

Record of Inspection - Monthly

- Contractor/IQP to complete following each inspection
- Refer to latest Compliance Schedule for required inspection frequency
- Fields for Systems that are not on site/were not inspected/do not require this inspection frequency are to be left blank

School Name:

MOE ID:

Compliance Schedule:

BWOF renewal date:

Year:

Specified System	January	February	March	April	May	June	July	August	September	October	November	December
SS1 <i>Automatic Sprinklers</i>	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:
SS2 <i>Emergency Warning System</i>	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:
SS4 <i>Emergency Lighting Systems</i>	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:
Other: SS__ _____	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:
Other: SS__ _____	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:

Record of Inspection - Quarterly

- Contractor/IQP to complete following each inspection
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School Name:

MOE ID:

Compliance Schedule:

BWOF renewal date:

Year:

Specified System	January	February	March	April	May	June	July	August	September	October	November	December
SS3/1 <i>Automatic Doors</i>	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:
Other: SS__ _____	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:
Other: SS__ _____	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:

Record of Inspection – Six-monthly

- Contractor/IQP to complete following each inspection
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School Name:

MOE ID:

Compliance Schedule:

BWOF renewal date:

Year:

Specified System	January	February	March	April	May	June	July	August	September	October	November	December
SS4 <i>Emergency Lighting Systems</i>	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:
SS3/2 <i>Access Control Doors</i>	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:
SS11 <i>Laboratory Fume Cupboards</i>	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:
SS12/1 <i>Audio Loops</i>	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:
SS12/2 <i>FM & Infrared transmission systems</i>	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:
SS13/1 <i>Mechanical Smoke Control</i>	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:

Record of Inspection – Six-monthly (cont.)

SS13/2 <i>Natural Smoke Control</i>	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:
SS13/3 <i>Smoke Curtain</i>	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:
SS15/3 <i>Fire Separations</i>	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:
SS15/4 <i>Signs for communicating information to facilitate evacuation</i>	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:
SS15/5 <i>Smoke Separations</i>	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:
Other: SS__ _____	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:
Other: SS__ _____	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:
Other: SS__ _____	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:	Initial: Date:

Record of Inspection - Annual

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School Name:

MOE ID:

Compliance Schedule:

BWOF renewal date:

Year:

Specified System	IQP Name:	IQP Signature:	IQP Number:	IQP Company:	Date:
SS1 <i>Automatic Sprinklers</i>					
SS2 <i>Emergency Warning System</i>					
SS3/1 <i>Automatic Doors</i>					
SS3/2 <i>Access Control Doors</i>					
SS3/3 <i>Interfaced Fire/smoke doors</i>					
SS4 <i>Emergency Lighting Systems</i>					
SS5 <i>Escape route pressurisation systems</i>					

Record of Inspection – Annual (cont.)

Specified System	IQP Name:	IQP Signature:	IQP Number:	IQP Company:	Date:
SS6 <i>Riser Mains</i>					
SS7 <i>Automatic Backflow Preventer (Sprinkler)</i>					
SS7 <i>Automatic Backflow Preventer (non-Sprinkler)</i>					
SS8/1 <i>Passenger Carrying Lifts</i>					
SS8/2 <i>Service Lift</i>					
SS8/3 <i>Escalator & moving walk</i>					
SS9 <i>Mechanical Ventilation</i>					
SS11 <i>Laboratory Fume Cupboards</i>					

Record of Inspection – Annual (cont.)

Specified System	IQP Name:	IQP Signature:	IQP Number:	IQP Company:	Date:
SS12/1 <i>Audio Loops</i>					
SS12/2 <i>FM & Infrared transmission systems</i>					
SS13/1 <i>Mechanical Smoke Control</i>					
SS13/2 <i>Natural Smoke Control</i>					
SS13/3 <i>Smoke Curtain</i>					
SS14/1 <i>Emergency Power System</i>					
SS14/2 <i>Signs (relating to SS1-13)</i>					
SS15/1 <i>Systems for communicating spoken information to facilitate evacuation</i>					
SS15/2 <i>Final Exits</i>					

Record of Inspection – Annual (cont.)

Specified System	IQP Name:	IQP Signature:	IQP Number:	IQP Company:	Date:
SS15/3 <i>Fire Separations</i>					
SS15/4 <i>Signs for communicating information to facilitate evacuation</i>					
SS15/5 <i>Smoke Separations</i>					