



COMMISSIONER

SINGAPORE CIVIL DEFENCE FORCE
HQ SINGAPORE CIVIL DEFENCE
91 UBI AVENUE 4
SINGAPORE 408827CERTIFICATION OF FIRE SAFETY SYSTEMS
UNDER FIRE CERTIFICATE REQUIREMENTS
[REGULATION 25 OF THE FIRE SAFETY (BUILDING AND PIPELINE
FIRE SAFETY) REGULATIONS]

FIRE CERTIFICATE FORM

Instructions:

- a. Please engage a Professional Engineer (PE) to complete the form (if applicable***)
b. For renewal years, make payment via Credit/Debit Card/PayNow or GIRO (key in GIRO reference number) during the submission

c. Check box where applicable: New Application ☐ Renewal Year ☐ Non-Renewal Year ☐

Fire Certificate Reference No.: FCP/X/XXXX/XX

Name of Building:

Address:

Date of last fire drill conducted: DD/MM/YYYY

(Pls put a cross (X) if system is not applicable)		Building Owner Inspection Date**			Building Owner Inspection Date**
1	Exit Sign & Emergency Lighting	DD/MM/YYYY	5	Manual Fire Alarm System	DD/MM/YYYY
2	External Fire Fighting Access Opening	DD/MM/YYYY	6	Portable Fire Extinguisher	DD/MM/YYYY
3	Fire Door & Exit Door	DD/MM/YYYY	7	Private Hydrant (without pump)	DD/MM/YYYY
4	Hose reels System (without pump)	DD/MM/YYYY			

In accordance with Regulation 7 of the Fire Safety (Fire Safety Manager) Regulations, I, _____,
(Name of Fire Safety Manager) hereby certify that all the above systems have been maintained and the fire safety systems on Page 2 have been tested by the Qualified Person whose name and signature appear below (if applicable***), in accordance with the Code of Practice for Fire Precautions in Building, the Fire Safety Act 1993 and its Regulations, and the relevant code of Practice/Singapore Standard, and are found to be in good working condition.

Fire Safety Manager Signature	Name of Fire Safety Manager (if applicable):
	FSM Reg Number:
	Mobile Number:
	Office Contact Number:
	Date: DD/MM/YYYY

Applicant (Owner/ MCST Chairman) Signature	Name and Designation of Building Owner/Chairman of MCST:
	Name of Company:
	Mobile Number:
	Email Address:
	Mailing Address:
	Date: DD/MM/YYYY

** Please indicate date of Building Owner inspection date if applicable and cross(X) if not applicable

***QP only needed if Fire Safety Systems listed in page 2 are present in the premises



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CERTIFICATION OF FIRE SAFETY SYSTEMS
UNDER FIRE CERTIFICATE REQUIREMENTS
[REGULATION 25 OF THE FIRE SAFETY (BUILDING AND PIPELINE
FIRE SAFETY) REGULATIONS]

FIRE CERTIFICATE FORM

(Pls put a cross (X) if system is not applicable)		PE Inspection Date**			PE Inspection Date**
1	Air-conditioning System	DD/MM/YYYY	12	Lift / Fire Lift Systems	DD/MM/YYYY
2	Atrium Smoke Control System	DD/MM/YYYY	13	Passive Fire Protection (Structural Steel/ Dry Wall / Fire Retardant Paint/Firestop for Duct Riser) *	DD/MM/YYYY
3	Automatic Fire Alarm System	DD/MM/YYYY	14	Persons with Disabilities (PWD) Communication Device	DD/MM/YYYY
4	Automatic Sprinkler System	DD/MM/YYYY	15	Pressurisation System (E.g. corridor, staircase, passageway) Please specify: _____	DD/MM/YYYY
5	Car Park Smoke Extract System	DD/MM/YYYY	16	Private Hydrant (Dry)	DD/MM/YYYY
6	Compartmentation doors. E.g. Fire-rated roller shutter linked to Fire Alarm System	DD/MM/YYYY	17	Private Hydrant (with pump)	DD/MM/YYYY
7	Dry Rising System	DD/MM/YYYY	18	Standby Generator Set	DD/MM/YYYY
8	Ductless Jet Fan Systems	DD/MM/YYYY	19	Voice Communication System	DD/MM/YYYY
9	Engineered Smoke Control System	DD/MM/YYYY	20	Water Mist Systems	DD/MM/YYYY
10	Exit doors linked to Fire Alarm System (E.g. Electro-mechanical Locking Device)	DD/MM/YYYY	21	Wet Rising System	DD/MM/YYYY
11	Hose reels System (with pump)	DD/MM/YYYY	22	Others (E.g. Gas Suppression System, Water Monitors, etc) Please specify: _____	DD/MM/YYYY

