

CERTIFICATE OF INSTALLATION

I certify that the installation has been carried out in accordance with the requirements of NCC Vol. 2, 2019 part 3.1.4 and relevant CodeMark Certificate of Conformity and in accordance with the Australian Standards 3660.1:2014

The installer warrants that this certificate of installation has been issued by a fully licensed installer with all relevant state, territory and government qualifications.

General Details					
Service Order ID:	901839489				
Location ID:	901073108				
Customer Reference number	As above				
Client Company Name:	Turnkey Creations				
Client Contact Name:	Accounts Payable				
Technician's Name:	Matthew March				
Was the Treatment Notice Sticker Installed or Updated:	No				
Technician's Signature:	MM				

Structure Details					
Date of report:	05-05-2021				
Street Number:	1/55				
Street Name:	55 Piddington Street				
Suburb:	Watson				
State:	ACT				
Post Code:	2602				

	Installation Details								
Service Type	System Used	Service Carried Out	Length (m)	Width (mm)	Height (mm)	Qty			
New installation	Flickguard	Ant Capping - Without Steel Rods	18						
New installation	Flickguard	Piers				5x300x300 pier			



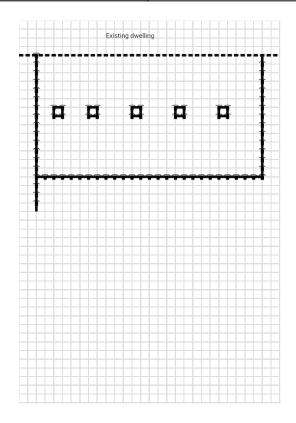
Nil

Flick Anticimex Pty Ltd
Unit 12, 2 Yallourn Street, Fyshwick
ACT
13-14-40

canberra@flick.com.au

Notes and/or Limitations

Structure Details							
Street Name: 55 Piddington Street							
Suburb:		Watson					
State:		ACT					
Street Number:	1/55	Postcode:	2602				
Contact Number:		0407-237-765					



Drawing Legend A: North Direction $oldsymbol{V}$: Vertical Joint Protection : AntCapping Protection : Collar Protection : Reticulation Protection 🛛 : Pier Protection X: Cold Joint Protection : Zero Lot : Strapping **P**: Pole Whaling Plate Protection **\Delta** : Foam Feture N : Novithor W : Wall Sheeting Protection : Steel Post Protection ★ : Trimming : Door Sill Treatment ☐: Reticulation Fill Point # : Under slab Protection : Patio Tile Extension ★: Perimeter Protection O: Wraps S: Group Of Wraps : Sentricon Always Active Bait ☆: Perimeter Protection (Station In Hard Ground Stage 2) 🗑 : Sentricon Always Active Bait : Reticulation Chemical : Termguard Termination Station In Soft Ground Application Point 🕥 : Chemical Treated Zone



Sub Floors	
Is there adequate grading of soil in the sub floors?	Yes
Is there adequate drainage in the subfloor to prevent ponding?	Yes
Is the subfloor ventilation adequate?	Yes
Minimum crawl space in subfloor (mm)	300

