Bushfire management plan/Statement addressing the Bushfire Protection Criteria coversheet

Site address:			
Site visit: Yes	No		
Date of site visit	(if applicable): Day Month	Year	
Report author or	r reviewer:		
	ditation level (please circle):		
Not accredited	Level 1 BAL assessor Level 2 practitioner Level 3 practitioner		
If accredited ple	ease provide the following.		
BPAD accreditat	tion number: Accreditation expiry: Month	Year	
Bushfire manage	ement plan version number:		
Bushfire manage	ement plan date: Day Month	Year	
Client/business n	name:		
		Yes	No
	en calculated by a method other than method 1 as outlined in AS3959		
(tick no if AS395	9 method 1 has been used to calculate the BAL)?		
	bushfire protection criteria elements been addressed through the use of a inciple (tick no if only acceptable solutions have been used to address all of the		
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