

# **GUIDANCE NOTES FOR BUILDINGS THAT CONTAIN SPECIFIED SYSTEMS**

The following information is intended to provide guidance as to what information needs to be supplied on the Schedule of Specified Systems sheet which needs to accompany applications that involve the addition or alteration of any specified system.

Full explanations can be obtained from the Ministry of Business, Innovation and Employment web site [www.building.govt.nz](http://www.building.govt.nz).  
A Compliance Schedule Handbook can be downloaded from <https://www.building.govt.nz/building-code-compliance/building-code-and-handbooks/compliance-schedule-handbook/>

## **1. What is a specified system?**

Specified systems or features for buildings specified in Schedule 1 of the Building (Specified Systems, Change the Use, and Earthquake-prone Buildings) Regulations 2005 and include the following;

- SS 1 Automatic systems for fire suppression
- SS 2 Automatic or manual emergency warning systems for fire or other dangers
- SS 3 Electromagnetic or automatic doors or windows
  - SS3/1 Automatic doors
  - SS3/2 Access controlled doors
  - SS3/3 Interfaced fire or smoke doors or windows
- SS 4 Emergency lighting systems
- SS 5 Escape route pressurisation systems
- SS 6 Riser mains for use by fire services
- SS 7 Automatic back-flow preventers connected to a potable water supply
- SS 8 Lifts, escalators, travelators, or other systems for moving people or goods within buildings
  - SS8/1 Passenger carrying lifts
  - SS8/2 Service lifts
  - SS8/3 Escalators & moving walkways
- SS 9 Mechanical ventilation or air conditioning systems
- SS 10 Building maintenance units providing access to exterior and interior walls of buildings
- SS 11 Laboratory fume cupboards
- SS 12 Audio loops or other assistive listening systems
  - SS12/1 Audio Loops
  - SS12/2 FM radio frequency systems & infrared beam transmission systems
- SS 13 Smoke control systems
  - SS13/1 Mechanical smoke control
  - SS13/2 Natural smoke control
  - SS13/3 Smoke curtains
- SS 14 Emergency power systems for, or signs relating to, a system or feature specified in any of SS1 to SS13
  - SS14/1 Emergency power systems relating to a system of feature specified in any of clauses 1-13
  - SS14/2 Signs relating to a system of feature specified in any of clauses 1-13
- SS 15 Other fire safety systems or features (systems for communicating information intended to facilitate evacuation, final exits, fire separations, signs, smoke separations)
  - SS15/1 Systems to communicate spoken information intended to facilitate evacuation
  - SS15/2 Final exits
  - SS15/3 Fire separations
  - SS15/4 Signs for communicating information to facilitate evacuation
  - SS15/5 Smoke separations
- SS 99 Cable cars (including to residential dwelling)

## **2. What is the location?**

Identifies what parts of the building the feature or system covers or is located in as the case may be.

## **3. What are the performance standards?**

Identifies what standard the system or feature is to meet in order to meet the requirements of the New Zealand Building Code. These may be a specific approved standard, an acceptable solution or specifically designed for the feature or system in question.

## **4. What are the maintenance requirements?**

This identifies what preventative and responsive maintenance is required to be taken and what standard, acceptable solution or specific requirements this maintenance must comply with.

## **5. Who are the persons responsible for inspections?**

These are the persons who are qualified and approved to undertake the inspections required.

## **6. What are the reporting requirements?**

This specifies what records are to be kept on the premises in relation to the specified systems and features contained in the building.

On the following page is an example of what the specified system details should look like when filled in.

**SPECIFIED SYSTEM DETAILS**

To be completed by applicant/agent with full details when any building incorporates a specified system as detailed in Schedule 1 of the Building (Specified Systems: Change the Use, and Earthquake-prone Buildings) Regulations 2005  
 PLEASE COMPLETE FOR EACH INDIVIDUAL SYSTEM INCORPORATED INTO THE BUILDING

Building [name or street address: 123 Main Street, Gisborne] Item 1 of 6

|  |  |
|--|--|
| Type: Type 6 Fire Alarm<br>Enter Alarm Test Results: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>  |  |
| Location(s) within building/site: Workshop, block 2 west wing  |  |
| Performance Standard(s):<br>In accordance with NZS 4541:2003<br>In accordance with NZS 4515:2003   |  |
| Inspection Requirements:<br>Automatic systems for fire suppression require regular inspection and testing to ensure the systems will operate as required by the performance standards in the event of a fire   |  |
| Maintenance Requirements:<br>Planned preventative maintenance and responsive maintenance should be carried out in accordance with NZS 4541:2003 and NZS 4515:2003 and to ensure the system will operate as required in the event of a fire   |  |
| Persons Responsible for Inspections:<br>All inspections shall be undertaken by independent qualified persons/licensed building practitioners   |  |
| Reporting:<br>Records shall be maintained and kept on the premises indicating:<br>i) Date of inspection<br>ii) Type of inspection<br>iii) Any repairs or maintenance found to be required<br>iv) Action taken to repair or maintain the system<br>v) The system inspected complies with the requirements of the compliance schedule<br>vi) Name of person undertaking inspection<br>Records are to be maintained for a period of 2 years |  |

