

FIRE SAFETY MANAGER (FSM) ANNUAL REPORT TO OWNER

INFORMATION

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|--|--|------------------|--|
| 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 | | | | |
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| Fire Wardens | | | | |
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| Management/ Staff | | | | |
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| In-House Fire Fighting Team | | | | |
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1.2 EXTERNAL FIRE-FIGHTING TRAINING

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

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| 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 |

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

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| C. | RISK REDUCTION MEASURES Outlined risk reduction measures for each risk factor identified during risk assessment process. Example: - 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