



FIRE SAFETY SERVICES ORDER FORM

Fire Services Report Package

Includes: Fire Safety Report, Fire and Evacuation Plan, Online Evacuation Co-ordinator Training.

Reviews and Updated Reports:

Annual review

The Fire and Evacuation Plan must be reviewed at least every 12 months, and Evacuation Co-ordinators, Workers and Occupants must receive training every 12 months.

The Fire Safety Report should be reviewed every year before submitting the Occupiers Statement to the QFRS.

Material change in building

The Fire and Evacuation Plan must be reviewed if there is a material change in the building. The Fire Safety Report and training for all people should also be updated.

Change in responsible person

The Fire and Evacuation Plan must be updated if there is a change in responsible person, and the new person must be trained immediately.

CORRESPONDENCE TO:

Full Name: _____
Company: _____ Position: _____
Telephone: _____ E-mail: _____
Billing Address: _____ Suburb: _____ Postcode: _____

PROPERTY INFORMATION: Please fill in all of the information below, unless it has previously been provided to Solutions ie.

Building Name: _____ Community Title Scheme Number: _____
Street Address: _____
Suburb: _____ Number of Lots (total): _____
Postcode: _____ Short-term Letting (Rental, Serviced Apartments or Hotel etc) Lots: _____
Date of Construction: _____ Commercial lots requiring inspection: _____
Number of buildings on plan: _____ Number of Storeys (Above Ground): _____
 Building Format Plan / Building Units Plan (BFP/BUP) Standard Format Plan / Group Titles Plan (SFP/GTP)
 Building Management Statement/Volumetric Plan Non - Strata

Typically, only common property buildings on an SFP will require Fire services.

Body Corporate Representative: _____ Telephone: _____
Onsite Manager (If applicable): _____ Telephone: _____

Has an onsite Evacuation Co-ordinator been appointed for this building? Yes No

If so, please provide the following details:

Name: _____ Unit Number: _____
Phone Number: _____ Email Address: _____

INFORMATION REQUIRED WITH ORDER:

The Registered Plans are attached OR Please purchase the Registered Plans for \$22.

Does the Community Management Statement contain any provisions relating to Fire Safety Installations? If so, please provide CMS or details:

ADDITIONAL INFORMATION:

Are there any special items, needs or considerations that need to be taken into account in your order? _____

FINAL REPORT DETAILS:

Date report required: No hurry OR Specific date: ____ / ____ / ____

All services provided by Solutions ie are supplied on the basis of 'Supply Terms and Conditions' which are available from our Office and from our website www.solutionsie.com.au

Signature: _____ Date: ____ / ____ / ____ Quote Number (if applicable) : _____

Please fax order form back to 1300 136 037 or email orders@solutionsie.com.au

Should you have any queries, please do not hesitate to call us on 1300 136 036

State Head Office Location	Postal Address
14 Railway Terrace, MILTON QLD 4064	PO Box 1584, MILTON QLD 4064 PO Box 2253 SOUTHPORT QLD 4215 PO Box 726, MALENY QLD 4552 PO Box 8002, CAIRNS QLD 4870