

CERTIFICATE OF STRUCTURAL ADEQUACY



Town of
Port Hedland



I,, hereby certify that the structures / installations (as described below) at the undermentioned site have been inspected by me.

I certify the structure / installation to be safe, that it / they are structurally adequate for their intended use and that it / they comply with the manufacturer's installation / erection specifications.

INSTALLATION FOR

Hirer's Name:

Hirer's Address:

Hirer's Contact Phone Number:

SITE DETAILS

Venue Name:

Venue Address:

PARTICULARS OF STRUCTURE / INSTALLATION

Attach drawings of all structural details if required

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DETAILS OF ANY STRUCTURES AT THE ABOVE MENTIONED VENUE FOR WHICH YOU ARE NOT RESPONSIBLE

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SIGNATURE: DATE:

YOUR BUSINESS DETAILS

Business Name:

Business Address:

Business Telephone:

WHEN WORK IS COMPLETE PLEASE FORWARD A COPY OF THIS FORM TO:

Town of Port Hedland, Environmental Health Services, PO Box 41 Port Hedland 6721

Email: ehservices@porthedland.wa.gov.au