



DOCUMENT DESIGN PORTFOLIO

Unit 1, The Groves
3986 Pacific Highway, Loganholme QLD 4129

Tel: (07) 3806 0399

Mob: 0419 645 444

Email: design@thirdplanet.com.au

Web: www.thirdplanet.com.au

Contact: Richard Zakrzewski

CONTENTS

SALES

Field Proposal.. .. .	3
Receipt book.... .. .	4
Service / Work Order... .. .	5
Quote book & Tax invoice... .. .	6

MARKETING

Giveaway slip.. .. .	7
----------------------	---


ORGANISATIONAL


Acquaintance form... .. .	9
Membership application... .. .	11
Personal Credit Account application.	15
Time Sheet... .. .	16

TECHNICAL

(Inspection, Test & Preventive Maintenance Records Reports)

Sound & Intercom Systems.... .. .	17
Sprinkler & Hydrant Pumps.. .. .	18

 <p>ABN: 64 132 551 298</p> <p><i>"Site Specific Technical Solutions"</i></p>	PO Box 5596 Manly QLD 4179 AUSTRALIA	RECEIPT 0001
	Tel: +61 (0)7 3396 1913 Mob: +61 (0)408 275 535 Email: info@kelsowconsulting.com Web: www.kelsowconsulting.com	
Received from	<input type="text"/>	
The sum of	<input type="text"/>	
	<input type="text"/>	
On	<input type="text" value=" / /"/>	Being payment for Invoice # <input type="text"/>
Amount	\$ <input type="text"/>	
<p>Payment received is</p> Full payment <input type="checkbox"/> Deposit <input type="checkbox"/> Balance owing <input type="checkbox"/>		<p>Payment type is</p> Direct credit <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/>
		_____ Darren Gilbert



Johnson Controls

INGENUITY WELCOME

ABN: 29 002 968 103 Arctic Number: AU00301

24 hour service: 1800 659 378

Service / Work Order

115001

Client	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Site name	<input type="text"/>	Job #	<input type="text"/>	
Client representative	<input type="text"/>	JC representative	<input type="text"/>	

Quoted
 Maintenance
 Warranty
 Call out
 A/hrs call
 Call fee

HEALTH & SAFETY

	Yes	No	List all SWMS to be applied
Have you identified all hazards	<input type="checkbox"/>	<input type="checkbox"/>	1. <input type="text"/>
Do you have the appropriate PPE	<input type="checkbox"/>	<input type="checkbox"/>	2. <input type="text"/>
Any permits required /notified BM	<input type="checkbox"/>	<input type="checkbox"/>	3. <input type="text"/>
Electrical lockout required	<input type="checkbox"/>	<input type="checkbox"/>	Technician signature
Electrical lockout released	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Equipment model #	<input type="text"/>
Equipment serial #	<input type="text"/>
Start up date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Number chiller starts	<input type="text"/>
Failure date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Chiller run hours	<input type="text"/>

DESCRIPTION OF WORK

BAS
 Chillers
 Fire
 Mech
 Security

Labour					Material & Expenses				
Date	Technician	T	T½	T2	Item	Qty	LPO #		

Work complete
 Work incomplete
 See additional page

FURTHER WORK REQUIRED

Consumables	
Parking	Expense/Card
Refrigerant	Qty LPO # Type
<input type="text"/>	<input type="text"/>

Customer purchase order #

Customer signature

Total ex GST

\$

GST

\$

Total

\$

Supervisor signature

<input type="checkbox"/> CAIRNS 2/21 Donaldson Street Manunda Cairns QLD 4870 Tel: (07) 4041 7967 Fax: 1800 007 937	<input type="checkbox"/> BRISBANE Unit 4/121 Newmarket Road Windsor QLD 4030 Tel: (07) 3630 3030 Fax: 1800 007 937	<input type="checkbox"/> COFFS HARBOUR 2/20 Marcia Street Coffs Harbour NSW 2450 Tel: (02) 6651 3379 Fax: (02) 6650 9803	<input type="checkbox"/> SYDNEY Level 2, 65 Epping Road North Ryde NSW 2113 Tel: (02) 9805 8300 Fax: (02) 9889 3027	<input type="checkbox"/> MELBOURNE 887 Wellington Road Rowville VIC 3167 Tel: (03) 9751 5000 Fax: (03) 9755 7566	<input type="checkbox"/> ADELAIDE Unit 2/5-7 Stephen Street Melrose Park SA 5039 Tel: (08) 8374 7444 Fax: (08) 8177 0247	<input type="checkbox"/> PERTH Tel: 1800 659 378 Fax: 1800 007 937
---	--	--	---	--	--	--

