

SS15.5

Smoke separations

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 BWO/ 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			
6			
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	

<p>Buildings requiring daily maintenance</p> <p>If ticked daily inspections are required as stated below</p>	<input type="checkbox"/> CS crowd activity <input type="checkbox"/> CM crowd activity <input type="checkbox"/> CL crowd activity <input type="checkbox"/> CO crowd activity <input type="checkbox"/> Building undergoing building work affecting a fire separation <input type="checkbox"/> Monthly and annually for all other crowd activity		
<p>Frequency</p>	<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		

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.