# Compliance certificate

Fall Prevention Window Screens

| Business details | |
|---|---|
| Business Name | |
| Contact Number | |
| Email Address | |

| Job details | |
|---|---|
| Serial/Job Number | |

| Customer details | |
|---|---|
| Customer Name | |
| Contact Number | |
| Site / Address | |

| Item | Room | Location | Window Type | Security screen | Fall Prevention | Passed 250Nm |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

I/We certify that at least the largest window screen fitted to the nominated site has been tested to AS5203 Protection of openable windows/fall prevention—Test sequence and compliance method, complying with the national construction code (NCC). If the screen fitted is nominated security and installed to AS5041, then it is deemed to pass the requirements of AS5203 and the NCC for fall prevention screens.

DATE OF INSTALLATION / TEST _____ SIGNATURE

NAME OF INSTALLER / TESTER _____ _____

*It is recommended to take a photo of the finished installation of each tested window and filed with a copy of this document. Note: All screens supplied and installed are proudly manufactured by Prowler Proof.