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

|  |
| --- |
| 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 informationContact Building Advisory Services on 08 8999 8985 or email 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.