

Acoustic Treatments Installation Certification

Project/Address: _____
Name of Certifier: _____
Company: _____
Address: _____
Qualifications & Experience: _____
Phone: _____
Email: _____

*I hereby certify that the acoustic treatments installed in the building/project
comply with:-*

- a) BCA Part F5 of the Building Code of Australia.
- b) The architectural/services/structural plans and specifications approved by the Accredited Certifier and released for Construction.
- c) The relevant Australian Standards listed in the Building Code of Australia (Specification A1.3)
- d) The following Australian Standards: AS2107 AS1276.1
- e) Other practices and standards relied upon for the Certification: _____

Exclusions: YES/NO (where yes please give explanation)

Name: _____ Signature: _____

Date: _____