

	Commissioner Singapore Civil Defence Force HQ Singapore Civil Defence Force 91 Ubi Avenue 4 Singapore 408827	APPLICATION FOR RENEWAL OF FIRE CERTIFICATE [REGULATION 24 (1) OF THE FIRE SAFETY (BUILDING FIRE SAFETY) REGULATIONS 1994] Form FC - 01
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Instructions: a. All forms are to be duly completed upon submission, failing which the submission shall be rejected. *Delete where applicable	The fee for the application will be deducted through existing GIRO. If no existing GIRO, please make payment either by Nets or Credit Card.
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CED Reference No. :

To be completed by building owner or Chairman of MCST

Name of Building :

Address :

I/We hereby apply for a Fire Certificate for the above building and submit herewith the following:

I Form FC - 02

II Form FC - 03

III Details of maintenance of the fire safety works*:

Details of maintenance of fire safety works	Date of Last			Date of Last	
	Testing/Inspection	Date		Testing/Inspection	Date
(01) Dry Rising System	<input type="checkbox"/>	<input type="checkbox"/>	(16) Hose reels System	<input type="checkbox"/>	<input type="checkbox"/>
(02) Wet Rising System	<input type="checkbox"/>	<input type="checkbox"/>	(19) Portable Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>
(03) Automatic Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	(18) Manual Fire Alarm System	<input type="checkbox"/>	<input type="checkbox"/>
(04) Automatic Fire Alarm System	<input type="checkbox"/>	<input type="checkbox"/>	(17) Theatre or Cinema	<input type="checkbox"/>	<input type="checkbox"/>
(05) Atrium Smoke Control System	<input type="checkbox"/>	<input type="checkbox"/>	(20) Exit Sign & Emergency Lighting	<input type="checkbox"/>	<input type="checkbox"/>
(06) Engineered Smoke Control System	<input type="checkbox"/>	<input type="checkbox"/>	(21) Fire Door & Exit Door	<input type="checkbox"/>	<input type="checkbox"/>
(07) Pressurisation System	<input type="checkbox"/>	<input type="checkbox"/>	(22) Duct Riser	<input type="checkbox"/>	<input type="checkbox"/>
(08) Car Park Smoke Extract System	<input type="checkbox"/>	<input type="checkbox"/>	(23) Staircases & Passageways	<input type="checkbox"/>	<input type="checkbox"/>
(09) Air-conditioning System	<input type="checkbox"/>	<input type="checkbox"/>	(24) External Fire Fighting Access	<input type="checkbox"/>	<input type="checkbox"/>
(10) Standby Generator Set	<input type="checkbox"/>	<input type="checkbox"/>	(25) Ductless Jet Fan Systems	<input type="checkbox"/>	<input type="checkbox"/>
(11) Private Hydrant	<input type="checkbox"/>	<input type="checkbox"/>	(26) Water Mist Systems	<input type="checkbox"/>	<input type="checkbox"/>
(12) Private Hydrant (Dry)	<input type="checkbox"/>	<input type="checkbox"/>	(27) Persons with Disabilities (PWD) Communication Device	<input type="checkbox"/>	<input type="checkbox"/>
(13) Passive Fire Protection (Structural Steel/Dry Wall/Fire Retardant Paint)	<input type="checkbox"/>	<input type="checkbox"/>	(28) Exit doors linked to Fire Alarm System. E.g. Electro-mechanical locking device	<input type="checkbox"/>	<input type="checkbox"/>
(14) Lift / Fire Lift Systems	<input type="checkbox"/>	<input type="checkbox"/>	(29) Compartmentation doors. E.g. Fire-rated roller shutter linked to Fire Alarm System	<input type="checkbox"/>	<input type="checkbox"/>
(15) Voice Communication System	<input type="checkbox"/>	<input type="checkbox"/>	(30) Others. E.g. Gas Suppression System, etc. Please specify : _____	<input type="checkbox"/>	<input type="checkbox"/>

