

SAFER BUILDINGS FORM 34 - BUILDING INDUSTRY PROFESSIONAL STATEMENT

Building Act 1975 (QLD) (the Act) section 261 and Building Regulation 2006 (Qld) (the Regulation) section 16T.

The form must be completed by a building industry professional which is defined under section 160 of the Regulation.

Obligations on building industry professionals

Section 16ZH of the Regulation states that within 5 business days after this statement has been completed you are required to give a copy of this form to

Plan type

- The building owner or the building owners acting agent
- A copy to the QBCC via qbcc.saferbuildings@qbcc.qld.gov.au
- The local government where the building is situated

Penalties may apply for non-compliance.

BUILDING DETAILS

Lot no

Completing this form

- Use BLACK pen only
- Print clearly in BLOCK LETTERS
- DO NOT use correction fluid any amendments should be crossed out and initialled

Obligations on building owner/agent

Once completed, a copy of this form must be uploaded into the Safer Buildings website along with a completed Combustible Cladding Checklist (Part 2).

Street address																						
												S	tate				Postcode					
Building name																						
Local government area																						
BUILDING OWN	BUILDING OWNER DETAILS																					
If the owner is a corporation, trust, body corporate/management body, an 'authorised representative' as a contact person must be shown.																						
Building owner's																						
full name (e.g. if a Body Corporate - Body Corporate for XYZCTS123)																						
ABN/ACN											Company ABN/ACN											
Contact person's full name																						
Contact Person is		Build	ding	Owne	er	В	uildir	ng Ow	/ner's	auth	orised	d rep	reser	ıtative	e/age	ent						
*Postal address																						
												S	tate				Post	code				
	(*All cor	respo	nden	ce will l	be mail	led to t	he noi	ninate	d posta	al addr	ess)											
Contact phone											Altern	native										
Email																						

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BUILDING INDUSTRY PROFESSIONAL																					
Refer to Building Regu	ılation .	2006	G (Qlc	d) Par	t 4A,	sectio	on 16	O for	the de	efiniti	on of	a Buil	ding I	ndust	try Pr	ofess	ional	(BIP).			
Name/Company																					
name																					
Contact person's																					
Contact person's full name													<u> </u>								
*Postal address																					
												S	State				Post	code			
	(*All cor	respo	nden	ce will	be mai	led to	the no	minate	d post	al addı	ress)										
Contact phone												native act no									
Email																					
BIP Licence																					
number																					
QUESTION 5																					
Refer to NCC - Building Code (of Aust	ralia	– Par	rt C1	and th	ne <i>Gui</i>	idelin	e for a	assess	sing b	uildin	ngs wit	th cor	nbust	ible c	laddii	<u>ng</u> .				
Is the building of Type	NCC - Building Code of Australia - Part C1 and the <u>Guideline for assessing buildings with combustible cladding</u> . Is the building of Type A or B construction?																				
Yes No																					
Additional information	n is req	uired	l fron	n the	Buildi	ing In	dustr	y Prot	essio	nal re	lated	to this	s ansv	wer.							
a. What is the <i>building</i> classification?																					
b. What is the building																					
construction type? c. What is the rise in sto	reys																				
of the building?																					
d. With reference to the Guideline for assessing buildings with combus cladding, provide a sur of any further evidency you (the Building Indu Professional) took into consideration to identianswer to question 5.	<u>tible</u> mmary e stry																				
(If the answer to ques		is No	O, af	ter ar	ıswer	ing a	to d a	above	e, disi	egar	d que	estion	6 and	d go t	o the	Build	ding I	ndust	try		

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QUESTION 6			
Refer to section 10 of the <i>Guid</i>	deline for asses	ssing buildings v	with combustible cladding.
Does the building contain any or in attachments to the exter			ducts with combustible content in the external wall assembly,
	Yes	No	Not sure
Additional information is requ	ired from the I	Building Industr	ry Professional related to this answer.
Refer to the Guideline for asse	essing building	s with combusti	ible cladding prior to answering the following questions.
a. Was a visual inspection of the building conducted?	Yes	No	
b. If evidence of combustible cladding was identified, provide a summary of that evidence.			
c. Was a review conducted of documentation relating to the building's design and specifications, façade	Yes If yes list which	No ch documents w	vere reviewed?
engineering specifications and the like, to confirm 'as-built' alignment or non- alignment with approval documentation?			
d. Were you (the Building Industry Professional) able to confirm 'as-built' alignment with approval documentation for the building? In answering	Yes If no provide a	No a summary of th	ne evidence of non-alignment, substitution or change you established.
this also consider product substitution or unapproved changes of cladding systems.			

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BUILDING IND			TION	ı												
Name																
Signature						Da	ate	D	D	/	1	M /[Y	Υ	Y	Y

PRIVACY NOTICE. The Queensland Building and Construction Commission (QBCC) is collecting personal information as required under the Building Regulation 2006. This information may be stored by the QBCC and the Department of Housing and Public Works, and will be used for administration, compliance, statistical research and evaluation of combustible cladding risk. Your personal information may be disclosed to other government agencies, local government authorities and third parties for purposes relating to administering and monitoring combustible cladding risk. Personal information will otherwise only be disclosed to third parties with your consent or unless authorised or required by law.

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