**PLEASE COPY ADDITIONAL SHEETS (if necessary)**  
 OR PROVIDE THE INFORMATION FOR EACH ADDITIONAL SYSTEM AS AN ATTACHMENT  
 (An electronic copy of this form is available - please email your request for an electronic form T-27.s1 to [mesgan@tdc.govt.nz](mailto:mesgan@tdc.govt.nz))

**SPECIFIED SYSTEM DETAILS**

To be completed by applicant/agent with full details when any building incorporates a specified system as detailed in Schedule 1 of the Building (Specified Systems: Change the Use, and Earthquake-prone Buildings) Regulations 2005  
 PLEASE COMPLETE FOR EACH INDIVIDUAL SYSTEM INCORPORATED INTO THE BUILDING

Building [name or street address: 123 Main Street, Gisborne] Item 2 of 6

|  |  |
|--|--|
| Type: Means of escape from fire<br>Enter Alarm Test Results: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>  |  |
| Location(s) within building/site: Through entire building  |  |
| Performance Standard(s):<br>In accordance with C2 of the New Zealand Building Code   |  |
| Inspection Requirements:<br>The means of escape require regular inspection to ensure that the passive and active features of the means of escape continue to perform as designed for safe evacuation   |  |
| Maintenance Requirements:<br>Planned preventative maintenance and responsive maintenance of means of escape shall be maintained at all times in a safe condition with particular attention to freedom from obstruction and other storage of combustibles, adequacy of handrails, proper operation of fire and smoke control doors and ease of opening any doors leading into the escape route at the final exit                          |  |
| Persons Responsible for Inspections:<br>Continuous inspections by owner<br>Maintenance shall be undertaken by owner<br>Annual inspections shall be undertaken by an Independent Qualified Person or Licensed Building Practitioner   |  |
| Reporting:<br>Records shall be maintained and kept on the premises indicating:<br>i) Date of inspection<br>ii) Type of inspection<br>iii) Any repairs or maintenance found to be required<br>iv) Action taken to repair or maintain the system<br>v) The system inspected complies with the requirements of the compliance schedule<br>vi) Name of person undertaking inspection<br>Records are to be maintained for a period of 2 years |  |

**PLEASE COPY ADDITIONAL SHEETS (if necessary)**  
 OR PROVIDE THE INFORMATION FOR EACH ADDITIONAL SYSTEM AS AN ATTACHMENT  
 (An electronic copy of this form is available - please email your request for an electronic form T-27.s1 to [mesgan@tdc.govt.nz](mailto:mesgan@tdc.govt.nz))



# Form T-27.s1 - Schedule of Specified Systems

## Details for Compliance Schedule



### SECTION A: TO BE COMPLETED BY APPLICANT (with ALL non single residential buildings or commercial building projects)

|   |                                    |                             |   |                                      |                             |                             |                             |
|---|------------------------------------|-----------------------------|---|--------------------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> Existing C/Schedule - <b>Compliance Schedule number:</b> _____   |                                    | <b>OR</b>                   | <input type="checkbox"/> New C/Schedule   |                                      |                             |                             |                             |
| <b>Building name [known as]:</b> _____  |                                    |                             | <b>Consent No. [if applicable]:</b> _____ |                                      |                             |                             |                             |
| <b>Street address of property:</b> _____  |                                    |                             |   |                                      |                             |                             |                             |
| <b>Building owner(s):</b> _____   |                                    |                             |   |                                      |                             |                             |                             |
| <b>Current use related to risk groups:</b> [tick if applicable]   | <input type="checkbox"/> SH        | <input type="checkbox"/> SM | <input type="checkbox"/> SI               | <input type="checkbox"/> CA          | <input type="checkbox"/> WB | <input type="checkbox"/> WS | <input type="checkbox"/> VP |
| <b>Current, lawfully established use:</b> _____   |                                    |                             |   |                                      |                             |                             |                             |
| <b>Occupant load:</b> _____   | <b>Fire hazard category:</b> _____ |                             |   | <b>First year constructed:</b> _____ |                             |                             |                             |
| <b>Physical location where compliance schedule will be kept:</b> _____  |                                    |                             |   |                                      |                             |                             |                             |
| <b>Attachments</b>  |                                    |                             |   |                                      |                             |                             |                             |
| <input checked="" type="checkbox"/> Attached are: _____ [total number] of <i>Specified System Details</i> forms. Please attach a separate form for each system contained in the building. |                                    |                             |   |                                      |                             |                             |                             |
| <input type="checkbox"/> The building's fire design is required and attached to this document [if applicable].  |                                    |                             |   |                                      |                             |                             |                             |
| <input type="checkbox"/> A specified system floor plan clearly showing the location and type of all specified systems in the building.  |                                    |                             |   |                                      |                             |                             |                             |
| <b>Signed:</b> by or on behalf of owner(s) _____  |                                    |                             | Date: ____ / ____ / ____                  |                                      |                             |                             |                             |
| Name: _____ Profession: _____ Contact Ph: _____   |                                    |                             |   |                                      |                             |                             |                             |

