

Certificate No. 6 of Fire Safety Compliance for 2005/2006
for Public Hospitals

Name of Agency: (“the Agency”)
Name of Campus..... (“the Campus”)

This certificate is signed by the CEO (or equivalent) acting for and on behalf of the Agency to confirm that premises coming within the Agency’s control comply with the Department of Human Services Capital Development Guidelines - Fire Risk Management (FRM) completed certificate should be submitted to the Department as part of the Health Service Agreement for 2005/2006.

From the information I have obtained, I am satisfied that for each of the premises on the attached list*:

Compliance with Series 7 Capital Development Guidelines - Fire Risk Management

(a) I have viewed the fire safety audit and/or risk assessment report carried out in accordance with the requirements of the Capital Development Guidelines, Series 7, Fire Risk Management, and I confirm that the Agency has developed a plan and timeframe, agreed with DHS, for the completion of rectification works.

Emergency Response

(c) The following are in place as are procedures to ensure continuing compliance:

- documented emergency management and evacuation procedures which meet Australian Standards AS4083 and AS3745 as appropriate;
- appropriate documentation to demonstrate that these procedures have been tested through fire drills and can be effectively implemented in the event of fire;
- appropriate staff training arrangements to enable these procedures to be carried out; and
- any additional procedures required by the fire engineer as documented in the fire safety audit/risk assessment.

Maintenance

(e) All fire safety equipment, fire safety fittings, fire safety measures, exits, paths of travel to exits or “essential services” (as defined in and required by the Building Regulations 1994) are being adequately maintained as at the date of signature.

Signed for and on behalf of the Agency

Signature: Date:/...../.....

Name (block letters): Title:

Address

* attach list of premises together with number of the applicable FRM Guideline.