**CAPITAL PROJECTS AND**

**FACILITIES MANAGEMENT**

**INFRASTRUCTURE**

**DEFECTS LIABILITY PERIOD RELEASE**

**MANUAL ADDENDUM**

**AUGUST 2025 REVISION**

**RECORD OF DLP RELEASE & MAINTENANCE SUMMARY**

**Project Name:** i.e. Aconex project name

*Project Description: Provide a brief description and location*

|  |  |
| --- | --- |
| UoA Project Number: |  |
| UoA Project Building Name(s):UoA Building Number(s):UoA Project Location/Address: |  |
| UoA Project Manager: |  |
| Head Contractor: |  |
| Practical Completion Date: |  |

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1. Document Guide

This template is only to be used for the capture of DLP maintenance and council-mandated forms, at the conclusion of the Defects Liability Period.

Should a section not be applicable to this project, place ‘**Not Applicable**’ in the respective section. Do not delete ‘Not Applicable’ sections.

1. Document Approval, Use and Revision History

Table format as follows, populate with correct dates for each submission.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date** | **Reason** | **Issued to (company)** | **Comments** |
| 1 | YYYY-MM-DD | Issued for DLP Release  | UoA - PM | Issued by *(Name)* to UoA PM *(Name)* for DLP Release |
| 2 | YYYY-MM-DD | Issued for Archiving | UoA - Space Data Coordinator & Senior Maintenance Scheduling Officer | Issued by *(Name)* to UoA Space Data Coordinator *(Name)* & Senior Maintenance Scheduling Officer *(Name)* for Archiving |

1. Description of the Installation

Provide a full description of the project including but not limited to the following (copy from existing O&M manual):

1. Overall scope of works
2. Project Specific Location (Campus / Building / Floor / Room)
3. Listing of the applicable trade disciplines
4. Project stages / Separable portions (if any)
5. Project commencement and completion dates
6. Any work which may have been completed by others (i.e. works completed by others and not the Contractor)

## Certificates and Forms

Provide signed copies of certificates and forms, referring to the table below.

Please state below if a specific certification is **‘Applicable’** or **‘Not Applicable’** for this project, then insert documents after table.

|  |  |
| --- | --- |
| **Certification Type** | **Applicable/Not Applicable** |
| Certificate of compliance with maintenance procedures [Form 3, Schedule 16 of the Development Regulations] |  |
| Signed Consultant Endorsement of DLP release | **Applicable** |
| Defect Liability Release Certificate Signed by Director, Capital Projects (to be provided by the UoA PM) | **Applicable** |

## Essential Safety Provision Maintenance Record

A table of maintenance records for the fire and Essential Safety Provision systems installed as part of the project.

Maintenance records are to be inserted after this table in the same order as listed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Report Name** | **Service Report No.** | **Subcontractor** | **Asset Number(s) – INF’s where applicable** |
|  |  |  |  |
|  |  |  |  |

Note:

1. Where Form 3’s are applicable, this section should be completed.

## Electrical Maintenance Record

A table of maintenance records for the electrical systems installed as part of the project.

Maintenance records are to be inserted after this table in the same order as listed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Report Name** | **Service Report No.** | **Subcontractor** | **Asset Number(s) – INF’s where applicable** |
|  |  |  |  |
|  |  |  |  |

## Hydraulic Maintenance Record

A table of maintenance records for the hydraulic systems installed as part of the project.

Maintenance records are to be inserted after this table in the same order as listed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Report Name** | **Service Report No.** | **Subcontractor** | **Asset Number(s) – INF’s where applicable** |
|  |  |  |  |
|  |  |  |  |

## Mechanical Maintenance Record

A table of maintenance records for the mechanical systems installed as part of the project.

Maintenance records are to be inserted after this table in the same order as listed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Report Name** | **Service Report No.** | **Subcontractor** | **Asset Number(s) – INF’s where applicable** |
|  |  |  |  |
|  |  |  |  |