

BASELINE DATA — COMMISSIONING		Document No:
FIRE DETECTION AND ALARM SYSTEM		
AS1670.1- APPENDIX F - INSTALLERS STATEMENT		Rev.20260220

Please enter the fire alarm agent document number.

ⓘ *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.*

I/We _____ confirm that:		
Designer / Company name:		
Specification / Design Brief reference:		
have provided the design for an Automatic Fire Detection and Alarm System (FDAS) located at:		
Site/building name:		
Address:		OR; enter the fire alarm company name:
	Postcode:	

The system installed is:	System equipment type(s): (select all applicable)	
An alteration to an existing system	Collective or conventional	Wireless
A new system	Analogue-addressable	Addressable

The design criteria is:		
AS 1670.1; standards edition year:		(YYYY)
Deemed to satisfy provisions of NCC		
A performance solution provided by:		
Engineer's Name / Company:		
Fire Safety Engineering Report (FSER) Reference:		

_____ confirm that we have installed the Automatic Fire Detection and Alarm System to the above.			
A. We confirm the equipment used within the system installation:	YES	NO	N/A
1) Is in accordance with the referenced equipment Standards.	YES	NO	N/A
2) Is located in an environment for which it is appropriate.	YES	NO	N/A
3) Is compatible with the relevant parts of CIE.	YES	NO	N/A

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B. We have provided the following design / baseline data documentation:		YES	NO	N/A
1) Design drawings showing the system layout (building plans), equipment type, location and designation.		YES	NO	N/A
2) Systems interface diagram.		YES	NO	N/A
3) Cause and effect statement for each system interface function.		YES	NO	N/A
4) Table of all system components, their location, type, unique system designation and descriptor.		YES	NO	N/A
5) Table of each system component having a fixed service life, nominating the service life expiry date.		YES	NO	N/A
6) Table of any connectable equipment.		YES	NO	N/A
7) Manuals for all CIE and system components (as applicable).		YES	NO	N/A
8) Aspirating smoke detection design calculations (if applicable).		YES	NO	N/A
9) Type of occupant warning equipment:	ELECTRIC SOUNDERS	YES	NO	N/A
	OWS			
	EWIS			
10) Amplifier rated output; maximum load impedance (Ω) and power (W) (if applicable).				
11) Calculated impedance (Ω) and power load (W) of each loudspeaker transmission path (if applicable).				
12) Table of each supplementary warning device.		YES	NO	N/A
13) Details of fire alarm monitoring requirements.				
14) Power supply requirements including:				
<i>i</i> This section (14a to g) may be recorded in this form or in the Battery log.				
Please indicate where this data is recorded: This form Battery Log				
a. Power supply source (mains), nominal voltage.		REFER TO BATTERY LOG		

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b. Standby power source type, nominal voltage and capacity required.	REFER TO BATTERY LOG
c. System quiescent current (mA), including ASE loads if applicable.	REFER TO BATTERY LOG
d. System alarm current (mA), including ASE and occupant warning system loads.	REFER TO BATTERY LOG
e. Load current of each ancillary circuit.	REFER TO BATTERY LOG
f. Standby time (h).	REFER TO BATTERY LOG
g. Alarm time (min).	REFER TO BATTERY LOG

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LIST OF CONNECTABLE ACTUATING DEVICES												
Number and Type of Actuating Devices												
Alarm Zone †	Number of Actuating Devices per Zone ‡	Heat					Fire		Flame		Manual Call Point	Other
		A	B	C	D	E	SMOKE	CO	IR	UV		

† Add addressable loop number in brackets where applicable.
‡ Indicate with a number in brackets the number of actuating devices in concealed spaces.

To list more devices, use the “+ Add Table” button located on the last “LIST OF CONNECTABLE ACTUATING DEVICES” table.

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Additional information:

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 AS1670.1; and	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:	OR; type to sign:	
Date:		(dd/mm/yyyy)

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