



Structural Certification

HEALTH ACT 1911

Health (Public Buildings) Regulations 1992

Installer Details

Installer Name _____

Company _____

Company Address _____

Telephone _____ Email _____

Structure Details

Structure Location

Event Name (if applicable) _____

Address where structure erected _____

Date constructed _____

Checklist

The following identifies the elements requiring checking prior to the facility being used:-

Leave blank if not applicable

- Anchorages are adequate and holding fast.
- Describe the soil type and identify ground holding parameters
- Wall and roof bracing is installed and adequately tensioned
- All ropes or tensioned straps are in good order and correctly fastened
- Fabric is tensioned and not prone to ponding
- Exits are correctly identified and not obstructed
- Exposed ropes and stakes are identified and will not be a hazard to the public
- All locking pins and bolts are in place and correctly tensioned
- All structural supports are sound
- Fabric has no unrepaired tears
- Flooring is even and there are no tripping hazards
- Walls are adequately secured
- Rope and pole tent has its full compliment of side uprights, anchor stakes, pulley blocks and guy ropes
- Rope and pole tent hoists are secure and can only be released by an authorised person

Declaration

I confirm that the structure identified above has been constructed/erected in accordance with the Manufacturer's or Structural Engineer's recommendations.

Signed _____ Dated _____