### FORM 6:

# CERTIFICATE OF TEMPORARY STRUCTURE COMPLIANCE



HEALTH (MISCELLANEOUS PROVISIONS) ACT 1911, HEALTH (PUBLIC BUILDINGS) REGULATIONS 1992

Required for marquees measuring 5m x 5m or larger

Telephone:

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, being the owner/agent, hereby certify that the following items identified on the checklis nave been checklist and are complete to the best of my ability and knowledge.	st							
_ocation of Temporary Structure:								
Nearest Cross Street:								
Description (including dimensions):								
Construction / extension / alteration of which was completed on (date):								
CHECKLIST:								
Anchorages are adequate and holding fast								
Soil type is adequate for soil holding parameters								
Wall and roof bracing is installed and adequately tensioned								
All ropes or tension straps are in good order and correctly fastened								
Fabric is tensioned and not prone to								
Exits are clearly identified and not obstructed								
Exposed ropes and stakes are identified and will not cause a tripping hazard								
All locking pins and bolts are in place and correctly tensioned								
All structural supports are sound								
Fabric has no un-repaired tears								
Flooring is even and there are no trip hazards								
Walls are adequately secured								
Rope and pole tent has its full complement of side uprights, anchor stakes, pulley blocks and guy ropes								
Rope and pole tent hoists are secure and can only be released by an authorised person								
Signed: Owner/Agent:								
Address:								

Email:

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I certify that the structures supplied:

#### CERTIFICATION OF TEMPORARY STRUCTURE:

In the event that an Engineer's Structural Report cannot be provided by the supplier of a temporary structure (eg. tent, marquee or stage), this form <u>must</u> be completed by the supplier. This applies to all events held in the Shire of Nannup.

Ву:	
	(name of business)
For:	
	(name of event / activity)
On:	
	(date)
Will	be constructed in a safe manner.
	ther acknowledge that any claims arising out of injuries resulting from inadequate struction will be met by:
	(name of business)
Sign	ed:
Nam	ne:
Date	e:

This form is to be returned to the Shire of Nannup when work is completed.