In accordance with Regulation 25(1)(b) of the Fire Safety (Building and Pipeline Fire Safety) Regulations, I, _____,
(Name of Professional Engineer) hereby certify that the above system(s) have been maintained and tested in accordance with the Code
of Practice for Fire Precautions in Building, the Fire Safety Act 1993 and its Regulations, and the relevant code of Practice/Singapore Standard,
and are found to be in good working condition.

Professional Engineer Stamp and Signature	Name of Professional Engineer:
	Mobile Number:
	Email Address:
	Name of Professional Firm:
	Address of Professional Firm:
	Name of Owner / Representative present during PE inspection:
	Date of Endorsement: DD/MM/YYYY

*Delete where applicable

** Please indicate PE inspection date if applicable and cross(X) if not applicable

***QP only needed if Fire Safety Systems listed in page 2 are present in the premises.

PROFESSIONAL ENGINEER TESTING REPORT

DRY RISING SYSTEM (IF APPLICABLE)

DRY RISER STACK NO. (List all stack readings)	HYDROSTATIC PRESSURE READING (INITIAL) (pressure constant at 200 psi/13.8 bar for 2 hrs)	HYDROSTATIC PRESSURE READING (After 2 hrs)

WET RISING SYSTEM (IF APPLICABLE)

WET RISER STACK NO. (List all stack readings)	STOREY TESTED	STATIC PRESSURE (BAR)	RUNNING PRESSURE (BAR)	FLOW RATE (LITRE/SEC)

PRIVATE HYDRANT (WITH PUMP) (IF APPLICABLE)

PRIVATE HYDRANT NO. (List all hydrant readings)	STATIC PRESSURE (BAR)	RUNNING PRESSURE (BAR)	FLOW RATE (LITRE/SEC)

PRESURRISED STAIRCASES (IF APPLICABLE)

STAIRCASE NO.	PRESSURE DIFFERENTIAL (MINIMUM 50 PA)	AVERAGE AIR VELOCITY (MINIMUM 1 M/S)	FORCE REQUIRED TO OPEN ANY DOOR (MAXIMUM 110 N)

PROFESSIONAL ENGINEER TESTING REPORT

SPRINKLER SYSTEM WATER-PROVING TEST (IF APPLICABLE)

CONTROL VALVE NO.	LOCATION OF CONTROL VALVE	AREA SERVED	HAZARD GROUP	DESIGNED FLOW RATE (L/MIN)	DESIGNED PRESSURE (KPA)	ACTUAL FLOW RATE (L/MIN)	ACTUAL RUNNING PRESSURE (KPA)

ANY OTHER READING / ANY OTHER SYSTEMS (IF APPLICABLE)

ANY OTHER SYSTEMS ITEMS	INSPECTION NOTES

DEVIATION ITEMS# (ITEMS BASED ON SYSTEMS DECLARED BY PE ON FIRE CERTIFICATE FORM)

DEVIATION ITEMS <i>E.g. Faulty Basement Carpark Fan No. 1 (Justification by PE: To provide standby extraction fan during the replacement period)</i>	RECTIFICATION SCHEDULE <i>E.g. 01/01/2024 – 01/03/2024</i>

#If there are any deviation item(s), PE should list them down and provide the justification and rectification schedule(s). Once rectified, PE will have to re-inspect and re-endorse the form. Issuance of the Fire Certificate will be subjected to SCDF's approval.

Date and time of Professional Engineer Inspection	Professional Engineer Stamp and Signature
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