

Fire Block Plan Request Form

Payment required prior to release of documentation



AQUALOGICAL
Plumbing Design Solutions

1. Project Information – please print

• Is this an existing Aqualogical project?

No ☐ Go to 2

Yes ☐ Project Number

Go to 3

2. Project Details – please print

Project Name

Project Address (Include Tenancy / Shop number)

Previous Consultant

3. System Info – please print

System Installed By:

System Maintained By:

System Tested By:

Height of highest hydrant above booster:

Meter(s)

System Design:

L/s@ kPa

System Commissioning Test:

At the Most Hydraulically Disadvantaged Hydrant

L/s@ kPa

4. Sizing & Location – please show on plan

- | | |
|---|---|
| <input type="checkbox"/> Water Supply | <input type="checkbox"/> Water Authorities |
| <input type="checkbox"/> Water Mains | <input type="checkbox"/> Street Fire Hydrants |
| <input type="checkbox"/> On Site Fire Mains | <input type="checkbox"/> Water Storage Tanks |
| <input type="checkbox"/> Water Meter | <input type="checkbox"/> Fire Pumps |
| <input type="checkbox"/> Fire Hose Reels | <input type="checkbox"/> Fire Hydrants |
| <input type="checkbox"/> Brigade Booster Assemblies | <input type="checkbox"/> Main Electrical |
| <input type="checkbox"/> Switchboard/Room | <input type="checkbox"/> FIP |
| <input type="checkbox"/> Flammable Storage Areas | <input type="checkbox"/> Other Fire Systems |
| <input type="checkbox"/> LPG Tanks | <input type="checkbox"/> Gas Shut Off Valve |
| <input type="checkbox"/> Isolating Valves | <input type="checkbox"/> Non-Return Valves |

Total No. Fire Hoses Total No. Hydrants

5. Pressure – please print

Boost Pressure

Test Pressure

kPa kPa

6. Company to be invoiced – please print

Company Name

Company Address

Company Contact Details

ABN

7. Please nominate preferred fee structure

☐ Standard Rate \$120.00 +gst per Hour – Minimum 1 hr
(Allow 3 working days)

☐ Fast Track Rate \$180.00 +gst per Hour – Minimum 1 hr
(If required in less than 3 working days)

☐ Please tick if a USB is required (No Charge)

☐ Please tick if a Full size set of prints is required (No Charge)

8. Date plans required

/ /

9. Authority to Proceed

I, having authority to commit, agree to the proposed fee, and nominated fee structure for the above-mentioned project

Signature

<input type="text"/>	Date
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Aqualogical Pty Ltd (the company) & (the client) as named above, understand this is a contract. This application must be completed in full in order to proceed with your project. If you sign this document you will be bound by its terms. Copy of full terms & conditions available on request.

Plumber's checklist

Make sure:

- This form is fully completed;
- Red pen is used for marking up;
- Items to be deleted are marked with pen, not white-out;
- Plans are scanned or photographed in colour if emailed;
- Latest CAD files supplied if from external consultant;
- All pipe work is clearly marked accurately.

Read the following

Block Plans are prepared on information received from the plumber. The accuracy of the information produced by Aqualogical shall be confirmed by the plumber. Aqualogical does not accept any responsibility for any errors or omissions. Any errors or omissions requiring drawing alteration will be charged in accordance with the above fee structure. The more accurate the information you provide is, the more accurate the documentation we produce will be.

Payment Terms

The Client agrees to pay all amounts due in clear funds prior to the release of documentation, or 7 days (pre-approved accounts only).

In the event where this agreement has been entered into by more than one party each party shall be jointly and severally liable for any amounts overdue

Office use only

Rate Charged

Chargeable Hours

<input type="text"/>	<input type="text"/>
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Project Number

Invoice Number

<input type="text"/>	<input type="text"/>
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