Essential Services Register



Essential services are the fire and safety systems required in public buildings to ensure the safety of occupants in the event of a fire or emergency.

In order for Committees of Management, and user groups where appropriate, to program processes and procedures to address legislative requirements, this register is provided to ensure that:

- Essential services are maintained, inspected or tested at frequencies specified in applicable Code or Australian Standard.
- · Hard copy records are completed and kept onsite.

Emergency Evacuation Plan

An Emergency Evacuation Plan should be prepared and made available adjacent to exit doors throughout the building.

The EEP should include a floor plan of the building and indicate assembly points and exit doors together with the location of fire extinguishers and hose reels. Emergency telephone numbers and basic instructions for evacuation should also be included.

Essential Services Register

Essential Service to be inspected or tested – where installed	Installation standards/level of performance	Nature of inspection or test, frequency
Air conditioning systems	AS 1668	Monthly to AS 1851.6, AS 3666
*Emergency lighting	BCA Part E4, AS 2293.1	6 monthly to AS 2293.2
Emergency power supply	BCA Spec G3.8	6 monthly
Emergency warning and	BCA E4.9, Spec E1.5,	Monthly to AS 1851.10
intercommunication systems	Spec E1.7, AS 2220	
*Exit doors	BCA Section D	3 monthly inspection to confirm exit doors are intact, operational and fitted with conforming hardware
*Exit signs	BCA Part E4, AS 2293.1	6 monthly to AS 2293.2
Fire brigade connections	BCA Spec E1.7, Vic H101.9, Vic H103, AS 1670	Weekly to AS 1851.8
Fire control panels	BCA Vic H101.9, AS 1603.4	Weekly to AS 1851.8
*Fire curtains	BCA Spec H1.3	Annual inspection
Fire dampers	AS 1682.2	Annual inspection to AS 1851.6
Fire detectors and alarm systems	BCA E1.7, AS 1670	Weekly to AS 1851.8
Fire doors (including signs)	BCA Spec C3.4, AS 1905.1	Monthly to AS 1851.7
*Fire extinguishers (portable)	BCA E1.6, AS 2444	6 monthly to AS 1851.1
*Fire hose reels	BCA E1.4	6 monthly to AS 1851.2
Fire hydrants	BCA E1.3, AS 2419.1	Weekly to AS 1851.4
Fire indices for materials	BCA C1.10, AS 1530.3	Annual inspection to confirm no materials with potentially non-conforming fire indices occur
Fire isolated passageways	BCA Sections C and D	Annual inspection
Fire isolated ramps	BCA Section C and D	Annual inspection
Fire isolated stairs	BCA Sections C and D	Annual inspection
Fire mains	BCA Part E1, AS 2118, AS 2419.1	Weekly to AS 1851.4
Fire protective coverings	BCA Section C	Annual inspection
Fire rated access panels	BCA Part C3	Annual inspection to AS 1851.7 equivalent
*Mechanical ventilation systems	BCA E2.2, G3.8, Spec H1.3, AS 1668	Monthly to AS 1851.6, AS 3666
*Paths of travel to exits	BCA Section D	3 monthly inspections to confirm travel paths are intact
Penetrations in fire-rated structures	BCA Part C3	Annual inspection
*Smoke alarms	BCA E1.7, G3.8, Vic H101.9, Vic H103	Monthly to AS 1851.8 (as applicable)
Vehicular access for large isolated buildings	BCA C2.4	Annual inspection to confirm access is maintained

^{*} Most Common Services

AIR CONDITIONING, MECHANICAL VENTILATION SYSTEMS, FIRE DAMPERS

Routines - Level 2, 3 and 4							
Name of Building: Name of Owner:							
Address:							
Level of performanc	e and frequency of maintenance (as specified o	on Occupancy Permit):					
Date of Inspection	Name and Address of person conducting inspection	Problems identified in inspection	Action taken to rectify problem	Date of rectification	Signature		

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EMERGENCY LIGHTING

Six-Monthly and Twelve-Monthly Procedures

Address: _

REFER: AS 2793.2	
Name of Building:	Name of Owner:

Level of performance and frequency of maintenance (as specified on Occupancy Permit):

