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| Approval in Principle (AIP) – Report Template |
| Health service establishments |

# **HEALTH SERVICE ESTABLISHMENT**

# **AIP INSPECTION REPORT**

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| To: | Private Hospitals Unit |
| From: |  |
| Date of report: |  |
| Inspection details |
| Facility name: |  |
| Facility address: |  |
| Date of AIP inspection: |  |
| AIP certificate number: |  |
| Inspection by: |  |
| Purpose: |  |
| In attendance |
| DHHS representative: |  |
| Client representative: |  |

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| Occupancy permit documents provided: |
|  | Item | Yes | No | N/A | Comments |
| 1 | Occupancy permit |  |  |  |  |
| 2 | Fire suppression systems |  |
| 2a | Certificate of compliance fire sprinkler systems |  |  |  |  |
| 2b | Certificate of compliance hydrant system |  |  |  |  |
| 2c | Certificate of compliance fire hose reel system |  |  |  |  |
| 2d | Certificate of compliance fire extinguishers/fire blankets |  |  |  |  |
| 3 | Fire detection and warning systems |
| 3a | Certificate of compliance smoke and heat detections |  |  |  |  |
| 3b | Certificate of compliance – EWIS and alarm system |  |  |  |  |
| 4 | Passive fire systems |
| 4a | Certificate of compliance fire door set |  |  |  |  |
| 4b | Certificate of compliance passive fire systems – fire/smoke walls, collars, seals, etc.  |  |  |  |  |
| 5 | Mechanical services - HVAC |
| 5a | Certificate of compliance mechanical services |  |  |  |  |
| 5b | Air balance test report, hepa filters certification |  |  |  |  |
| 5c | Certificate of compliance for humidity monitoring |  |  |  |  |
| 6 | Medical gases |
| 6a | Medical gas certification and test results |  |  |  |  |
| 6b | Anaesthetist certification |  |  |  |  |
| 7 | Hydraulics |
| 7a | Plumbing certificate of compliance – drainage and sewer and general plumbing |  |  |  |  |
| 7b | Plumbing certificate of compliance – RO water |  |  |  |  |
| 7c | Plumbing certificate of compliance – recycled water |  |  |  |  |
| 8 | Electrical services |
| 8a | Certificate of electrical safety general electrical works |  |  |  |  |
| 8b | Certificate of electrical safety for prescribed electrical work (body and/or cardiac protected areas) |  |  |  |  |
| 8c | Certificate of electrical safety exit and emergency lights |  |  |  |  |
| 8d | Certificate of commissioning – nurse call system |  |  |  |  |
| 8e | Certificate of electrical safety- emergency power |  |  |  |  |
| 8f | Certificate of electrical safety UPS |  |  |  |  |
| 9 | Finishes |
| 9a | Glazing compliance certificate |  |  |  |  |
| 9b | Floor/wall finishes test reports |  |  |  |  |
| 20 | Other (please specify) |  |  |  |  |
| 21 | Other (please specify) |  |  |  |  |

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| *SUMMARY REPORT* |

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| *RECOMMENDATION* |

Subject to the outstanding items above being rectified the areas inspected will be suitable for occupation.

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***NAME:***

*Disclaimer: This report does not release the owner/proprietor from their obligations to comply with the relevant regulations including* the Health Act*, Building Code of Australia and Australian Standards and the Conditions as prescribed in the Planning Permit.*