06 SR0400.03 Rev2 08/05/2009

Page 1 of 1

Printed 18/05/2009 10:00 AM



ABN: 17 126 264 640

PO Box 508
Indooroopilly QLD 4068

Tel: (07) 3879 4395

Mob: 0409 990 066

Email: enquiries@waterstore.net.au

Web: www.waterstore.net.au

Tax Invoice

00001

Client Contact # Date / /

Site address

Billing address

<i>WATER CARTAGE</i>				
Quote #	Job description	Volume (litres)	Cost per litre	Total

Total volume Sub-total (A) \$

<i>OTHER SERVICES</i>				
Quote #	Job description	Volume (litres)	Cost per litre	Total

Sub-total (B) \$

TOTAL \$

GST \$

GRAND TOTAL \$

PAYMENT 1 — DEPOSIT

Amount received \$

Signature:

Date: / /

PAYMENT 2 — COMPLETION


Amount received \$

Signature:

Date: / /

NOTES

Save it, don't waste it



NOAH
group
your link to...

...a new beginning

Fuel for a Year to the value of \$5,000

Three draws of \$5,000 ...
To spend on fuel at a Service Station of your choice

Tick the relevant boxes below to qualify for your prize. ALL details must be completed to be eligible.

Are you renting? Yes No

Do you own OR are you paying off your home or an investment property? Yes No **Years remaining to pay it off?**

Would you like to reduce your taxes? Yes No

Would you like to pay off your home loan faster? Yes No

Would you like to build wealth through investments? Yes No

Your age group is: 18-30 31-60 61+

Are you: Student Working Full Time Retired Working Part Time Other

Noah Group respects your privacy. Your details will not be forwarded to any third parties. Competition details on reverse of entry form.

Mr / Mrs First name

Ms / Miss

Surname

Street address

Suburb Postcode

Home phone Mobile phone

Email

**Three draws of \$5,000 ...
To spend on fuel at a Service Station
of your choice**

**Draws to be conducted on ...
31 October 2008, 28 February 2009,
30 June 2009**

Competition Terms and Conditions

This contest is open to Australian residents who, at the time of entry, are 18 years of age or over. Entrants may only submit one (1) entry form per household for the competition. Employees of and contractors to (and members of their immediate families) the promoter, its related companies and affiliates ("Noah Group") and other agencies associated with this competition, are ineligible to enter. Only valid and fully-completed entries received by the Noah Group no later than five (5) business days prior to each draw date will be eligible for draws. Each winner shall be drawn randomly and draws will take place at the Noah Group head office located at 3986 Pacific Highway, Loganholme, Queensland 4129.

Three (3) prizes will be drawn to the value of \$5,000.00, being for the purchase of fuel or, if the winner does not have a car, a payment of \$5,000.00 by cheque from the Noah Group. Prize winners are not eligible for further draws. Prizes may be transferable upon application in writing to the Noah Group at the above address, but the winner understands that this is at the sole discretion of the Noah Group. Prizes include GST (if applicable). Unless stipulated otherwise, prizes cannot be taken as cash and must be redeemed within six months of the draw date. The judges' decision shall be final and no correspondence will be entered into. The prize winners will be notified by

phone and/or by mail. Results will also be published on the Noah Group website, namely www.noahgroup.com.au.


The prize winners agree to the use of their photographs, names and/or statements for future promotional purposes without further consent, payment or compensation. The information you provide will be held by the Noah Group. It will be disclosed to members of the Noah Group for marketing purposes. Although Noah Group undertakes to comply with the Do Not Call Register Act 2006, you expressly consent to a member of the Noah Group contacting you for promotion of its goods and services for up to 5 years from the date of entry. Unless you notify Noah Group now or in the future, this express consent applies even if you place your telephone number[s] on the Do Not Call Register.

Please tick this box if you do not want to be contacted by the Noah Group:

These terms and conditions are also available on the Noah Group website.

© Noah Group 2008

1300 557 301
www.noahgroup.com.au



the dental practice
springwood

Dr Roza E. M. Parker *BDSc (Qld)*
Dr Gabrielle Smith *BDS (Syd)*

Acquaintance Form

Please complete the front and back of
this form prior to seeing the dentist.

Patient Details

Given names <input style="width: 80%;" type="text"/>		Surname <input style="width: 80%;" type="text"/>	
Title (Dr/Mr/Mrs/Miss/Other) <input style="width: 20%;" type="text"/>	Date of birth <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	Occupation <input style="width: 80%;" type="text"/>	
Residential address <input style="width: 80%;" type="text"/>		Suburb <input style="width: 20%;" type="text"/>	Postcode <input style="width: 20%;" type="text"/>
Postal address (if different from above) <input style="width: 80%;" type="text"/>		Suburb <input style="width: 20%;" type="text"/>	Postcode <input style="width: 20%;" type="text"/>
Home telephone <input style="width: 20%;" type="text"/>	Email address <input style="width: 80%;" type="text"/>		
Work telephone <input style="width: 20%;" type="text"/>			
Mobile telephone <input style="width: 20%;" type="text"/>			
Name of emergency contact <input style="width: 80%;" type="text"/>			
Emergency contact telephone <input style="width: 80%;" type="text"/>			

If the patient is a minor, who will be responsible for the account?