Photos Of Site











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SITE SPECIFIC HAZARD & RISK CHECKLIST													
Client: Accounts Payable - Location ID : 901073108 - Service Order ID : 901839489 Job Site Details: 55 Piddington Street, Watson, ACT, 2602													
COMPLETE THE FO	ards DLLOWING BEFORE ENT OF WORK	 Select t Write in WorkMeth 	Instructions for use: 1. Select the Hazard Number in the Haz. No. column below from your selection. 2. Write in the Control Measures column below additional Site Specific Control Measu WorkMethod Statement										
	tified on this site below	3. Indicat		ropriate risk score from the drop of		score columns	. (RISK SCO	re =	:1 - 25)				
to select the Hazard Nu	mber.		Risk Score	Control Me	asures								
□ Confined Space □ Heights (People falling)	14. ☐ Security/lone/isolated work	Haz.	1 - 25		RISK		CONSEQUEN			ENCE			
3. ☐ Flooding/water 4. ☑ Manual	15. Communications	No.					ASSESSN T MATR	1EN	Insignifi cant	Minor	Moderat e	Major	Catastro phic
Handling	16. 🗌 Weather								1	2	3	4	5
5. Heat 6. Cold 7. Falling objects	condition 17. ☐ Total Fire Ban 18. ☐ Traffic						Almost Certain	А	11	16	20	23	25
8. Moving	19. ☐ Asbestos	4	1	Ppe			Likely	В	7	12	17	21	24
plant/machinery 9. ☐ Site	20. ☐ Animals (Dogs etc)						Possibl	С	4	8	13	18	22
Housekeeping	21. Insects (Spiders						-						
10. ☐ Electricity 11. ☐ Compressed	etc) 22. Dust						Unlikel y	D	2	5	9	14	19
gas 12. □	23. ☐ Fire & Explosion 24. ☐ Hazardous						Rare	E	1	3	6	10	15
Underground/overhead	Substances							L					
services 13. Noise/vibration	25. Cherry Picker / Scissor Lift		NOTE: If specific Hazards and Control Measures are identified include these hazards and controls. Ensure these are discusse				I on a regular basis, Safe Work Method Statements must be updated to ed and documented at TOOL BOX MEETING						
	equipment/ knuckle Boom Life *	Permits work):	(check bo	ox & complete permit before start	ting the	Person completing this form and training site personnel:							
	26. ☐ Bird Shooting *					Name			Signatu	re		Date	е
Others:						Matthew M	arch		4/1		05-0	5-2021	l
						I, (Name lis Hazards &					ed & und	erstan	d the
/ M 1 D		Yes	☐ No. DO NOT COMMENCE WORK (contact the office for				V	M					

 Revision No: 0
 FRM015.09

 Approved Date: 10.02.2012
 Page:1 of 1



TERMS AND CONDITIONS

PURPOSE OF TERMITE MANAGEMENT SYSTEMS

Disclaimer of Liability to Third Parties: - This certificate is made solely for the benefit of the owner/builder named on the face of this Certificate and no liability or responsibility whatsoever is accepted to any third party who may reply on the Certificate either wholly or in part. Any third party acting or relying on this certificate whether in whole or in part does so at their own risk.

LIMITATIONS

- 1. This Termite Management System is dependent upon the provision of a complete termite management system around the structure(s).
- 2. With Pre-Construction treatment it is the responsibility of the builder/owner to ensure that the site is properly prepared in accordance with AS2870 and AS3600.1 and relevant Standard or National Construction Code before the treatment is commenced.
- 3. The Installer and Manufacturer highly recommends that regular competent inspections take place minimum 12 monthly. Where the termite risk is high or the building type is susceptible to termite attack, more frequent competent inspection (3-6 months) must be undertaken, as recommended in AS 3660. Termites may build around barriers but they can be detected more readily during routine inspections.
- 4. Limited liability is accepted for any treatment failure in line with the Product Warranty Package.
- 5. This treatment only applies to the protection of the structure(s) as detailed on the face of this Certificate against attack by subterranean termites. It does not provide for protection against other pest(s). In particular it doesn't provide any protection against "drywood termites", FAMILY KALOTERMITDAE.
- 6. Responsibility for timber damage is limited as per the Product Warranty Package.
- 7. This Termite Management System can be rendered ineffective due to building alterations, renovations, additions (including pergolas, awning, verandas, etc.) introducing infested materials, off cuts and formwork left on site, material stored against the building, disturbing external gardens, pathways, etc. adjacent to the areas protected and through establishing lawns and or garden beds adjacent to the protected areas. (Such changes to the property are likely to breach the Termite Management System). Where such changes occur further treatment is essential. Precautions must be taken to ensure that the Termite Management System is not damaged in any way.
- 8. With a concrete slab on ground structure it is important that the edge of the slab remains exposed and is not covered by garden materials e.g. soil, pine, and bark or similar, unless a full Termite Management System is installed about the perimeter of the structure. Also air vents and or weep holes must never be blocked or covered.
- 9. Do not use untreated timbers for garden beds or retaining walls as they attract termites. Increased moisture or poor ventilation will also provide conditions for increased risk of termite attack.

