Build Waikato

Specified System Report and Declaration (S-RaD)

1. THE BUILDING [Complete ALL fields on this form. Put N/A if not applicable.]

Street Address of building: ....

....

Legal description of land where building is located: Lot(s): .... DP/S: .... Building Name:...

Location of building within site / block number: ....Level / Unit Number: …..

Compliance Schedule Anniversary Date ……………………………………….Compliance Schedule No.: ……………....……………………………

2. THE OWNER

Name of Owner / Company: ....
Contact person *[If the Owner is NOT an individual]*:

Mailing address: ….…………………………………………………….

……………………………………………………………………………

Street address / registered office: ….…………………………………

……………………………………………………………………………

Email address: ….…………………………………………………….

3. AGENT *[only required if application is being made on behalf of the owner]*

Name of Agent / Company: ……………………….......................………….
Contact person *[If the Owner is NOT an individual]*:

Mailing address: ….……………………………………………………

………………………………………………..……………....…..…...………

Street address / registered office: ……………………………….........

………………..………………………………………………..….…………..

Email address: ….......…………………………………………………..

4. SPECIFIED SYSTEM

5. IQP DECLARATION

Missed procedures

A Form 12A for the above specified system was unable to be issued due to one or more of the following scheduled inspection, maintenance, and reporting (IMR) procedures of the compliance schedule not being carried out:

Procedure *Example: 5 March 2022 – Weekly Diesel Test*	**Reason** *Example: Access to the building could not be gained*

Measures put in place (or will be) to ensure the procedures are not missed in the future: *Example: IQP now has their own set of keys*

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Performance of the system

The above specified system **(tick one) is** / **is not** currently performing to the performance standard stated in the compliance schedule as at the date stated below.

The missed IMR procedures have materially affected the ability of the specified system to perform to the performance standard for that system:

(Tick one) Yes / No

Description of the status of the non-performing specified system: ……………..…………………………………………………………

………

Measures put in place (or will be) to ensure the system performs to the performance standard:…………………………………………………………….

………

4. IQP (Independent Qualified Professional)

Signature: …………………………………………… Name of person signing: ………………………...………………… Date: …………..………..…

IQP Number …………………………………………………….. IQP Company ………………………………………………………………

Incomplete applications cannot be accepted for processing you will be asked to complete the application and re-submit it.