

SS05

Escape route pressurisation systems

Please provide the following information about this system. The relevant standard, year of the standard and the relevant parts/sections and clauses where applicable of the standard must be referenced. If there is more than one type of this system please provide a separate information sheet for each system type.

Address			
Existing BWOFF/ CS number (if applicable)			
Provided by (name)			
Provide reference to where the information outlined below is within the plans and specifications of the applicant			
Description of system To identify the design function of the specified systems with key features particular to the design. This could include any interfacing with other specified systems or building systems.			
Number	Make	Model	Location
1			
2			
3			
4			
5			
Performance standard Reference to a standard or identified by a specifically designed solution		<input type="checkbox"/> Standard <input type="checkbox"/> Solution	Year
Relevant parts/ section			
Inspections, maintenance and reporting procedure Note: when referencing MBIE issued documents as the inspection and maintenance procedure, ensure that you nominate the appropriate clauses for the specified systems to be included on the compliance schedule.		<input type="checkbox"/> Standard <input type="checkbox"/> Solution	Year
Relevant parts/ sections			
Clauses where applicable			
Interconnected systems Is the system interconnected		<input type="checkbox"/> No not applicable <input type="checkbox"/> Yes, the system is connected to the buildings emergency warning system, testing of the interface between the two systems shall be carried out annually.	

Frequency	<input type="checkbox"/> Daily	<input type="checkbox"/> Owner	<input type="checkbox"/> IQP	
	<input type="checkbox"/> Weekly	<input type="checkbox"/> Owner	<input type="checkbox"/> IQP	
	<input type="checkbox"/> Monthly	<input type="checkbox"/> Owner	<input type="checkbox"/> IQP	
	<input type="checkbox"/> Three monthly	<input type="checkbox"/> Owner	<input type="checkbox"/> IQP	
	<input type="checkbox"/> Six monthly		<input type="checkbox"/> IQP	
	<input type="checkbox"/> Annually		<input type="checkbox"/> IQP	
	<input type="checkbox"/> Other			
SS14.2 Signage relating to system	<input type="checkbox"/> Yes, signage is installed for this system. Features and location specified below <input type="checkbox"/> No signage is required for this system			
System	Feature – Provide details of	Type	Number of	Location
<input type="checkbox"/> SS05	Signs relating to			
<input type="checkbox"/> SS05	Other			
Signage performance standard		<input type="checkbox"/> Signage is installed as per the performance standard noted above <input type="checkbox"/> Signage is installed to differing performance standard		
Signage inspection, maintenance and reporting procedure		<input type="checkbox"/> Signage inspection, maintenance and reporting procedures are to be undertaken as noted above <input type="checkbox"/> Signage inspection, maintenance and reporting procedures is to differing solution		

The information above is used to help generate the compliance schedule. If you are unsure how to complete this form, please consult an independently qualified person (IQP) who is registered for the system above.