VERY IMPORTANT:

This Certificate is in one part, a Certificate of Installation, Application and Completion. This completion of a Certificate of Installation does not in itself certify the structure treated overleaf has been protected in compliance with current version NCC Val 1-10 and 2-9. The Certificate of Installation, Application and Completion must be provided, in full, confirming that all elements for the Termite Management System program in accord with the National Construction Building Codes of Australia and or Australian Standards have been completed. A Termite Management system is not complete unless it has a full System inclusive of all slab penetrations and services.



If you become aware of any breaches to the Termite Management system or changes to the structure such as those detailed above you should immediately contact your Installer within 10 working days in writing or via electronic format.

It is your responsibility to ensure that the inspections set out as a condition of the warranty as per the recommendations of Australian Standard AS3660. 1 and completed in accordance with AS3660 are performed. Please contact your Installer for further details.

IMPORTANT INFORMATION:

The Australian Standard AS3660.1 Termite Management, New Building Works provides details for minimising the risk to buildings from termite attack, and methods for treatment to minimise termite infestations. The provision of a complete Termite Management System will impede and discourage termite entry into buildings. It cannot prevent termite attack. Termites can still bridge or breach barriers but they can be detected more readily during routine inspections. Regular Timber Pest Inspections in accordance with AS3660 should be undertaken in order to maintain the System Warranty and the integrity of your Termite Management System.



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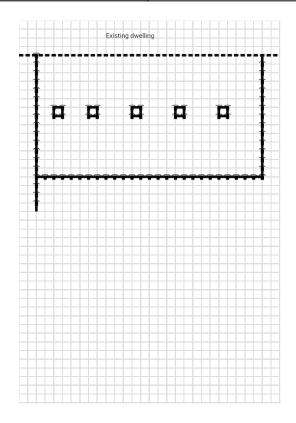
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			SI	ITE SPECIFIC HAZARD & RISI	K CHECK	LIST							
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Hazards COMPLETE THE FOLLOWING BEFORE COMMENCEMENT OF WORK		Instructions for use: 1. Select the Hazard Number in the Haz. No. column below from your selection. 2. Write in the Control Measures column below additional Site Specific Control Measures for the identified Hazards, not covered in the Safe WorkMethod Statement											
Select the hazards identified on this site below		3. Indicate the appropriate risk score from the drop down Risk Score columns. (Risk Score =1 - 25)											
to select the Hazard Number.			Risk Score										
1. Confined Space Description: Confined Space Confined Space Property American	ts (People Security/Ione/isolated work	Haz.	1 - 25				RISK				NSEQUEN		
3. ☐ Flooding/water 4. ☑ Manual	15. Communications	No.					ASSESSM T MATR	IEN IX	Insignifi cant	Minor	Moderat e	Major	Catastro phic
Handling	16. 🗌 Weather								1	2	3	4	5
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gas	23. Fire & Explosion							E	1				
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equipment/ knuckle Boom Life * 26. Bird Shooting *		Permits (check box & complete permit before starting the work):			Person completing this form and training site personnel:								
		HOLK).				Name	Name		Signature			Date	
Others:						Matthew March			MM		05-0	05-05-2021	
				I, (Name listed below) have been trained & understand the Hazards & Control Measures identified									
		Can you undertake the job safely? ☑ Yes ☐ No. DO NOT COMMENCE WORK (contact the office for advice)					V	M					

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