type to sign:

Date:

(dd/mm/year)

Discharge test witnessed by:

Signature:

OR; type to sign:

Date:

(dd/mm/year)

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AS 4214:2018

Remarks:

Disclaimer

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