Given names <input style="width: 80%;" type="text"/>		Surname <input style="width: 80%;" type="text"/>	
Postal address (if different from patient) <input style="width: 80%;" type="text"/>		Postcode <input style="width: 20%;" type="text"/>	
Relationship to patient <input style="width: 80%;" type="text"/>		Home telephone <input style="width: 20%;" type="text"/>	

Do you have cover for dental treatment? No Yes → Name of medical fund

Name of family doctor Person who referred you to this practice

Dental History

1. When did you last visit a dentist?
2. Do you use tobacco? No Yes
3. Have you ever visited a dental specialist? No Yes → give details
4. What sort of oral hygiene do you carry out?
5. Have you ever had a difficult tooth extraction? No Yes → give details
6. What sports do you play?

Medical History

- | | | | | | |
|--|-----------------------------|------------------------------|---|--------------|----------------------|
| 1. Do you have a current medical problem? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | → | give details | <input type="text"/> |
| 2. Are you currently taking any medicines? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | → | give details | <input type="text"/> |
| 3. Do you have heart trouble? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | → | give details | <input type="text"/> |
| 4. Have you had rheumatic fever? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | → | give details | <input type="text"/> |
| 5. Do you have high or low blood pressure? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | → | give details | <input type="text"/> |
| 7. Do you have diabetes? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | → | give details | <input type="text"/> |
| 8. Are you subject to fainting or dizziness? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | → | give details | <input type="text"/> |
| 9. Do you have any nervous disorder? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | → | give details | <input type="text"/> |
| 10. Are you allergic to any medication? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | → | give details | <input type="text"/> |
| 11. Have you had a joint replacement? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | → | give details | <input type="text"/> |
| 12. Do you have asthma or hay fever? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | → | give details | <input type="text"/> |
| 13. Have you ever had tuberculosis? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | → | give details | <input type="text"/> |
| 14. Do you have arthritis? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | → | give details | <input type="text"/> |
| 15. Have you ever had a tumour or cancer? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | → | give details | <input type="text"/> |
| 16. Have you ever had any serious illnesses? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | → | give details | <input type="text"/> |
| 17. Are you pregnant? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | → | give details | <input type="text"/> |
| 18. Is there anything else the dentist should be aware of? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | → | give details | <input type="text"/> |

Patient's signature

Date

Dentist's signature

Date



Shodokan Aikido Carindale

Member of Shodokan Oceania

Chief Instructor: Richard Zakrzewski (Nidan)

Dojo address: Carindale PCYC
Cnr. Creek Road & Narracott Street, Carina QLD 4152

Postal address: P.O. Box 3842, Loganholme QLD 4129

Membership #

Date received

 / /

Membership Application

Information for applicants

1. Due to the litigious nature of society, *Shodokan Aikido Carindale* is required to make you, the potential student, aware that the practice of any martial art is an **inherently dangerous activity**.
2. You will not be allowed to participate in any class activity until this application is fully completed and returned to the instructor **prior** to the commencement of class.
3. The Carindale PCYC allows you to participate in one class free of charge. All further classes are at the regular fee and you must become a member of this dojo (see fee structure on back of application) to continue.
4. All Aikido classes are run according to a strict code of conduct and students must abide by these and follow the directions of the class instructor. Failure to observe any rules or directions will result in immediate dismissal from the class and termination of membership.

All sections of this application on this and following pages must be completed

Applicant details

Given Name Surname

Residential address Postcode

Postal address Postcode
(if different)

Home telephone # Other contact #
(STD / number)

Email

Date of birth / / Current age years Gender *Male / Female*

Health declaration

1. Are you prescribed drugs which may impair reaction time or judgement? Yes → what drugs
No
2. Have you suffered any incapacity requiring medical attention in the past 12 months? Yes → give details
No
3. Have you ever been excluded from Martial Arts practice by a medical practitioner? Yes → give details
No

Shodokan Aikido Carindale

Shodokan Aikido Participation Contract

Participation in any Martial Art is dangerous

The following conditions must be read carefully:

1. Interpretation

"The applicant" means the individual whose name is on the front of this application, signs this Contract and agrees to be bound by its terms and includes a guardian of that individual if the individual is under 18 years of age.

2. Acceptance

I, the Applicant, detailed on the front of this application, OR

I,
(full name of Guardian)

of

(residential address of Guardian)

hereby agree to be bound by the terms of this Contract with Shodokan Aikido Carindale and the persons named and described in Schedule 1, hereinafter jointly and severally referred to as "the providers".

The providers agree to permit me to use their premises and facilities to instruct me in Shodokan Aikido ("the service") upon and subject to the following terms and conditions:

(a) Dojo fees

The Applicant will pay on demand the prescribed or stated fees for the service. Such fees may be notified to the Applicant by letter or memorandum or by notice displayed in the provider's premises or premises occupied by the provider or verbally.

