



## 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: \_\_\_\_\_  
Is an onsite meeting required? Meet with:  No meeting is required  Onsite Representative  Building Manager  
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](http://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](mailto: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  |
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