



SOUTH AUSTRALIAN COUNTRY FIRE SERVICE



**APPLICATION FOR  
REGULATION 83(4) REPORT / PLAN  
APPRAISAL / COMMISSIONING &  
TESTING**

DAS08

**Fees shall be charged as per Schedule 18 - Fire and Emergency Services Regulations 2005 (as amended)**

Please note that your application will not be considered unless **ALL** sections of this form are completed, including the declarations.

A copy of the relevant Essential Safety Provisions Schedule must be provided with this application. (Form 1- issued by Council or Private Certifier.)

A certificate of connection to a street mains from SA Water or OTR is attached

A certificate of compliance with Sch.10 of AS 2419., Hydrostatic Testing is attached

The SACFS Development Assessment Service (DAS) will conduct an inspection of the premises prior to issuing a Regulation 83(4) Report; it is expected that the Relevant Authority will be present during this inspection, or an authorised nominee having written authorisation.

<b>Building Owner (Billing Name &amp; Address)</b>	Name:	Signature:
	Address:	

\*Application is not complete until signed by Building Owner

<b>Applicant Details:</b>			
Name:			
Company:			
Physical Address:			
Suburb:		Postcode:	
Postal Address:			
Suburb:		Postcode:	
Telephone:		Mobile:	
Email Address:			
Development Application Number:			
Applicant Signature:		Date:	

<b>Premise Details:</b>			
Owner:			
Name:			
Street Address:			
Suburb:		Postcode:	
Section/Hundred:		Lot/DP Number:	
Location Comments:			

**Description of Building:**

Building Class (as per Council): \_\_\_\_\_ If more than one class: \_\_\_\_\_

Type/Use of Premises: \_\_\_\_\_

Type of Construction:  A  B  C Effective Height: \_\_\_\_\_ m

Levels Contained: \_\_\_\_\_ Rise in Storeys (RIS): \_\_\_\_\_

Total Floor Area: \_\_\_\_\_ m<sup>2</sup> Ground Floor Area: \_\_\_\_\_ m<sup>2</sup>

If more than one building, description of site/building:

\_\_\_\_\_

\_\_\_\_\_

**Inspection of Building:**

Preferred date and time of inspection: \_\_\_\_\_

*(Please note that your nominated date and time is subject to availability of staff – please call to confirm the date and time the business day following submission of this form. Be advised that if premise is not ready for testing by SACFS at agreed time and date, a second inspection fee will apply.)*

Will the PCA or nominated representative be available during the inspection?  Yes  No

Name of Site Manager during inspection: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

**Type of Occupancy Application:**

Has an application for occupancy been received by the Relevant Authority?  Yes  No

Please identify the type of occupancy that the application for occupancy pertains to.  Final  Interim

If interim, please identify the specific areas/sections of the development that the application pertains to:

\_\_\_\_\_

If interim occupancy is sought and not all passive and active fire safety systems will be operational, have all stakeholders agreed to minimum essential fire safety measures before interim occupancy can occur?  Yes  No

Attach a copy of any signed agreement or provide a reference number: Report No. \_\_\_\_\_

**Miscellaneous Matters:**

Has a Regulation 28(3) Report been previously issued by the CFS DAS?  Yes  No

If yes, please provide our reference number (located on covering letter): CFS BFSU File No. \_\_\_\_\_

If no, what date was the Building Rules consent granted? \_\_\_\_\_

The premises is/shall be insured by: \_\_\_\_\_ Policy No.: \_\_\_\_\_

**Type of Test Required:**

Commissioning

Extension

Other (please specify) \_\_\_\_\_

**System(s) to be Tested:**

- |   |   |
|---|---|
| <input type="checkbox"/> Hose Reels Only                          | <input type="checkbox"/> Boosted and Pumped Hydrants                      |
| <input type="checkbox"/> Unassisted Hydrants (No Booster)         | <input type="checkbox"/> Boosted and Pumped Combination Hydrant Sprinkler |
| <input type="checkbox"/> Boosted Hydrants                         | <input type="checkbox"/> Sprinkler  |
| <input type="checkbox"/> Unassisted Combination Hydrant Sprinkler | <input type="checkbox"/> Street Hydrants                                  |
| <input type="checkbox"/> Boosted Combination Hydrant Sprinkler    |   |

**If Sprinkled:**

Does Sprinkler System(s) have Test Facilities installed? (If yes, Contractor to be on site, date of test with Annubar)  Yes  No

If yes, please supply Test Flow Rate requirements of Sprinkler:  
L/M @ KPA

Using a \_\_\_\_\_ meter

With a \_\_\_\_\_ probe

Which equates to \_\_\_\_\_ % of flow

- |  |   |
|--|---|
| <input type="checkbox"/> RES             | <input type="checkbox"/> HH Cat: _____                |
| <input type="checkbox"/> OH Group: _____ | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> ESFR K: _____   | <input type="checkbox"/> Gaseous System – Type: _____ |
| <input type="checkbox"/> LH              |   |

Company to Perform Test: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**If Boosted:**