(b) Medical conditions

The Applicant warrants that he or she has not at any time suffered any blackout, seizure, convulsion, fainting or dizzy spells and is not presently receiving treatment for any illness, disorder or injury which would render it unsafe for the Applicant to take part in Martial Arts.

(c) Exclusion of Applicant

The Applicant warrants that he or she has not at any time been excluded from any Martial Art by a medical practitioner or any person or entity including a Martial Arts Club.

(d) Rights of a consumer

If the Trade Practices Act 1974 or similar state laws apply to this agreement then certain terms and rights may be implied into this contract which operate for the benefit of the supplier flowing from them, cannot be excluded, restricted or modified by any provision of the contract.

PLEASE NOTE THE FOLLOWING

If the Trade Practices Act 1974 or similar state laws operates so as to prevent the exclusion, restriction or

modification of warranties otherwise implied by those laws then the liability of the offerer for breach of those warranties is limited to:

- (i) the resupply of Shodokan Aikido instruction and related activities; or
 - (ii) the payment of the cost of having Shodokan Aikido instruction and related activities supplied again.
- (e) Waiver and indemnity**

In all other cases and except where inconsistent with the above, the Applicant for him/herself, his/her executors, administrators, dependants and other personal representatives, hereby absolves and indemnifies the providers and all their servants, agents, employees and other students or persons under the providers control (the "indemnified") from all liability howsoever arising for injury or damage (including but not limited to the Applicant's person, whether fatal or otherwise, property and personal belongings) however caused including the negligence of the indemnified, arising out of or participating in Shodokan Aikido or in connection with Shodokan Aikido or in anyway caused by, or arising out of, any activity carried on by the indemnified.

(f) Shodokan Aikido done at Applicant's own risk

Any person training in Shodokan Aikido or participating in any activity carried on by Shodokan Carindale Inc are only allowed to do so on the distinct understanding that they do so entirely at their own risk.

(g) Acceptance

Performance of the provider's obligations under the contract may be effected by any one or more of the providers either jointly or severally.

(h) Governing law

Any agreement entered into pursuant to this acceptance is to be governed by the laws of the State of Queensland and the Courts of Queensland shall have exclusive jurisdiction to entertain any action in respect of any such agreement.

3. Statement of understanding

I, the Applicant / Guardian have read, or have had read to me the above conditions and having understood the same, I consent to the activities proposed.

Schedule 1

In addition to Shodokan Aikido Carindale, the providers in respect of this agreement include the staff, instructors, venue providers, including but not limited to:

- (a) Carindale Queensland Police Citizens Youth Club
- (b) Shodokan Oceania

■ ■ ■

This contract must be signed by a guardian if the Applicant is under the age of 18

Shodokan Aikido Carindale

Applicant's declaration of understanding

I have read and understood the terms of the Shodokan Aikido Participation Contract shown on the previous page or if I did not understand the terms of the Contract I requested an independent person to explain them to me.

Dated this day of 200

Applicant's signature

Witness's Name

Witness's signature

Guardian's declaration of understanding and consent (for all persons under 18 years)

I have read and understood the terms of the Shodokan Aikido Participation Contract shown on the previous page or if I did not understand the terms of the Contract I requested an independent person to explain them to me.

Dated this day of 200

Guardian's signature

Witness's Name

Witness's signature

Information about Shodokan Aikido Carindale

1. Shodokan Aikido Carindale was formed as a separate dojo on 1 April 2003 when the previous incorporated body (Shodokan Aikido Queensland Inc.) was disbanded.
2. Shodokan Aikido Carindale is a registered dojo with both the Australian governing body (Shodokan Oceania) and the Japanese parent body (Shodokan Honbu) in Osaka.
3. Dojo instructors are all yudansha (black belts) graded according to the Shodokan Aikido syllabus and individually registered with the Australian governing body.
4. Classes and examinations are conducted in accordance with the Shodokan Aikido syllabus and competitions in accordance with the rules and regulations as interpreted by Shodokan Oceania.

Shodokan Aikido Carindale

Membership Fees

Membership fees comprise three components:

(1) Joining fee

Applies to all new members and to those who have let their membership lapse and wish to rejoin.

(2) Access fee

Includes general membership fees and insurance premiums and are based on students attending at least one class per week. Absences due to work, other sporting commitments, school or family holidays do not result in a reduction of fees.

Fees are calculated on a monthly basis and charged per semester (two semesters per year). Payments are required prior to the commencement of the semester. A late fee (\$20) applies to all accounts not paid by the due date.

(3) Class fee

The Carindale PCYC requires that all students attend the front counter prior to the commencement of each class to pay the class fee of \$7.00. They will then be provided with a blue Aikido card denoting payment which must be handed in to the class instructor prior to the commencement of the class.

