

CERTIFICATE OF STRUCTURAL ADEQUACY

A Breath of Fresh Air

I, hereby certify that the structures and installations (as described below) at the undermentioned site have been inspected by me.

I certify that the structures and installations to be safe, that it/they is/are structurally adequate for their intended use and that it/they comply with the manufacturer's installation/erection specifications.

INSTALLATION FOR

Hirer's Name:.....

Hirer's Address:.....

Hirer's Contact Phone Number:.....

SITE DETAILS

Venue Name:.....

Venue Address:.....

PARTICULARS OF STRUCTURE/INSTALLATION

Attach drawings of all structural details if required

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DETAILS OF ANY STRUCTURES AT THE ABOVE MENTIONED VENUE FOR WHICH YOU ARE NOT RESPONSIBLE

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.....

SIGNATURE:..... DATE:.....

YOUR BUSINESS DETAILS

Business Name:.....

Business Address:.....

Business Telephone:.....

WHEN WORK IS COMPLETE PLEASE FORWARD A COPY OF THIS FORM TO:

Shire of Harvey Health Department, PO Box 500, Harvey WA 6220

Email: shire@harvey.wa.gov.au