

Occupier's Statement⁽¹⁾

Property: 15 Astor Terrace

Address: 15 Astor Terrace, Spring Hill, QLD .

Period: 1/12/2022 - 30/11/2023

Prescribed fire safety installation	Nominated Australian Standard or relevant maintenance requirements (2)	Was a critical defect notice (3) issued during the period covered by this statement (Yes/No)	Date of rectification of critical defect
Fire Blankets	AS1851-2012 Section 11 - Fire Blankets	No	
Fire Detection Systems	AS1851-2012 Section 6 - Fire Detection and Alarm Systems	No	
Fire Doorsets - Hinged & Pivoted	AS1851-2012 Section 12 - Hinged And Pivoted Fire Resistant Doorsets	No	
Fire Extinguishers	AS1851-2012 Section 10 - Portable and Wheeled Fire Extinguishers	No	
Fire Hose Reels	AS1851-2012 Section 9 - Fire Hose Reels	No	
Fire Hydrant Systems	AS1851-2012 Section 4 - Fire Hydrant Systems	No	
General Sprinkler & Hydrant Pumpsets	AS1851-2012 Section 3 - Fire Pumpsets - General Sprinkler & Hydrant Pumpsets	No	

I, Lincoln Ison am an authorised person on behalf of Flame Control Industries Pty Ltd declare the above listed prescribed fire safety installations have been maintained
(Full name) (Name of organisation)

during the period covered by this statement in accordance with this code and specified,


(Signature)

on 04-12-2023
(Date)

1. This yearly statement must be kept with the building's maintenance records in accordance with A2(c) and be produced on demand by local government offices and authorised officers of the Queensland Fire and Rescue Service
2. For example, in accordance with manufacture's instruction manual date day/month/year or in accordance with the building's certificate of classification
3. Copies of critical defect notices issued and proof of rectification within the period of this statement must be attached
4. If the owner is signing or the occupier is not employed by a body corporate the 'name of organisation' section does not need to be completed