Payment Cycle

Semester 1 — 1 January to 30 June each year

Semester 2 — 1 July to 31 December each year

Students will be provided with an invoice for the next semester's fees in June and December of each year.

Payment must be made by the due date to continue membership. Students will not be able to train unless all fees are up to date.

Payment Levels

Level	Access fee
Junior (7 to 14 years)	\$15 per month (\$90 per semester)
Senior (15 years and above)	\$25 per month (\$150 per semester)

Membership fees

1. Dojo joining fee \$50

2. Junior access fees (7 to 14 years)

Semester 1 JAN FEB MAR APR MAY JUN months @ \$15

Semester 2 JUL AUG SEP OCT NOV DEC

3. Senior access fees (15 years and above)

Semester 1 JAN FEB MAR APR MAY JUN months @ \$25

Semester 2 JUL AUG SEP OCT NOV DEC

TOTAL \$

Payment Schedule

New members are required to pay the joining fee plus a pro rata payment for the remainder of the semester. An invoice will be issued for the amount payable.

Receipt

Amount received \$ Date received / /

Invoice # Date banked / /



Personal Credit Account Application Form

Koorong Books Pty Ltd

Incorporated in NSW ABN: 29 002 968 103

APPLICANT DETAILS

Title Mr Mrs Miss Ms Other Koorong card #

Given Name Surname

Residential address Postcode

Postal address Postcode
(if different)

Home telephone # Other contact #
(STD / number)

Work telephone # Fax #
(STD / number)

Email address I am over 18 Yes No

IDENTITY CONFIRMATION

Drivers license # Expiry date / /

Pension card # Expiry date / /

STATEMENT OPTIONS

I prefer to receive my statement via

Email Fax

Post

ACCOUNT CONDITIONS

Thank you for enquiring about the use of our account facility. We are pleased to offer this service to you.

Accounts are interest free and are given on a 21 day basis. Please keep your payments within the 21 days to enable us to maintain our interest free conditions. Account applications take five working days to process. Unless there is a problem the account will be ready for use after five days. Please read the following account conditions:

1. Your initial credit limit is \$100. Once the given credit limit has been reached no further invoices can be issued.
2. Payments may be made at any time and for any amount, either in person, over the phone using a credit card or by a cheque/money order through the post. Payments can also be made by BPAY, (the biller code and reference number are located at the bottom right of your monthly statements).
3. Statements are printed at the end of each month and sent out to all account holders with an outstanding balance. These statements show all invoices, credit notes and payments received during the previous month. Any purchases and payments made after the end of the month will appear on the next statement.
4. There will always be a due date printed on the monthly statement and payment must be received by that date.
5. If payment is not received after 60 days the account will be flagged "account overdue" and a reminder letter will be sent.
6. If the account is not paid after the reminder letter has been sent, the credit will be put on hold and no further transactions can be made until the account is paid.
7. If the overdue account reaches 90 days and no arrangement is made by the customer to pay their account, a credit stop will be placed on the account and no further credit will be allowed.
8. Koorong reserves the right to instruct a debt collection agency to contact any customers with accounts over the 90 day period, and the customer will be charged with any debt outstanding plus any collection expenditure incurred.

28 West Parade
West Ryde NSW 2114
Tel: (02) 9857 4477
Fax: (02) 9857 6606
Email: koorong@koorong.com.au
Web: www.koorong.com

CERTIFICATION

By signing this application I certify that the information supplied is true and accurate and that I have read and understood the account conditions.

Applicant's signature

Date / /

Sound & Intercom Systems

Inspection, Test & Preventive Maintenance Records Report



PSA #: **A00001**

Date: / /

Site address:

Client representative & signature:

JC representative & signature:

ABN: 29 002 968 103

24 hour service: 1800 659 378

White = Customer copy / Green = Service copy / Yellow = Book copy

Item #	Action required	Pass	Fail	N/A	Defects / Comments / Rectifications
9.4.1.1	Sound equipment: Inspect to ensure clearly visible and readily accessible. Clean and correctly labelled.				
9.4.2.1	Warning system test: Simulate an alarm condition and confirm alert and evacuate tones.				
9.4.2.2 / 10.4.2.10	Controls: Ensure all controls are returned to their normal position.				
10.4.1.1	Intercom Equipment: Inspect to ensure clearly visible and readily accessible. Clean and correctly labelled.				

