

FORM 5

Contractor's Notice of Completion/Producer Statement

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| Name of Premises: _____ Address of Premises: _____ _____ |
| Any significant changes since Form 1 approval Y <input type="checkbox"/> N <input type="checkbox"/> |

Areas of Sprinkler Coverage

| Valve Set Number | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Floor Area (m ²) | | | | |
| Concealed Space Areas (m ²) | | | | |
| Number of Sprinklers | | | | |

Water Supply Demands

| Calculation Ref | Highest Design Flow | @ Design Pressure | Area | Highest Occupancy (eg EHH, etc.) |
|-----------------|---------------------|-------------------|------|----------------------------------|
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Attachments Provided with this Notice

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| Pump Specifications (If changed since submission) | Hydraulic Calculations |
| Sprinkler and pipe layout plans | Drawings Supporting Calculations (Including Node Diagrams.) |
| Compliance schedule for non-standard systems | Copy of Gauge Schedule (Detail all pressure settings in gauge schedule.) |
| Underground pipe work pressure test certificate(s) | Underground p/w flushing certificate(s) |
| FSI Pressure Test Certificate | For dry and preaction systems, attach a statement detailing how compliance with 302.2.3 or 302.4.3 are met |
| For dry systems, (including preaction systems) a copy of the pneumatic test certificate for the installation | |

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| Maintenance Contract Holder: _____ Hand Operated Fire Fighting Equipment Installed: _____ |
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Producer Statement (To be signed by Contractor's Authorised Representative

I hereby certify that the works described in this Producer Statement comply with the provisions of the design standard (as stated on Form 1 or Form 2) and the Building Consent for the project, except as otherwise noted below:

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Contractor Details:

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|-------------------------------------|
| Name of Installation Company: _____ |
| Signature: _____ DATE: _____ |
| Name and Designation: _____ |

Please fill this form in duplicate and return one copy to Aon, with a second copy to the Inspection Company nominated on Form 1.