### SECTION B: FOR COUNCIL USE ONLY (to be completed by processing officer)

| ORDER  | OFFICERS NAME | DATE PROCESSED | APPROVAL  |
|--|---------------|----------------|---|
| 1. Programmed by   |               |                |   |
| 2. Processing officer  |               |                | <input type="checkbox"/> OK to produce draft CS |
| 3. Schedule draft prepared by  |               |                | 3 copies – owner, field record, CS [digital]    |
| 4. Prep for issue of CCC & CS: [to be completed by Compliance Officer]   |               |                |   |
| <input type="checkbox"/> BSO has ok'd CCC<br><input type="checkbox"/> Checked amended plans have not altered systems specified on this document, if applicable – updated SS details obtained, changes marked.<br><input type="checkbox"/> Producer statements and all required info related to specified systems have been provided - confirmed all specified systems are operational.<br><input type="checkbox"/> Signed below: |               |                |   |
| 5. Ok to prepare final C/Schedule  |               |                |   |
| 6. Final C/Schedule generated  |               |                | C/Sched to be issued with CCC                   |

# SPECIFIED SYSTEM DETAILS

FORM T-27.S1

To be completed by applicant/agent with full details when any building incorporates a specified system as detailed in Schedule 1 of the Building (Specified Systems, Change the Use, and Earthquake-prone Buildings) Regulations 2005.

PLEASE COMPLETE FOR EACH INDIVIDUAL SYSTEM INCORPORATED INTO THE BUILDING.

|                                   |              |
|-----------------------------------|--------------|
| Building [name or street address: | Item      of |
|-----------------------------------|--------------|

|       |  |
|-------|--|
| Type: | Exists   Altered   New   Remove<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|-------|--|

Location(s) within building/site:

|                          |   |  |  |  |
|--------------------------|---|--|--|--|
| Performance Standard(s): | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table> |  |  |  |
|                          |   |  |  |  |
|                          |   |  |  |  |
|                          |   |  |  |  |

|                          |   |  |  |  |  |
|--------------------------|---|--|--|--|--|
| Inspection Requirements: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table> |  |  |  |  |
|                          |   |  |  |  |  |
|                          |   |  |  |  |  |
|                          |   |  |  |  |  |
|                          |   |  |  |  |  |

|                          |   |  |  |  |  |
|--------------------------|---|--|--|--|--|
| Maintenance Requirements | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table> |  |  |  |  |
|                          |   |  |  |  |  |
|                          |   |  |  |  |  |
|                          |   |  |  |  |  |
|                          |   |  |  |  |  |

|                                      |   |  |  |  |  |
|--------------------------------------|---|--|--|--|--|
| Persons Responsible for Inspections: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table> |  |  |  |  |
|                                      |   |  |  |  |  |
|                                      |   |  |  |  |  |
|                                      |   |  |  |  |  |
|                                      |   |  |  |  |  |

|            |   |  |  |  |  |  |  |  |  |
|------------|---|--|--|--|--|--|--|--|--|
| Reporting: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table> |  |  |  |  |  |  |  |  |
|            |   |  |  |  |  |  |  |  |  |
|            |   |  |  |  |  |  |  |  |  |
|            |   |  |  |  |  |  |  |  |  |
|            |   |  |  |  |  |  |  |  |  |
|            |   |  |  |  |  |  |  |  |  |
|            |   |  |  |  |  |  |  |  |  |
|            |   |  |  |  |  |  |  |  |  |
|            |   |  |  |  |  |  |  |  |  |

**PLEASE COPY ADDITIONAL SHEETS (if necessary)**

**OR PROVIDE THE INFORMATION FOR EACH ADDITIONAL SYSTEM AS AN ATTACHMENT**

(An electronic copy of this form is available - please email your request for an electronic form T-27.s1 to [building@gdc.govt.nz](mailto:building@gdc.govt.nz))

# SPECIFIED SYSTEM DETAILS

FORM T-27.S1

To be completed by applicant/agent with full details when any building incorporates a specified system as detailed in Schedule 1 of the Building (Specified Systems, Change the Use, and Earthquake-prone Buildings) Regulations 2005.