Item #	Action required	Pass	Fail	N/A	Defects / Comments / Rectifications
9.4.2.3	Warning system initiation: Simulate an alarm condition via the fire system in automatic mode.				
9.4.2.5 / 10.4.2.4	Reset: Test the operation of the reset function.				
9.4.2.6 / 10.4.2.6	Aural indicators: Test the operation of the aural indicators.				
9.4.2.7 / 10.4.2.7	Controls: Test the operation of all required controls.				
10.4.1.2	Warden intercom points (WIP): Inspect to ensure clearly visible & readily accessible. Clean & correctly labelled.				
10.4.1.3	WIP: Inspect all WIP's to ensure there is no mechanical damage.				
10.4.1.4	WIP operating instructions: Inspect all instructions to ensure they are clearly visible and legible.				
10.4.1.5	Battery enclosure intercom system: Inspect battery enclosure for evidence of corrosion.				
10.4.1.6	WIP locations: Inspect all evacuation zones to ensure at least one WIP installed.				

Item #	Action required	Pass	Fail	N/A	Defects / Comments / Rectifications
9.4.1.2	Call points: Inspect all call points for any condition that is likely to adversely affect their operation.				
9.4.1.3	Visual warning devices (VWD's): Inspect all devices to ensure they are marked in accordance with AS1603.11.				
9.4.1.4	Other warning devices: Inspect all devices to ensure that they are in place.				
9.4.1.5	Block plan: Inspect block plans and zone drawings to ensure that they are legible and current.				
9.4.1.6	Battery enclosure sound system: Inspect enclosure for evidence of corrosion.				
9.4.2.4	Fault: Simulate a speaker, emergency call point, visual warning device and WIP fault for every circuit. Confirm indication.				
10.4.2.3					
9.4.2.8	Fault: Simulate fault between the fire system and warning system and confirm indication at the warning panel.				
9.4.2.9	Visual indicators: Test the operation of LED and alphanumeric indicators.				
10.4.2.5					
9.4.2.10	Battery: Test battery capacity if it has not been replaced within two years - record results.				
10.4.2.8	System alarm current: () A Final voltage () V				
9.4.2.11	Ancillary controls: Test the operational function and ensure each device can be correctly initiated.				
9.4.2.12	Emergency call points: Test the operation of all installed emergency call points.				
9.4.2.13	Visual warning devices: Test the operation of all visual warning devices.				
9.4.2.14	Unprotected areas: Test all areas - ensure system installed in accordance with the relevant installation standard.				
9.4.2.15	Functional test: Confirm that the sound system tones are audible in all areas of the building.				
9.4.2.16	Override test: Confirm that the alarm signal overrides non-emergency audible signals.				
9.4.2.18	Sound pressure level: Undertake sound pressure level tests and ensure the sound pressure level in all areas of the building meet the requirements of the Standard to which the system was installed.				
9.4.2.19	Speech intelligibility: Undertake tests to ensure intelligibility in all areas of the building meets the requirements of the Standard to which the system was installed. () CIS () CIS				
10.4.2.1 / 2	WIP: Initiate a call from and to each WIP and confirm each WIP is indicating and clearly communicating with intercom panel.				
10.4.2.9	Warden present indication: Test the operation of the warden present indication.				
10.4.2.10	Controls: Ensure all controls are returned to their normal position.				
9.4.2.17	Interface and control test: Conduct a functional test with other interface systems. Verify with building interface schematic				
10.4.2.11	Sprinkler system Pass () Fail () N/A () Fire detection system Pass () Fail () N/A ()				
	Other Pass () Fail () N/A ()				
9.4.3.1 / 10.4.3.1	Battery: Replace if older than two years old unless it satisfactorily passes a battery capacity test.				

Sprinkler & Hydrant Pumps

Inspection, Test & Preventive Maintenance Records Report



ABN: 29 002 968 103

24 hour service: 1800 659 378

White = Customer copy / Green = Service copy / Yellow = Book copy

Date: / / PSA #: **A00174**

Site name: _____

Site address: _____

Client representative & signature: _____

JC representative & signature: _____

WEEKLY / MONTHLY

Pump type: Sprinkler Hydrant Electric Diesel

SIX MONTHLY

Item #	Record	Pass	Fail	N/A
3.4.1.1.1a				
3.4.1.1.1b				
3.4.1.1.2				
3.4.1.1.4				
3.4.1.1.5				
3.4.1.1.6				
3.4.1.1.7				
3.4.1.1.8				
3.4.2.1.1a				
3.4.2.1.1b				
3.4.1.1.3	Water supply: () Kpa			
3.4.2.1.2	System: () Kpa			
3.4.1.1.4				
3.4.2.1.3a				
3.4.2.1.3b				
3.4.2.1.4	Monitor: () V Engine () V			
3.4.2.1.5	Cut-in: () Kpa			
	Run: () mins Hour meter () hrs			
3.4.2.1.6a	Discharge: () Kpa Suction () Kpa			
3.4.2.1.6b				
3.4.2.1.6c				
3.4.2.1.6d				
3.4.2.1.6e	Speed: () rpm			
3.4.2.1.6f				
3.4.2.1.6g	Voltage: () V			
3.4.2.1.6h				
3.4.2.1.6i				
3.4.2.1.6k	Oil: () Kpa Engine temp () C			
3.4.2.1.6l	Pressure: () Kpa			
3.4.2.1.6m				
3.4.2.1.6n				
3.4.2.1.7a				
3.4.2.1.7b				
3.4.2.1.8a	Start time: () sec			
3.4.2.1.8b	Pressure: () Kpa Time () mins			
3.4.2.1.9a	Discharge: () Kpa Suction () Kpa			
3.4.2.1.9b				
3.4.2.1.9c				
3.4.2.1.9d				
3.4.2.1.9e				
3.4.2.1.9f	Pressure: () Kpa			
3.4.2.1.10b				
3.4.2.1.11c				
3.4.2.1.11d	Voltage: () V			

