

**FORM 3**

**ESSENTIAL SAFETY PROVISIONS**

**Schedule 16**

*Development Act 1993*

*Development Regulations 2008 - Regulation 76(5) and (6)*

**Certificate of Compliance with Maintenance Procedures for Essential Safety Provisions**



**City of Port Lincoln**

**Address of Building:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**Development No:** \_\_\_\_\_

This is to certify that maintenance and testing have been carried out in respect of each of the following essential safety provisions for the above building in accordance with the standards/codes/conditions of approval as specified in the schedule of essential safety provisions issued in respect of the building on:

Date of Approval:

Items to be inspected or tested as nominated by Council	Deemed to satisfy Installation standard/code/conditions of approval	Nature of inspection and/or test, frequency
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**Signed** .....  
(Owner or Manager of Building)

**Date** .....