

# FPA Australia Logbook compliant with Regulation 55 of the BFSR

2(a) a description of the prescribed fire safety installation

**LB2A**  
Automatic Fire Sprinkler Systems – Wet Pipe Systems  
**Monthly Service Record – Page 1 of 1**

Your service provider is:

2(e) a brief description of the maintenance carried out

Site Name  Date  /  /  Work Order No.

2(d) the date the maintenance was carried out (the maintenance date)

Site Address  Time  Site ID

Item No.	Actions required by Table 2.4.2.1	Pass	Fail	N/A	Item No.	Actions required by Table 2.4.2.1	Pass	Fail	N/A
	All previous defects and non-conformances attended to and recorded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.10b	Verify water supply stop valve position indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1	Check control valve assembly is unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.10c	Verify each valve monitor indicates at CIE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Check spare sprinklers and spanner are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.11	Record and verify system pressure gauge readings before alarm function test (record in table below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Check signage for damage, legibility and location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.12	Conduct alarm function test and verify time of operation of gong(s) (record in table below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Check fire brigade booster connection is operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.13	Verify alarm signal operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	Check main stop valves and alarm cocks are open, secured and labelled	No. checked <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.14	Check operation of strobe indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6	Check pump starting devices are open and secured	No. checked <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.15	Record and verify system pressure gauge readings after alarm function test (record in table below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.7	Check pressure switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.19	Check foam concentrate levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.8	Check alarm signalling equipment (ASE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.16 & 1.17	Test automatic and manual pump starting devices in accordance with Item 1.13 and 1.17 of Table 3.4.1. Record results in pumpset logbook.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.9	Check sprinkler system interface status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
1.10a	Verify water supply stop valves are open and secured	No. checked <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

2(g) the results of the maintenance of the installation

Alarm function test results	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6	No. 7	No. 8	No. 9	No. 10	No. 11	No. 12
Installation pressure before test – 1.17	kPa											
Time to operation of alarm gong – 1.12b	Secs											
Installation pressure after test – 1.15	kPa											

Pressure readings 1.15	Location 1	Location 2	Location 3	Location 4
Below Stop Valve	kPa			
Water Supply 1	kPa			
Water Supply 2	kPa			

Associated / Connected Equipment Service Completed	Yes	No	N/A	If No or N/A, indicate reason below
Monthly pumpset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly water storage tank (Item 1.18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly CIE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2(g)(ii) the details of any repair or other corrective action the person considered was required for the installation

Activity / System Failures & Comments	Item No.	Defect Type	Description / Corrective Action Required or Repairs Completed
<b>Defect Type Identified</b>			
1 – Critical Defect	<input type="checkbox"/>		
2 – Non Critical Defect	<input type="checkbox"/>		
3 – Non Conformance	<input type="checkbox"/>		
4 – Recommendations	<input type="checkbox"/>		
Further information recorded on notes page	<input type="checkbox"/>		

2(g)(iii) the details, including the date, of any repairs made to the installation or any other corrective action taken.

I hereby certify that the above system has been routinely serviced in accordance with AS1851-2012 and that the information on this service record is true and correct. This record does not infer compliance with all applicable building and fire safety legislation within the relevant jurisdiction.

**QUEENSLAND BUILDINGS ONLY** Maintenance complies with QDC, MP6.1   
System is in proper working order

Technician Name  Signature  Date  /  /

Licence / Permit Holder Name  Licence No.  Licence Type  FPAS No.

Client Name  Signature  Date  /  /

Distribution of service record copies: owner/occupier/agent = original service provider = duplicate retained in this book = triplicate © FPA Australia 2014 LB2A V1.0 April 2014

2(b) and 2(c), name and licence number of appropriately qualified person

3(a) a statement, signed by the person who carried out the maintenance, certifying that the matters stated in the record of maintenance under subsection (2) are correct

2(f) a statement that maintenance was carried out in compliance with MP6.1

2(g) (i) whether or not the person carrying out the maintenance considered the installation was in proper working order.