

Fire Safety Statement



Part 12 of the Environmental Planning and Assessment (Development Certification and Fire Safety) Regulation 2021

Please note:

Information to assist building owners to complete each section of the statement is provided on pages 3, 4 and 5.

Section 1: Type of statement

This is (mark applicable box): an annual fire safety statement (complete the declaration at Section 8 of this form)
 a supplementary fire safety statement (complete the declaration at Section 9 of this form)

Section 2: Description of the building or part of the building

This statement applies to: the whole building part of the building

Address (Street No., Street Name, Suburb and Postcode)

11 ADA AVENUE, BROOKVALE NSW 2100

Lot No. (if known)	DP/SP (if known)	Building name (if applicable)
	SP 66542	

Provide a brief description of the building or part (building use, number of storeys, construction type etc)

2 STOREYS ABOVE GROUND - RETAIL

Section 3: Name and address of the owner(s) of the building or part of the building

Full Name (Given Name/s and Family Name) *

THE OWNER'S CORPORATION OF SP66542 C/- STRATA ONE PTY LTD

* Where the owner is not a person/s but an entity including a company or trust insert the full name of that entity.

Address (Street No., Street Name, Suburb and Postcode)

PO BOX 889, NARRABEEN NSW 2101

Section 4: Fire safety measures

Fire safety measure	Minimum standard of performance	Date(s) assessed	APFS *
EXIT SIGNS	AS 2293.1 - 1998	02.04.24	F018351A
EMERGENCY LIGHTING	AS 2293.1 - 1998	02.04.24	F018351A
FIRE BLANKETS	AS 2444 - 1995	02.04.24	F018351A
PORTABLE FIRE EXTINGUISHERS	AS 2444 - 1995	02.04.24	F018351A

* See notes on page 4 about how to correctly identify an accredited practitioner (fire safety) (APFS). Also, new rows can be added if required.

Section 5: Inspection of fire exits and paths of travel to fire exits (Part 15)

Part of the building inspected	Date(s) inspected	APFS *
WHOLE BUILDING	02.04.24	F018351A

* See notes on page 4 about how to correctly identify an accredited practitioner (fire safety) (APFS). Also, new rows can be added if required.

Fire Safety Statement



Part 15 of the Environmental Planning and Assessment (Development Certification and Fire Safety) Regulation 2021

Section 6: Name and contact details of each accredited practitioner (fire safety) (APFS)*

Full name (Given Name/s and Family Name)	Address	Phone	APFS*	Signature
Adrian Cencigh	234 Enmore Road, Enmore, NSW 2042	028054 9555	F018351A	

* Where applicable – see notes on page 4 for further information.

Section 7: Details of the person making the declaration in section 8 or 9

Full name (Given Name/s and Family Name)	
PETER BRISBANE	
Organisation (if applicable)	Title/Position (if applicable)
STRATA ONE P/L	DIRECTOR
Address (Street No, Street Name, Suburb and Postcode)	
SUITE 8, 12 RICKARD ROAD, NARRABEEN NSW 2101	
Phone	Email
02 9913 3999	COMPLIANCE@STRATAONE.COM.AU

The person making the declaration in section 8 or 9 must not be an APFS listed in section 6 or their employer/employee or direct associate.

Section 8: Annual fire safety statement declaration

I, PETER BRISBANE (STRATA MANAGING AGENT) ON BEHALF OF STRATA ONE AND THE OWNERS CORPORATION OF SP66542 (insert full name) being the: owner owner's agent

declare that:

- each essential fire safety measure specified in this statement has been assessed by an accredited practitioner (fire safety) as capable of performing:
 - for an essential fire safety measure specified in the fire safety schedule, to a standard no less than that specified in the schedule, or
 - for an essential fire safety measure applicable to the building but not specified in the fire safety schedule, to a standard no less than that to which the measure was originally designed and implemented, and
- the building has been inspected by an accredited practitioner (fire safety) and was found, when it was inspected, to be in a condition that did not disclose grounds for a prosecution under Part 15 of the Regulation.

Owner/Agent Signature		Date issued
		17/05/2024

Section 9: Supplementary fire safety statement declaration

I, [Click here](#) (insert full name) being the: owner owner's agent

declare that each critical fire safety measure specified in this statement has been assessed by an accredited practitioner (fire safety) as capable of performing to at least the standard required by the current fire safety schedule for the building.

Owner/Agent Signature	Date issued
NA	NA

Note:

- A fire safety statement for a building must not be issued unless the statement is accompanied by a fire safety schedule for the building in accordance with the Regulation.
- The building owner(s) are also responsible for ensuring that essential fire safety measures are maintained in accordance with section 81 of the Regulation. An agent cannot be made responsible for this requirement.



SCHEDULE OF ESSENTIAL OR CRITICAL FIRE SAFETY MEASURES

PREMISES: 11 Ada Avenue BROOKVALE NSW 2100

Please quote the AFSS Reference number on your statement and in any correspondence to Council.

The following items shall be certified:

	Fire Safety Measures	Standard of Performance
1	Emergency Lighting	AS 2293.1 (1998)
2	Fire Blankets	AS 2444 (1995, as amended)
3	exit signs	AS 2293.1 (1998)
4	Portable Fire Extinguishers	AS 2444 (1995, as amended)