Unit	Task	Routine 1 ie. 6 Months	Routine 2 ie. 1 Months	2 Signatu	re
Battery Charger	Visual inspection of unit				
	Clean unit and cubicle				
	Check battery voltage - record voltage				
	Check all connections				
	Check voltmeter calibration - record				
	result				
	Check battery earth - fault detector				
	operates				
	Check battery low - voltage alarm				
	operates				
	Visual inspection of unit				
	Check DC input voltage - record				
	voltage				
	Check AC output voltage - record				
	voltage				
	Check voltmeter calibration - record				
District 1	result				
Distribution and	Visually inspect - relays, contractors, fuses, circuit breakers				
control equipment	Check all connections for tightness				
	Clean down equipment and enclosures				
	Check sensing equipment operates				
	system correctly when normal lighting				
	supply isolated				
Emergency lights and exit signs	Check all lights operate correctly				
	Replace faulty lamps				
	Clean reflecting and light emitting				
	surfaces				
Total system	Check proper operation with batter				
·	charger off and mains supply isolated				
	Check charger failure alarm operates				
	Check correct batt charging when				
	system restored				
	Check and record battery voltage after				
	discharge test - 100% of lights for at				
	least 90 minutes				
	Batt\Charger change over time to "float				
	charge" mode, after "boost" mode				
	selected - Record time.				
	Record battery re-service or				
Data	replacement		1.		A .4* 4
Date	Name and address of person conducting inspection			Problems dentified	Action to rectify
		T ~-			
Date of problem	1	Si	gnature		

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EXIT DOORS

Name of Building:	Name of Owner:
Address:	
Level of performance and frequency of maintenance (as specified on C	Occupancy Permit):

Date of Inspection	Name and address of person conducting inspection	Problems identified in inspection	Action taken to rectify the problem	Date of rectification	Signature

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FIRE ISOLATED PASSAGEWAYS, RAMPS & STAIRS

:	Name of Owner:								
Address:									
nce and frequency of maintenance (as specified	d on Occupancy Permit):								
Name and address of person conducting inspection	Problems identified in inspection	Action taken to rectify the problem	Date of rectification	Signature					
	nce and frequency of maintenance (as specified	nce and frequency of maintenance (as specified on Occupancy Permit): Name and address of person Problems identified in	nce and frequency of maintenance (as specified on Occupancy Permit):	Name and address of person					

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EXIT SIGNS

Name of Building:	:	Name of Owner:							
Address:	Address:								
Level of performa	Level of performance and frequency of maintenance (as specified on Occupancy Permit):								
Date of Inspection	Name and address of person conducting inspection	Problems identified in inspection	Action taken to rectify the problem	Date of rectification	Signature				

Date of Inspection	Name and address of person conducting inspection	Problems identified in inspection	Action taken to rectify the problem	Date of rectification	Signature
	1				

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FIRE EXTINGUISHERS - PORTABLE

Name of Building:			Name	e of Owner:					
Address:									
Level of performance	ce and frequency of ma	intenance (as s _I	ecified on Occupa	ncy Permit):					
Fire Extinguisher Location	Fire Extinguisher Type		Rou	tine 1 - ie. Six Monthly			Routine 2	ie. Twelve Monthly	
		Date	Problems Identified	Problems Rectified	Signature	Date	Problems Identified	Problems Rectified	Signature

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FIRE HOSE REELS, FIRE MAINS

Name of Building:			Name of Owner:					
Address:								
Level of performance	e and frequency of m	aintenance (as specified on	Occupancy Permit):					
Fire Reel No. Location		Routine 1	- ie. Six Monthly			Routine 2 - ie. 7	Twelve Monthly	
	Date	Problems Identified	Problems Rectified	Signature	Date	Problems Identified	Problems Rectified	Signature

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PATHS OF TRAVEL TO EXITS

Name of Building	:	Name of Owner:			
Address:					
Level of performa	nnce and frequency of maintenance (as specifie	d on Occupancy Permit):			
Date of Inspection	Name and address of person conducting inspection	Problems identified in inspection	Action taken to rectify the problem	Date of rectification	Signature

SMOKE ALARMS

Name of Building:		Name of Owner:			
Address:					
Level of performance and frequency of maintenance (as specified on Occupancy Permit):					
Date of Inspection	Name and Address of person conducting inspection	Problems identified in inspection	Action taken to rectify problem	Date of rectification	Signature
				_	

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