** Please indicate tick if applicable and cross(X) if not applicable, in boxes above.



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APPLICATION FOR RENEWAL OF FIRE CERTIFICATE
[REGULATION 24 (1) OF THE FIRE SAFETY (BUILDING FIRE
SAFETY) REGULATIONS 1994]

Form FC - 01

V Date of last Fire Drill conducted :

V Full Name of Fire Safety Manager (if applicable) & NRIC No. :

FSM Reg. No. :

Mobile No. :

Signature of Applicant (Owner/Chairman of MCST) & Date

Name & Designation :

Email Address :

Name of Company :

Mobile No.:

Mailing Address :



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**CERTIFICATE OF MAINTENANCE [REGULATION 24 (1) (b) OF THE
FIRE SAFETY (BUILDING FIRE SAFETY) REGULATIONS 1994]**

Form FC - 02

Instructions:

a. All forms are to be duly completed upon submission, failing which the submission shall be rejected.

*Delete where applicable

CED Reference No. :

To be completed by Qualified Person

Name of Building :

No of storey :

Address :

* Particulars of Fire Protection Systems to which this certificate relates:

(01) Dry Rising System	<input type="checkbox"/>	(12) Standby Generator Set	<input type="checkbox"/>
(02) Wet Rising System	<input type="checkbox"/>	(13) Lift / Fire Lift Systems	<input type="checkbox"/>
(03) Automatic Sprinkler System	<input type="checkbox"/>	(14) Voice Communication System	<input type="checkbox"/>
(04) Automatic Fire Alarm System	<input type="checkbox"/>	(15) Hosereel System (with pump)	<input type="checkbox"/>
(05) Atrium Smoke Control System	<input type="checkbox"/>	(16) Private Hydrant (with pump)	<input type="checkbox"/>
(06) Engineered Smoke Control System	<input type="checkbox"/>	(17) Private Hydrant (Dry)	<input type="checkbox"/>
(07) Pressurisation System	<input type="checkbox"/>	(18) Water Mist System	<input type="checkbox"/>
(08) Ductless Jet Fans System	<input type="checkbox"/>	(19) Persons with Disabilities (PWD) Communication Device	<input type="checkbox"/>
(09) Passive Fire Protection (Structural Steel/Dry Wall/Fire Retardant Paint)	<input type="checkbox"/>	(20) Exit doors linked to Fire Alarm System. E.g. Electro-mechanical locking device	<input type="checkbox"/>
(10) Car Park Smoke Extract System	<input type="checkbox"/>	(21) Compartmentation doors. E.g. Fire-rated roller shutter linked to Fire Alarm System	<input type="checkbox"/>
(11) Air-conditioning System	<input type="checkbox"/>	(22) Others. E.g. Gas Suppression System, etc. Please specify : _____	

** Please indicate tick if applicable and cross(X) if not applicable, in boxes above.

In accordance with Regulation 24 (1) (b) of the Fire Safety (Building Fire Safety) Regulations 1994,

I, _____ hereby certify that the above system(s)* has/have been maintained and tested in accordance with the Code of Practice for Fire Precautions in Building, Fire Safety Act 1993, Regulation and the relevant PSB's code of Practice and * is/are found to be in good working condition.

Professional Engineer Stamp and Signature

Date

Name of Professional Engineer :

Email Address :

Name of Professional Firm :

Mobile No.:

Address :

Name of Owner / Representative who are present during testing :

Date and Time of testing :



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DUTIES OF OWNER/OCCUPIER OF SPECIFIED PREMISES [FIRE SAFETY ACT (FIRE SAFETY MANAGERS) REGULATIONS 1994]

Form FC - 03

Instructions:

- 1) Fire Safety Manager's inspection report shall be submitted for building which is designated to have a Fire Safety Manager.
- 2) For Building which does not require a Fire Safety Manager, Building Owner or Chairman of MCST shall submit the inspection report
- 3) You can refer to SCDF website: <http://www.scdf.gov.sg> for type of building that requires a Fire Safety Manager. All section is to be fully and correctly completed upon submission, failing which the submission shall be rejected.

*Delete where applicable.