Has Booster Assembly been overhauled?  Yes  No

Number of Inlets: \_\_\_\_\_ Number of Outlets: \_\_\_\_\_

Are Street Plugs used as Water Source  Yes  No

Are On-site Tanks used as Water Source  Yes  No

If yes, number of 64mm outlets \_\_\_\_\_ / Stortz outlets \_\_\_\_\_ / 140mm Suction outlets \_\_\_\_\_

**If fitted with an Alarm System:**

- New System       Alteration to Existing System       Extension of Existing System

- Thermal – How many? \_\_\_\_\_
- CO
- Flame
- Video – Make: \_\_\_\_\_ / Model: \_\_\_\_\_
- Smoke – How many? \_\_\_\_\_
- Multi Type – Make: \_\_\_\_\_ / Model: \_\_\_\_\_
- Aspirating (VESDA) – Make: \_\_\_\_\_ / Model: \_\_\_\_\_
- Other: \_\_\_\_\_

FIP Make: \_\_\_\_\_ FIP Model: \_\_\_\_\_ Date of Manufacture: \_\_\_\_\_

Monitored by Fire Service?  Yes  No

If no, please provide Private Monitoring details: \_\_\_\_\_

ASE No: \_\_\_\_\_

Ancillary Equipment Operated: \_\_\_\_\_

No of Primary Alarms? \_\_\_\_\_  FIP  Sprinkler

No of Secondary Alarms? \_\_\_\_\_  Monitor Valves  Pump Run  Faults  Other: \_\_\_\_\_

**Completed form must be forwarded to:  
Development Assessment Service, SA Country Fire Service, GPO BOX 2468, ADELAIDE SA 5001  
OR**

**Email: [das@cfs.sa.gov.au](mailto:das@cfs.sa.gov.au)**

**Enquiries regarding this application please contact the Development Assessment Service on  
(08) 8115 3372**

# CHECKLIST

Please check that all applicable items below have been included before lodging this application.

## Booster Cabinet

- |  |   |
|--|---|
| <input type="checkbox"/> External signage        | <input type="checkbox"/> Block plan (weatherproof)                    |
| <input type="checkbox"/> Location acceptable     | <input type="checkbox"/> Safe & Test pressure placard                 |
| <input type="checkbox"/> Drainage                | <input type="checkbox"/> Doors open 90 deg or off                     |
| <input type="checkbox"/> Clear Access            | <input type="checkbox"/> Door hinge non-ferrous                       |
| <input type="checkbox"/> Blank Caps              | <input type="checkbox"/> Construction OK                              |
| <input type="checkbox"/> Clearance for couplings | <input type="checkbox"/> Clearance around valves                      |
| <input type="checkbox"/> Main valve locked open  | <input type="checkbox"/> Flow arrow on pipe                           |
| <input type="checkbox"/> Door lock square key    | <input type="checkbox"/> New system – 2 hour pressure test performed. |
| <input type="checkbox"/> Gauge cock fitted       | <input type="checkbox"/> Test Tag - Date: _____                       |

## Fire Hose Reels

- |   |  |
|---|--|
| <input type="checkbox"/> Hose reel > 4 metres of exit       | <input type="checkbox"/> Hose extends freely           |
| <input type="checkbox"/> Nozzle interlock fitted            | <input type="checkbox"/> Stop Valve height (1000mm)    |
| <input type="checkbox"/> Location acceptable                | <input type="checkbox"/> Mounting height (1500-2400mm) |
| <input type="checkbox"/> Doors allow access (90 deg back)   | <input type="checkbox"/> Hose guide clears cupboard    |
| <input type="checkbox"/> Isolation/Backflow handles removed | <input type="checkbox"/> Test Tags - Date: _____       |
| <input type="checkbox"/> Floor guide required?              | <input type="checkbox"/> Non Return Valves: _____      |
| <input type="checkbox"/> Exit door signage                  |  |

## Hydrants

- |   |  |
|---|--|
| <input type="checkbox"/> Height OK                          | <input type="checkbox"/> Clearance (rolled grooves)        |
| <input type="checkbox"/> Clearance for wheel valves (100mm) | <input type="checkbox"/> Outlets not less than 30 deg down |
| <input type="checkbox"/> Bollards required                  | <input type="checkbox"/> Blank caps & chains               |
| <input type="checkbox"/> Identification                     | <input type="checkbox"/> Acceptable location               |
| <input type="checkbox"/> Stability                          | <input type="checkbox"/> Radiation barrier required        |

## Documentation

- |   |  |
|---|--|
| <input type="checkbox"/> Form 2   | <input type="checkbox"/> Installers Statement    |
| <input type="checkbox"/> Commissioning Report                               | <input type="checkbox"/> Block Plans x 2         |
| <input type="checkbox"/> Alternative Solutions (laminated with Block Plans) | <input type="checkbox"/> Alarm Attendance Book   |
| <input type="checkbox"/> ESP Maintenance Log Book                           | <input type="checkbox"/> Keys – Key Receipt Book |

**Note: A copy of SA Water Fire Services Certificate is to be attached if commissioning.**

Once this request has been received the SACFS BFSU Officer will contact you to make an appointment.