PLEASE COMPLETE FOR EACH INDIVIDUAL SYSTEM INCORPORATED INTO THE BUILDING.

|                                   |              |
|-----------------------------------|--------------|
| Building [name or street address: | Item      of |
|-----------------------------------|--------------|

|       |  |
|-------|--|
| Type: | Exists   Altered   New   Remove<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|-------|--|

Location(s) within building/site:

|                          |   |  |  |  |
|--------------------------|---|--|--|--|
| Performance Standard(s): | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table> |  |  |  |
|                          |   |  |  |  |
|                          |   |  |  |  |
|                          |   |  |  |  |

|                          |   |  |  |  |  |
|--------------------------|---|--|--|--|--|
| Inspection Requirements: | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table> |  |  |  |  |
|                          |   |  |  |  |  |
|                          |   |  |  |  |  |
|                          |   |  |  |  |  |
|                          |   |  |  |  |  |

|                          |   |  |  |  |  |
|--------------------------|---|--|--|--|--|
| Maintenance Requirements | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table> |  |  |  |  |
|                          |   |  |  |  |  |
|                          |   |  |  |  |  |
|                          |   |  |  |  |  |
|                          |   |  |  |  |  |

|                                      |   |  |  |  |  |
|--------------------------------------|---|--|--|--|--|
| Persons Responsible for Inspections: | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table> |  |  |  |  |
|                                      |   |  |  |  |  |
|                                      |   |  |  |  |  |
|                                      |   |  |  |  |  |
|                                      |   |  |  |  |  |

|            |   |  |  |  |  |  |  |  |  |
|------------|---|--|--|--|--|--|--|--|--|
| Reporting: | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table> |  |  |  |  |  |  |  |  |
|            |   |  |  |  |  |  |  |  |  |
|            |   |  |  |  |  |  |  |  |  |
|            |   |  |  |  |  |  |  |  |  |
|            |   |  |  |  |  |  |  |  |  |
|            |   |  |  |  |  |  |  |  |  |
|            |   |  |  |  |  |  |  |  |  |
|            |   |  |  |  |  |  |  |  |  |
|            |   |  |  |  |  |  |  |  |  |

**PLEASE COPY ADDITIONAL SHEETS (if necessary)**

**OR PROVIDE THE INFORMATION FOR EACH ADDITIONAL SYSTEM AS AN ATTACHMENT**

(An electronic copy of this form is available - please email your request for an electronic form T-27.s1 to [building@gdc.govt.nz](mailto:building@gdc.govt.nz))

# SPECIFIED SYSTEM DETAILS

FORM T-27.S1

To be completed by applicant/agent with full details when any building incorporates a specified system as detailed in Schedule 1 of the Building (Specified Systems, Change the Use, and Earthquake-prone Buildings) Regulations 2005.

PLEASE COMPLETE FOR EACH INDIVIDUAL SYSTEM INCORPORATED INTO THE BUILDING.

|                                   |         |
|-----------------------------------|---------|
| Building [name or street address: | Item of |
|-----------------------------------|---------|

|       |   |
|-------|---|
| Type: | Exists <input type="checkbox"/> Altered <input type="checkbox"/> New <input type="checkbox"/> Remove <input type="checkbox"/> |
|-------|---|

Location(s) within building/site:

|                          |  |
|--------------------------|--|
| Performance Standard(s): |  |
|                          |  |
|                          |  |

|                          |  |
|--------------------------|--|
| Inspection Requirements: |  |
|                          |  |
|                          |  |

|                          |  |
|--------------------------|--|
| Maintenance Requirements |  |
|                          |  |
|                          |  |

|                                      |  |
|--------------------------------------|--|
| Persons Responsible for Inspections: |  |
|                                      |  |
|                                      |  |

|            |  |
|------------|--|
| Reporting: |  |
|            |  |
|            |  |
|            |  |
|            |  |

**PLEASE COPY ADDITIONAL SHEETS (if necessary)**  
**OR PROVIDE THE INFORMATION FOR EACH ADDITIONAL SYSTEM AS AN ATTACHMENT**  
 (An electronic copy of this form is available - please email your request for an electronic form T-27.s1 to [building@gdc.govt.nz](mailto:building@gdc.govt.nz))