|  |  |
| --- | --- |
| tfs logo_no text | **TASMANIA FIRE SERVICE – FORM 6.8****Notification of Defect**  |

Site Name:

Site Address

TFS Alarm Number:

Name of Responsible Person (e.g. Building owner, Building manager):

Contact Number:

Description of Issue:

Severity: Critical Defect [ ]  Non-Critical Defect [ ]  Non-Conformance [ ]

Date first reported in Logbook: Click here to enter a date.

Logbook Entry Number:

Subsequently Reported: Click here to enter a date.

Logbook Entry Number:

Evidence of attempts to contact responsible person: (e.g. reports, quotes etc) – attach copies

Date submitted to TFS: Click here to enter a date.

Service Provider:

 Permit Number:

 Contact Name:

 Company:

 Phone: Email:

**Note: Once completed return to** **fire@fire.tas.gov.au** **or Tasmania Fire Service, GPO Box 308, Hobart 7001**