Item #	Record	Pass	Fail	N/A
3.4.2.1.12a	() () () Kpa			
	() () () Kpa			
	() () () C			
	() () () C			
	() () () rpm			
	() () () l/m			
	() () () Kpa			
	() () () C			
	() () () Kpa			
	() () () C			
	() () () rpm			
	() () () rpm			
3.4.2.1.12c				
3.4.2.1.12d				
3.4.3.5a-1				
3.4.2.1.13a	() () () Kpa			
	() () () Kpa			
	() () () C			
	() () () rpm			
	() () () V			
	() () () A			
3.4.2.1.13b	() () () Kpa			
	() () () Kpa			
	() () () C			
	() () () rpm			
	() () () V			
	() () () A			
3.4.2.1.13c				
3.4.3.6				

Item #	Record	Pass	Fail	N/A
3.4.2.1.10				
3.4.3.3				
3.4.3.4a				
3.4.3.4b				

Sheet 2 — Wraparound #2 (outside – face up)

WEEKLY / MONTHLY

	Item #	Action required
GENERAL	3.4.1.1.1a	Pump areas: Check that they are unobstructed, not used for storage and lighting adequate.
	3.4.1.1.1b	Pump areas: Where pump pressure relief valves are fitted check discharge will not cause flooding or water damage.
	3.4.1.1.2	Valves and alarm cocks: Check all valves are in the correct position as labelled and secured where applicable.
	3.4.1.1.4	Water supply tank: Check that it is full.
	3.4.1.1.5	Pump controller status: Check to ensure mains supply on, all indicator lights are functional, no warning lights are on.
	3.4.1.1.6	Fuel tanks: Check to ensure fuel tank is full.
	3.4.1.1.7	General inspection: Check for any obvious signs of physical damage or deterioration.
	3.4.1.1.8	Monitor and engine start batteries: Check enclosure for corrosion, physical damage and secure mounting.
	3.4.2.1.1a	Precautions: Check all safety guards are in place and secure prior to commencing test.
	3.4.2.1.1b	Precautions: Check water, oil, fuel levels, belt drives, exhaust condensate drains and fuel water-trap filter for contamination.
	3.4.1.1.3	Pressure gauges: Check all pressure gauge readings within ranges indicated — record system and water supply pressures.
	3.4.2.1.2	
	3.4.1.1.4	Restoration to operational condition: Return after completion of testing procedure to normal condition.
	DIESEL PUMP SET	Item #
3.4.2.1.3a		Pump controller: Check enclosure for corrosion and ingress of water, dusts or insects.
3.4.2.1.3b		Pump controller: Check operation of all visual indicators, switches and sounders.
3.4.2.1.4		Monitor and engine start batteries: Test and record float charge voltages.
3.4.2.1.5		Pump starting: Start by reducing applied water pressure, run for 10 minutes — record starting pressure, run time and hours.
3.4.2.1.6a		Discharge pressure: Check operation at correct discharge pressure — record suction and discharge pressure.
3.4.2.1.6b		Pump gland and drain (where applicable): Check that it operates efficiently.
3.4.2.1.6c		Out of balance: Check for out of balance condition or abnormal noises are not evident.
3.4.2.1.6d		'Pump running' alarms: Check both local and remote 'Pump running' alarms operate.
3.4.2.1.6e		Running speed: Check running speed is correct — record result.
3.4.2.1.6f		Leaks: Check water, oil, fuel leaks are not evident and ancillary equipment is secure.
3.4.2.1.6g		Chargers: Check battery charger, alternator/generator operates correctly — test and record battery float voltage.
3.4.2.1.6h		Engine stop: Check that engine stop mechanism returns to start position automatically.
3.4.2.1.6i		Belt drives: Check that belt drives are in good condition.
3.4.2.1.6j		Batter charger power: Check that battery charger power failure alarm operates correctly.
3.4.2.1.6k		Engine instrumentation: Check that engine instrumentation is operating — record temperature and oil pressure.
3.4.2.1.6l		Relief valve: Check that relief valve(s) operates correctly and within ranges stated on nameplate — record pressure.
3.4.2.1.6m		Exhaust system: Check that exhaust system is leak free.
3.4.2.1.6n	Cooling water: Check that cooling water (heat exchanger cooled engines) is discharging.	
ELECTRIC PUMP SET	Item #	Action required
	3.4.2.1.7a	Pumpset controller: Check enclosure for corrosion and ingress of water, dusts or insects.
	3.4.2.1.7b	Pumpset controller: Check operation of all visual indicators, switches and sounders.
	3.4.2.1.8a	Pumpset starting: Start by reducing the applied water pressure and run for three minutes — record starting pressure and run time.
	3.4.2.1.8b	
	3.4.2.1.9a	Discharge pressure: Check operation at correct discharge pressure — record suction and discharge pressure.
	3.4.2.1.9b	Pump gland and drain or mechanical seal: Check that it operates efficiently.
	3.4.2.1.9c	Out of balance: Check for out of balance condition or abnormal noises are not evident.
	3.4.2.1.9d	'Pump running' alarms: Check both local and remote 'Pump running' alarms and lights operate.
	3.4.2.1.9e	Running load: Check that pump runs continuously under load for not less than 180 seconds.
	3.4.2.1.9f	Relief valve: Check that relief valve(s) operates correctly and within ranges stated on nameplate — record pressure.
	3.4.2.1.1a/b	Batteries: Check battery complies with details on identification plate and for corrosion, physical damage and security.
	3.4.2.1.1c	Batteries: Check battery enclosure for corrosion and ingress of water, dust and insects.
	3.4.2.1.1d	Batteries: Check float voltage and record.

