

## Specified System Form

Please complete for each individual system incorporated into the building.

Do not leave blank spaces, if information is not yet available, please enter *to be confirmed* (TBC). This information will need to be supplied when available, and to grant Building Consent (BC)

Building name and Street Address:

Choose one							
Exists	<input type="checkbox"/>	Altered	<input type="checkbox"/>	New	<input type="checkbox"/>	Removed	<input type="checkbox"/>
Description (incl type) Describe the specific type of system which will be provided on the compliance schedule							
Make – Manufacturer Name if known			Model name <i>if known</i>				
Location							
Performance standard							
Inspection requirements							
Inspection Frequency	Daily	Weekly	Monthly	3 Monthly	6 Monthly	Annually	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inspection personnel							
Maintenance Requirements							
Reporting	<p>A test report shall be completed, and results entered into the owner's logbook for inspections specified above.</p> <p>Annually, a test report shall be completed which records the results of all tests and inspections together with a list of non-complying features and corrective measures necessary to return the system to comply with it's original install.</p> <p>Annually, a Form 12A is to be filled out. Original to stay with this document and copied to the South Waikato District Council.</p>						