

Pre-Disaster Condition Certification – Council Engineer (SQP) Statement

COUNCIL INFORMATION

Item 1	COUNCIL NAME	
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PROJECT INFORMATION

Item 2	LIST OF ESSENTIAL PUBLIC ASSET(S) [/ASSET TYPE]	<i>e.g. Main St (sealed road); Escarpment Way (embankment); Valley Rd (unsealed road) or reference Form306</i>			
	AGRN		EVENT DATE	Click to enter date.	
	TYPE OF EVENT	Flood <input type="checkbox"/>	Bushfire <input type="checkbox"/>	Storm <input type="checkbox"/>	Other <input type="checkbox"/>

CERTIFICATION BY SUITABLY QUALIFIED PROFESSIONAL

Item 3	In accordance with Section 4.3.2 (e) of the NSW Natural Disaster Essential Public Asset Restoration Guidelines , I, Click to insert name , certify that the essential public asset(s) listed in item 2, were in the following condition <i>prior</i> to the subject natural disaster event (<i>if multiple assets are being certified, please provide a condition rating against each in an appended table</i>):				
		<i>Condition</i>	<i>Example Description related to Road Assets</i>		
	<input type="checkbox"/>	1	Excellent	No visible defects; as new. Only normal maintenance required. ~80% useful remaining life.	
	<input type="checkbox"/>	2	Good	Very minor defects visible – no immediate intervention required. Minor defects only. Minor maintenance required. ~60% useful remaining life.	
	<input type="checkbox"/>	3	Average	Minor areas of defects – generally able to be addressed through routine/scheduled maintenance required to return to accepted Level of Service. ~30% useful remaining life.	
	<input type="checkbox"/>	4	Poor	Moderate areas of defects requiring replacement of large sections. ~10% useful remaining life.	
<input type="checkbox"/>	5	Very Poor	Deterioration affecting majority of surface / pavement structure and requires renewal. ~1% useful remaining life.		
	It is my professional opinion that the essential public asset(s) referred to in this document sustained damage or loss as a result of the subject declared natural disaster.				
	COMMENT				

Pre-Disaster Condition Certification -Engineers Statement

QUALIFICATIONS OF PROFESSIONAL PROVIDING CERTIFICATION				
Item 4	NAME			
	POSITION / TITLE			
	ORGANISATION			
	QUALIFICATION			
	ADDITIONAL INFORMATION	<i>If relevant, e.g. chartered or registered engineer status</i> Click enter any additional information.		
	PHONE NUMBER			
	SIGNATURE		DATE	Click to enter date.

DISCLAIMER	
Item 5	Further audits may be undertaken to verify Council's claim and Transport for NSW may request further information to meet audit compliance. Transport for NSW reserves the right to recover any payments made to Council where an audit finds there to be insufficient information or non-compliance with the Natural Disaster funding guidelines and relevant timeframes.

TRANSPORT FOR NSW USE ONLY					
Item 6	REGION	North <input type="checkbox"/>	South <input type="checkbox"/>	West <input type="checkbox"/>	Sydney <input type="checkbox"/>
TfNSW ASSESSOR OF CLAIM / SUBMISSION					
DATE		Click to enter date.			
COMMENTS					