

SMOKE ALARM CERTIFICATION FORM

Applicable only to Class 1 and Class 10 buildings

Application No. _____ Date _____

I, (full name) being the licenced electrician and responsible installer, hereby certify that the -

Tick relevant Smoke alarm/s Heat alarm/s

In the following locations
 at (property address)
 have been selected, located, connected and installed in accordance with – (tick relevant boxes)

| NCC 2016 BCA Volume 2 This version of the BCA is ONLY applicable to a CC/CDC lodged prior to 1/5/2019 | NCC 2019 BCA Volume 2 This version of the BCA is ONLY applicable to a CC/CDC lodged after 1/5/2019 | NCC 2022 BCA Volume 2 This version of the BCA is ONLY applicable to a CC/CDC lodged after 1/3/2022 |
|--|--|---|
| <input type="checkbox"/> AS 3786 - 1993 - Smoke Alarms, AND <input type="checkbox"/> Part 3.7.2, BCA Vol 2 | <input type="checkbox"/> AS 3786 - 2014 - Smoke Alarms, OR <input type="checkbox"/> AS1603.3 - 2018 - Heat Alarms, Class type (✓) <input type="checkbox"/> A1 or <input type="checkbox"/> A2 AND <input type="checkbox"/> Part 3.7, BCA Vol 2 | <input type="checkbox"/> AS 3786 - 2014 - Smoke Alarms, OR <input type="checkbox"/> AS1603.3 - 2018 - Heat Alarms, Class type (✓) <input type="checkbox"/> A1 or <input type="checkbox"/> A2 AND <input type="checkbox"/> Part H3, BCA Vol 2, and Part 9.5, Housing Provisions |

Number of alarms _____ Date of test _____

Company name _____

Email _____ Mobile No. _____

Signature _____ Licence No. _____