

FIRE SAFETY MANAGER (FSM) ANNUAL REPORT TO OWNER

INFORMATION

Building Name		No. of Storeys	
Owner's Name		Tel. No.	
FSM's Name		Tel. No	
Building Address		Occupant Load	
Correspondence Address (if different from above)		Gross Floor Area	

PERIOD OF REPORT

Date	Month	Year	TO	Date	Month	Year

DETAILS OF ANNUAL REPORT

1. TRAINING
 - 1.1. IN-HOUSE FIRE FIGHTING/FIRST-AID TRAINING

Training For:	Date		Brief Description of Training	No. of Participants
	From/On	To		
Occupants/ Tenants				
Fire Wardens				
Management/ Staff				

In-House Fire Fighting Team				

1.2 EXTERNAL FIRE-FIGHTING TRAINING

Type of Training	Date(s) of Training	Orgainser	No. of participants

2. FIRE SAFETY ACTIVITIES CONDUCTED

Type of Fire Safety Activities	Period		No. of Participants	Total % of Building Occupants
	From/On	To		
Fire Safety Exhibitiion				
Fire Safety Quiz Competition				
Fire Safety Video Show				
Dissemination of Fire Safety Materials				
Other Fire Safety Activities Description.....				

8. ARSON PREVENTION PLAN (APP)

(The Guidelines are meant to help the FSMs to develop the APP for their respective buildings. The FSM may expand or modify the contents of the APP to suit the specific characteristics pertaining to his building.)

A.	ARSON RISK ASSESSMENT
1)	Identification Of Critical Locations Of Fire Safety Systems
2)	Identification Of The Fire Hazards
3)	Checks On Adequacy Of Existing Security Measures
4)	Scenario Planning

B.	FIRE SAFETY MANAGEMENT PROCEDURES
1)	Inspection Procedures Of Fire Safety Systems
2)	Fire Safety Housekeeping
3)	Education And Training

--	--

C.	RISK REDUCTION MEASURES Outlined risk reduction measures for each risk factor identified during risk assessment process. Example: <ul style="list-style-type: none">- Measures to reduce the opportunity to start a fire.- Measures to reduce losses and disruption resulting from a fire.
1)	
2)	
3)	

D.	IMPLEMENTATION
1)	Implementation Plan
2)	Timeframe

ACTIONS BY BUILDING OWNER

REPORT SUBMITTED BY:

Name of FSM: _____

Signature of FSM: _____

Date: _____

REPORT COUNTERSIGNED BY:

Name of Owner: _____

Signature of Owner: _____

Date: _____

THIS REPORT MUST BE SUBMITTED TO THE BUILDING OWNER/OCCUPIER ON AN ANNUAL BASIS, AS REQUIRED UNDER THE FIRE SAFETY (FSMs) REGULATIONS 1994. THE BUILDING OWNER/OCCUPIER SHALL PRODUCE THE REPORT AT ANY TIME WHEN REQUESTED BY SCDF