ANNUAL FIRE SAFETY REPORT

Note:

1. Fire Safety Managers (FSMs) and Building Owner are advised to periodically update and review the Annual Fire Safety Report. This report should include up-to-date information of fire safety within the premises and rectification measures taken to ensure a fire-safe environment.

1. BUILDING INFORMATION

Name of Building	
Address	
No. of	Gross Floor
storeys	Area (GFA)
Occupant	
Load (OL)	

2. BUILDING OWNER

Name of		
Building		
Owner		
Contact No	Email	
	address	

3. PROVISION OF EMERGENCY PREPAREDNESS (EP) MEASURES

1	Updated Emergency Response Plan (ERP)	Yes/No*	Date o	of updated ERP:
	Response Flan (LIKF)	*delete appropriately		
2	Validity of Fire Certificate (FC)	DD/MM/YY to DD/MM/YY		
		Eg 15/06/20 to 14/06/	21	
3	Name of appointed FSM			
	Contact No		Email address	
4	Details of trained	1.		
	CERT members	2.		
		3.		
		4.		
		5.		
		6.		

4. DETAILS OF ANNUAL FIRE SAFETY REPORT

4.1 RECORD OF TRAINING CONDUCTED

Category	Date of Training		Brief Description	No. of
	From	То	of Training	Participants
Occupants/Tenants				
Company				
Emergency				
Response Team				
(CERT)				
Fire Wardens				
Others (please				
specify)				

4.2 RECORDS OF FIRE SAFETY WORKS, IMPROVEMENT OF BUILDING STRUCTURE, LAYOUT, FIRE PROTECTION SYSTEMS AND OTHER FIRE SAFETY MEASURES

Type of works/improvement	Description of works/improvement	Date of implementation

4.3 FIRE EVACUATION DRILLS CONDUCTED

S/N	Date	No. of occupants	No. of participants	Time taken for evacuation	Issues faced

4.3.1 REVIEW OF FIRE EVACUATION DRILLS

S/N	Issues faced	Recommendations

4.4 FINDINGS OF FIRE SAFETY CHECKS & RECTIFICATION WORKS

S/N	Date of fire safety check	Fire safety issue(s) identified	Rectification work(s) taken by Building Owner

4.5 SCHEDULE OF FIRE SAFETY ACTIVITIES FOR THE NEXT 12 MONTHS

S/N	Date		Brief Description of Activity
	From	То	

4.6 MATTERS ARISING FROM PREVIOUS REPORT (Eg. Outstanding fire safety issues, rectification works)

S/N	Issue(s)	Action(s) taken

4.7 ARSON PREVENTION PLAN (APP)

	ARSON RISK ASSESSMENT			
A)	Identifying critical locations of fire safety systems			
B)	Identifying fire hazards			
C)	Checks on adequacy of existing security measures			
C)	Checks on adequacy of existing security measures			
D)	Scenario Planning			
	FIRE SAFETY MANAGEMENT PROCEDURES			
A)	Inspection procedures of fire safety systems			
B)	Fire safety housekeeping			
_,				
C)	Education and training to occupants			

RISK REDUCTION MEASURES Outline risk reduction measures for each risk factor identified during risk assessment process. E.g. Measures to reduce losses and disruption resulting from a fire			
4.8 ANY OTHER ACTIONS TAKEN TO IMPROVE FIRE SAFETY			
5. DECLARATION BY FSM			
Declaration	Signature		
I,(Name of FSM) hereby declare that I have prepared the Annual Fire Safety Report accurately to the best of my knowledge. I have also submitted this report to the building owner on(date of submission).			
6. DECLARATION BY BUILDING OWNER			
Declaration	Signature		
I,(Name of Building Owner/Occupier) hereby declare that I have reviewed the Annual Fire Safety Report with my Fire Safety Manager on (insert date) and this includes rectifying the fire safety issues identified. I also declare that the required Emergency Preparedness measures stated in Para 3 above are in place in my premises.			