



Fire Protection Industry  
(ODS & SGG) Board

## Fire Protection Industry Complaint Form

*Instances of non-compliance affect the successful operation of the permit scheme. If you would like to report a potential non-compliance against the Act or the Regulations, please complete and submit this form via:*

*Email: [ozone@fpib.com.au](mailto:ozone@fpib.com.au)*

*Or*

*Post: Executive Officer - Ozone Protection  
Fire Protection Industry (ODS & SGG) Board  
PO Box 1049, Box Hill Vic 3129*

### Individual or Business being reported as non-compliant:

Business name (if applicable):

Individual name/s (if known):

Phone:

Email:

Address:

### Type of non-compliance:

Please tick the type(s) of non-compliance you would like to report.

- Installing, servicing or repairing fire extinguisher equipment or fixed systems containing or connected to schedule extinguishing agents without an appropriate Extinguishing Agent Handling Licence (EAHL) or a special circumstances exemption
- Trainee licensee is undertaking work on equipment or fixed systems containing or connected to schedule extinguishing agents without the supervision of an EAHL holder
- An individual/business acquiring, possessing or disposing of any scheduled extinguishing agent without an Extinguishing Agent Trading Authorisation (EATA)
- An individual/business possessing halon without holding a Halon Special Permit (HSP), unless used in equipment by the defence force, in an aircraft or in an enclosed space containing machinery of a vessel
- Prior to recycling, dismantling or decommissioning fire extinguisher equipment or fixed systems, a business/individual does not hold an EAHL and/or EATA
- Business/individual is deliberately releasing gas into the atmosphere
- Business/individual is topping up leaking equipment or vehicles without holding an appropriate licence
- Other

**Time and date of non-compliance:**

Incident Date:	
Incident Time:	

Please provide a detailed description of the incident including where the incident took place, what happened, what you witnessed and any other information that you think may help, such as the details of third parties involved:

**Details:**

(Personal information will be managed in accordance with our [Privacy Policy](#), however you can remain anonymous if you wish)

Tick here if you wish to remain anonymous

Name:

Company Name (if applicable):

Phone:

Email:

Address (optional):

Can the Board or the Department contact you to discuss your report?

Yes     No

If so, what is your preferred method of contact?

Phone     Email