Sheet 3 — Wraparound #2 (inside – face down)

SIX MONTHLY

GENERAL

Item #	Action required
3.4.2.1.10	Alternative power supply (electric): Where provided run the pump continuously for not less than three minutes.
3.4.3.3	Hydro pneumatic accumulator: Where fitted check and adjust accumulator air pressure.
3.4.3.4a	Pump set (diesel): Clean or replace if required engine fuel sludge/sediment trap and filter elements.
3.4.3.4b	Pump set (diesel): Remove and clean heat exchanger strainer(s).

YEARLY

DIESEL PUMP SET

Item #	Action required
3.4.2.1.12a	Duty flow: With pump room door's closed run for 30 minutes at duty flow (spks) or 130% of duty flow (hyds)
	(a) Suction pressure
	(b) Discharge pressure
	(c) Engine running temperature
	(d) Engine oil pressure
	(e) Air temperature at the engine intake manifold
	(f) Engine rpm using both installed tachometer and calibrated tachometer
3.4.2.1.12b	Flow rates: At the completion of the 30 min test, record the following at 3 other flow rates between shutoff & maximum flow
	(a) Suction pressure
	(b) Discharge pressure
	(c) Engine running temperature
	(d) Engine oil pressure
	(e) Air temperature at the engine intake manifold
	(f) Engine rpm using both installed tachometer and calibrated tachometer
3.4.2.1.12c	Engine failure: Simulate engine failed to start & ensure that engine start cycle requirements & alarm activations are satisfied.
3.4.2.1.12d	Pump priming: Test correct operation of pump priming tanks & associated equipment where fitted.
3.4.3.5a-1	Engine: Replace engine oil, oil filter and fuel filter. Check condition of fuel and replace if required. Inspect cooling hoses.
	Cooling system: Flush then pressure test cooling system. Overhaul cooling system. Perform manufacturers requirements.
	Pump/driver: Inspect pump/driver for wear & alignment and replace if required. Grease pump bearings.
	Bearings: If oil lubricated bearings are fitted replace the bearing oil. Replace the oil in right-angle gearboxes.

Record every 10 minutes

ELECTRIC PUMP SET

Item #	Action required
3.4.2.1.13a	Duty flow: With pump room door's closed run for 10 minutes at duty flow (spks) or 130% of duty flow (hyds)
	(a) Suction pressure
	(b) Discharge pressure
	(c) Air temperature at the electric motor
	(d) Motor rpm
	(e) Volts (all three phases)
	(f) Amps (all three phases)
3.4.2.1.13b	Flow rates: At the completion of the 10 min test, record the following at 3 other flow rates between shutoff & maximum flow
	(a) Suction pressure
	(b) Discharge pressure
	(c) Air temperature at the electric motor
	(d) Motor rpm
	(e) Volts (all three phases)
	(f) Amps (all three phases)
3.4.2.1.13c	Pump priming: Test correct operation of pump priming tanks & associated equipment where fitted.
3.4.3.6	Contacts: Inspect the condition of all exposed heavy current carrying contacts and pump/driver coupling for wear & alignment.
	Bearings: Where grease nipples are provided grease pump & motor bearings. If bearings oil lubricated type replace oil.

Record every 10 minutes

Item #	Action required
3.4.3.7	Non-return valves: Ensure all non-return valves are operating freely and seated correctly.
3.4.3.8	Pipework in corrosive atmospheres: Neutralise external corrosion where necessary.