

# 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

### CHECKLIST FOR MARQUEE CONSTRUCTION:

I, being the owner/agent, hereby certify that the following items identified on the checklist have been checklist and are complete to the best of my ability and knowledge.

Location 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: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

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### 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 must be completed by the supplier. This applies to all events held in the Shire of Nannup.

I certify that the structures supplied:

By: \_\_\_\_\_  
(name of business)

For: \_\_\_\_\_  
(name of event / activity)

On: \_\_\_\_\_  
(date)

Will be constructed in a safe manner.

I further acknowledge that any claims arising out of injuries resulting from inadequate construction will be met by:

\_\_\_\_\_  
(name of business)

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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