

BASELINE DATA – COMMISSIONING	Document No: <input type="text"/>
EMERGENCY WARNING AND INTERCOMMUNICATION SYSTEM	Please enter the fire alarm agent document number.
AS1670.4 APPENDIX F – INSTALLERS STATEMENT Rev.20260218	

ⓘ Fill in all applicable fields. Complete on screen, or print and fill in by hand in BLACK PEN using BLOCK LETTERS. If filling by hand, fill circles with a large dot and mark boxes with a tick to indicate your answer.

We _____ confirm that:		
Designer / Company name:	<input type="text"/>	
Specification / Design Brief reference:	<input type="text"/>	
have provided the design for an Emergency Warning and Intercom System (EWIS) located at:		
Site/building name:	<input type="text"/>	
Address:	<input type="text"/>	
	Postcode:	<input type="text"/>
		OR; enter the fire alarm company name: <input type="text"/>

The system installed is:	Type of system:	The system includes:
An alteration to an existing system		EIS (Warden Intercom Points)
A new system		Visual Alarm Devices

The design criteria is:		
AS 1670.4; standards edition year:	<input type="text"/>	(YYYY)
Deemed to satisfy provisions of NCC		
A performance solution provided by:		
Engineer's Name / Company:	<input type="text"/>	
Fire Safety Engineering Report (FSER) Reference:	<input type="text"/>	

We certify that:	YES	NO	N/A
1) The system is installed to the design documentation including all amendments;	YES	NO	N/A
2) The design documentation has been updated to include all installation detail, including but not limited to: zoning, device location, device type, transmission/ circuit paths, location of all junction boxes and location of all end of line devices (ELD);	YES	NO	N/A
3) The cabling meets the requirements of AS1670.4; and	YES	NO	N/A

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We certify that: <i>(continued)</i>	YES	NO	N/A
4) The mains power is connected in accordance with AS/NZS 3000 and the location of the essential service / main switch board is indicated on the zone block plan.	YES	NO	N/A

Cable provider's name:	
Cable provider's license number:	

Commissioning Contractor (Business)	
Name:	
Position:	
Signature:	<div style="border-bottom: 1px solid black; width: 80%; display: inline-block;"></div> OR; type to sign:
Date:	<div style="border-bottom: 1px solid black; width: 20%; display: inline-block;"></div> (dd/mm/yyyy)

Disclaimer

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