Government of Western Australia
Department of Fire & Emergency Services

DFES
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FIRE ALARM MONITORING SERVICES

[8.4] C6 FORM

APPLICATION TO DFES FOR A NEW DBA COMMISSIONING/ OR CHANGES TO AN EXISTING DBA

PENDING CONNECTION:
THIS FORM ADVISES DFES THAT A FIRE DETECTION/ SUPPRESSION SYSTEM HAS BEEN INSTALLED IN THE PREMISES LISTED BELOW AND IS READY FOR COMMISSIONING OF A DIRECT BRIGADE ALARM (DBA). PLEASE ALLOW A MINIMUM TEN (10) WORKING DAYS FOR COMMISSIONING OF THE DBA. THIS FORM MAY ALSO INITIATE THE ORDER FOR THE PSTN LINE TO BE INSTALLED (IF NOT ALREADY ORDERED) AND ACTIVATE THE 3G SIM CARD REQUIRED FOR THE ALARM SIGNALLING EQUIPMENT.

EXISTING CONNECTION:
THIS FORM ADVISES DFES THAT A CHANGE HAS BEEN MADE TO THE FIRE SYSTEM WHICH ALSO REQUIRES THE DBA MONITORING CONFIGURATION TO BE CHECKED/ CHANGED. TECHNICIANS ARE NOT PERMITTED TO REMOVE/ RELOCATE THE CODE RED UNIT. PLEASE ALLOW A MINIMUM 72 HOURS FOR PROCESSING AND SCHEDULING FOR A CODE RED APPOINTMENT FOR UPGRADE WORKS. THIS FORM WILL ALSO ACT AS AUTHORITY TO PURCHASE, WHETHER OR NOT A PURCHASE ORDER IS RECEIVED.

1. DETAILS OF PREMISES *(PLEASE COMPLETE ALL SECTIONS)*				
TYPE OF JOB REQUEST:	☐	NEW DBA	APP NUMBER:	
	☐	EXISTING DBA	DBA NUMBER:	
NAME OF BUILDING:				
ADDRESS:				
SUBURB:			POST CODE:	
LOT/ DP NUMBER:				
NEAREST CROSS STREET:				
SITE CONTACT NAME:				
SITE CONTACT PHONE:			MOBILE:	
SITE CONTACT EMAIL:				
INDUCTION REQUIRED:	☐ NO	☐ YES *If Induction required for Site Access – Please include details below:*		
INDUCTION DETAILS:				
FIRE INDICATOR PANEL MAKE/ MODEL:				
FIRE INDICATOR PANEL LOCATION:				
LOCATION OF MDF:				

2. SYSTEM DETAILS				
TYPE OF WORK TO BE COMPLETED:	☐	NEW ALARM COMMISSIONING	☐	UPGRADE – ADD FIP FUNCTION
	☐	UPGRADE – FIP RELOCATION	☐	INSPECTION
	☐	UPGRADE – FIP CHANGEOVER	☐	OTHER:
MONITORED ALARMS:	☐	THERMAL / MANUAL / SMOKE	☐	PUMP RUN
NOTE: ALL MONITORED INPUTS MUST BE WIRED TO THE TERMINAL STRIP	☐	PANEL FAULT	☐	PUMP FAULT
	☐	PANEL ISOLATE	☐	WATER TANK LOW
	☐	SPRINKLER	☐	PANEL BATTERY
	☐	GAS DETECTION	☐	VALVE TAMPER
	☐	GAS DISCHARGE	☐	LOW WATER PRESSURE
	☐	SUB INDICATOR BOARD	☐	

3. FIRE AGENT DECLARATION *(PLEASE PRINT CLEARLY AND USE BLOCK LETTERS)*

I hereby declare that the information provided in this form is accurate, the Fire Indication Panel is ready for DBA commissioning, and all certification documentation required by Australian Standards has been submitted to the FESA Governance Officer.

FIRE AGENT SIGNATURE:		DATE:	
NAME OF FIRE AGENT:			
POSITION/ TITLE:			
PHONE NUMBER:			
EMAIL:			
COMPANY NAME:			

ALL SECTIONS OF THIS FORM MUST BE COMPLETED AND SIGNED AND DATED TO AVOID DELAYS.
FOR ASSISTANCE WITH THIS FORM PLEASE CONTACT FIRE ALARM MONITORING SERVICES ON: 1300 793 722
COMPLETED C6 FORMS CAN BE EMAILED TO: WACSC@CHUBB.COM.AU