

BASIX Certificate Compliance Checklist

PROJECT INFORMATION

Project address _____

Relevant Approval CC or CDC No. _____ BASIX Assessment Certificate no. _____

DECLARATION

I, builder/owner builder _____ Licence no. _____
of (company name) _____

certify that the following works have been installed to comply with the above BASIX Assessment Certificate, Council requirements, Australian Standards and in accordance with the relevant approval. Please complete and tick relevant items -

- | | | | |
|---|--------------------------|--|--------------------------|
| Rainwater tank capacity _____ L | <input type="checkbox"/> | Insulation | <input type="checkbox"/> |
| Rainwater tank collection area _____ m ² | <input type="checkbox"/> | Walls _____ R | <input type="checkbox"/> |
| Rainwater tank connections | <input type="checkbox"/> | Ceiling _____ R | <input type="checkbox"/> |
| Connected to _____ | | Floor _____ R | <input type="checkbox"/> |
| Certificate for tank attached from installer | <input type="checkbox"/> | Certificate attached from installer | <input type="checkbox"/> |
| Reticulated recycled water | <input type="checkbox"/> | Cooktop Gas / Electric | <input type="checkbox"/> |
| Connected to _____ | | Oven Gas / Electric | <input type="checkbox"/> |
| WC _____ star rating | <input type="checkbox"/> | Rangehood | <input type="checkbox"/> |
| Shower head _____ star rating | <input type="checkbox"/> | Hot water system _____ star rating | <input type="checkbox"/> |
| Kitchen fixtures _____ star rating | <input type="checkbox"/> | Active heating _____ EER | <input type="checkbox"/> |
| Bathroom fixtures _____ star rating | <input type="checkbox"/> | Active Cooling _____ EER | <input type="checkbox"/> |
| Outdoor tap | <input type="checkbox"/> | Size/model _____ | |
| Glazing | <input type="checkbox"/> | Alternative energy eg. photovoltaic panels | <input type="checkbox"/> |
| Where U-Value, SHGC are selected, certificate attached | <input type="checkbox"/> | System type _____ | |
| Door seal and draft excluder to perimeter of front door | <input type="checkbox"/> | | |
| Artificial lighting | <input type="checkbox"/> | All swimming pool commitments | <input type="checkbox"/> |

Other commitments _____

Comments _____

Date work was completed _____

Signature _____ Date _____ Contact no. _____

Email address _____