ACT FIRE & RESCUE AFA WAIVER REQUEST FORM

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| --- | --- | --- | --- |
| Applicant Name: | Click or tap here to enter text. | Email: | Click or tap here to enter text. |
| Company: | Click or tap here to enter text. | Network Provider: | Click or tap here to enter text. |
| Position Title: | Click or tap here to enter text. | Network Provider Contact: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. | AFANP Ref Number: | Click or tap here to enter text. |

**| ACTF&R Use Only |**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | ACTF&R Inc# | Site Location | ASE/AFA# | ACTFR STOP CODE / Cause of alarm | AFANP Invoice # | Fee Amount ($) | Fire tech company invoice attached | Zone and detector ID | Other evidence attached | Which Waiver Criteria does this fall under and why | *Waiver recommended* | *Reason for recommendation* |
| Pick a date. | Type here | Type here | Type here | Type here | Type here | Type here | Yes/No | Type here | Yes/No | Select criteria | Yes/No | Type here |
| Pick a date. | Type here | Type here | Type here | Type here | Type here | Type here | Yes/No | Type here | Yes/No | Select criteria | Yes/No | Type here |
| Pick a date. | Type here | Type here | Type here | Type here | Type here | Type here | Yes/No | Type here | Yes/No | Select criteria | Yes/No | Type here |
| Pick a date. | Type here | Type here | Type here | Type here | Type here | Type here | Yes/No | Type here | Yes/No | Select criteria | Yes/No | Type here |
| Pick a date. | Type here | Type here | Type here | Type here | Type here | Type here | Yes/No | Type here | Yes/No | Select criteria | Yes/No | Type here |
| Pick a date. | Type here | Type here | Type here | Type here | Type here | Type here | Yes/No | Type here | Yes/No | Select criteria | Yes/No | Type here |
| Pick a date. | Type here | Type here | Type here | Type here | Type here | Type here | Yes/No | Type here | Yes/No | Select criteria | Yes/No | Type here |
| Pick a date. | Type here | Type here | Type here | Type here | Type here | Type here | Yes/No | Type here | Yes/No | Select criteria | Yes/No | Type here |

Required Documentation Checklist

* This form Signed and dated by the AFANP
* ACTF&R invoice number and date for the offending alarms in question
* Appropriate documentation or invoice from the Fire Tech Company / AFASP that conducted the post alarm rectification works – must include details of the work completed with the zone or detector and date specified.
* Any other appropriate documentation that applies to this wavier application

For Example

* Other trade work done to prevent future activations – in line with AS 1851
* written agreement between ACTF&R and the customer
* AFP report
* Twelve (12) months of maintenance records for this AFA installation in accordance AS 1851
* Lodged within 180 days from the invoice date from ACT Government Shared Services.

Waiver assessment terms and condition

1. A fee is not payable for a false alarm where, in the sole opinion of the Chief Officer ACTF&R, the alarm: A45
	* 1. Could not have been prevented by reasonable maintenance of the alarm system, as defined in the Emergencies Act 2004,
		2. Was activated by circumstances beyond reasonable control of the “owner”, as defined in the Emergencies Act 2004.
2. The Chief Officer will consider applications on a case-by-case basis.
3. The Chief Officer will advise the AFANP of their decision in writing within thirty (30) days of the receipt of the application from the AFANP.
4. If the Chief Officer’s determination is in favour of the applicant, a credit will be provided to the AFANP.
5. The Chief Officer may request additional information to assist in reaching a decision, however it is incumbent on the AFANP to include all relevant details in their application.

Waiver Criteria

1. FALSE ALARM BEYOND CONTROL OF CUSTOMER
2. ALARM EQUIPMENT REPAIRED OR REPLACED TO REDUCE FALSE ALARMS
3. ALARM DETECTOR REPLACED WITH DIFFERENT TYPE TO REDUCE FALSE ALARMS
4. ALARM DETECTOR REPLACED OR RELOCATED TO REDUCE FALSE ALARMS
5. PRACTICES CHANGED AT PROTECTED PREMISES TO REDUCE FALSE ALARMS
6. AN AGREEMENT EXISTS

Note - refer to ACTF&R Fire Safety Guideline 23 for details on each criteria. <https://esa.act.gov.au/be-emergency-ready/fire-safety>