CED Reference No. :

To be completed by either: Fire Safety Manager, Building Owner or Chairman of MCST

Name of Building :

Address :

Fire Command Centre located at :

Location of switch room :

Location of Generator room :

Dry Rising:

Size 2 way (100mm) No.

Size 4 way (150mm) No.

Wet Rising:

Size 150mm No.

i) Location of pump at

No. of Elect pump

No. of Diesel pump

ii) Transfer pump at

No. of Elect pump

No. of Diesel pump

Automatic sprinkler system served :

Location of Sprinkler Control Valve at :

i) Location of pump at

No. of Elect pump

No. of Diesel pump

ii) Transfer pump at

No. of Elect pump

No. of Diesel pump

* Particulars of Fire Protection Systems to which this certificate relates:

(01) Dry Rising System

(16) Hosereel System

(02) Wet Rising System

(17) Manual Alarm System (Break Glass)

(03) Automatic Sprinkler System

(18) Portable Fire Extinguisher

(04) Automatic Fire Alarm System

(19) Exit Sign & Emergency Lighting

(05) Atrium Smoke Control System

(20) Fire Door & Exit Door

(06) Engineered Smoke Control System

(21) Fire Stopped for Duct Riser

(07) Pressurisation System

(22) Staircases

(08) Car Park Smoke Extract System

(23) External Fire Fighting Access

(09) Air-conditioning System

(24) Theatre

(10) Standby Generator Set

(25) Ductless Jet Fans System

(11) Private Hydrant

(26) Water Mist System

(12) Private Hydrant (Dry)

(27) Persons with Disabilities (PWD) Communication Device

(13) Passive Fire Protection (Structural Steel/Dry Wall/Fire Retardant Paint)

(28) Exit doors linked to Fire Alarm System. E.g. Electro-mechanical locking device

(14) Lift / Fire Lift Systems

(29) Compartmentation doors. E.g. Fire-rated roller shutter linked to Fire Alarm System

(15) Voice Communication System

(30) Others. E.g. Gas Suppression System, etc. Please specify :

** Please indicate tick if applicable and cross(X) if not applicable, in boxes above.



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DUTIES OF OWNER/OCCUPIER OF SPECIFIED PREMISES [FIRE SAFETY ACT (FIRE SAFETY MANAGERS) REGULATIONS 1994]

Form FC - 03

In accordance with Regulation of the Fire Safety (Fire Safety Manager) Regulations 1994,

I, _____ (Name of FSM/Building Owner) hereby certify that the above system(s)* has/have been maintained and tested by the following Qualified Person whose name and signature appear below, in accordance with the Code of Practice for Fire Precautions in Building, Fire Safety Act 1993, Regulation and the relevant PSB's code of Practice and * is/are found to be in good working condition.

Professional Engineer Stamp and Signature

Date

Professional Engineer Stamp and Signature

Date

Professional Engineer Stamp and Signature

Date

CERTIFICATION BY FIRE SAFETY MANAGER (If Applicable)

I hereby certify that all particulars stated in this report are true and correct.

Name and Signature of Fire Safety Manager

Date

CERTIFICATION BY BUILDING OWNER/CHAIRMAN OF MCST

I hereby certify that all particulars stated in this report are true and correct.

Name and Signature of Building Owner/Chairman of MCST

Date

QUALIFIED PERSON TESTING REPORT

FC REFERENCE NUMBER: _____

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 HOURS)

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)

PRESSURIZED 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)

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)

DEVIATION ITEMS (ITEMS BASED ON FORM FC-02)

*DEVIATION ITEMS (ITEMS BASED ON FORM FC-02)	RECTIFICATION SCHEDULE
e.g. Faulty Basement Carpark Fan no. 1 (Justification by PE : To provide standby extraction fan during the replacement period.)	01/03/2016 – 01/04/2016

***Fire Protection Systems shall not be compromised. Any deviation, PE shall provide justifications and be subjected to SCDF prior approval for the issuance of Fire Certificate.**

DATE & TIME OF TESTING BY PE: _____

NAME & SIGNATURE OF PE: _____