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| --- |
| Mark N/A to any part that does not apply |

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| Property / Project details | | | | | | | | | | | | | |
| Building permit number | |  | | | | | | Project reference | |  | | | |
| **Location code** | |  | | | | **LTO number** | |  | **Lot number** | | |  | |
| Address | |  | | | | | | | | | | | |
| Description of works - provide full details of works certified under this certificate | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Drawing numbers | | |  | | | | | | | | | | |
| Inspection records | | |  | | | | | | | | | | |
| Installer’s details | | | | | | | | | | | | | |
| Provide all installers details and components installed | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Comments and exclusions** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Certification by mechanical engineer | | | | | | | | | | | | | |
| I certify that reasonable care has been taken to ensure that the mechanical systems described above have been constructed in accordance with the approved plans and building permit. | | | | | | | | | | | | | |
| Signature |  | | | | | | | | | | **Date** |  | |
| Name / nominee 1 | | | |  | | | | Individual NT BPB registration number | | |  | | |
| Registered company name  (if certification is on behalf of a company) | | | | | | |  | | | | | | |
| Company NT BPB registration number | | | | | | |  | | | | | | |
| Schedule of inspections completed | | | | | | | | | | | | | |
| Indicate which of the below has been completed. | | | | | | | | | | | | | |
| Measurement of fresh air rates | | | | | | | | | | | | | Yes / No |
| Measurement of exhaust air rates | | | | | | | | | | | | | Yes / No |
| Verification of fire mode operation including stairwell presentation, smoke spill systems,  a/c shut down and zone pressurisation systems. | | | | | | | | | | | | | Yes / No |
| Other Inspections | | | | | | | | | | | | | Yes / No |
| Detail of other inspections | | | | |  | | | | | | | | |
| Further information Contact Building Advisory Services on 08 8999 8985 or email [bas@nt.gov.au](mailto:bas@nt.gov.au) | | | | | | | | | | | | | |

1 Name and registration number of nominee signing on behalf of the company or if no registered company, the name of registered individual issuing certification.