Isolation of Fire Alarm System

To: CapitaLand Commercial Management Pte. Ltd.

1. We seek your approval to isolate the fire alarm system in respect of the Fitting Out Work at our tenanted premises.

Location	1:								
Contract	tor:								
Address	of Contractor:								
Person-i	in-charge:								
Contact	No.:								
2. Systems required for isolation:									
	Fire Sprinkler System		Fire Suppression System		Hosereel System				
	Manual Call Points		Smoke Detectors		Sub-Alarm Panel				

3. The work will commence on ______ (dd/mm/yyyy), from ______ (time) to ______ (time).

4. A fire watch shall be provided during the whole duration the smoke detectors or sub-alarm panel are/is impaired. Name of fire watch is ______.

5. I / We shall provide sufficient portable fire extinguishers in the affected area during the period of work.

6. I / We shall inform the Building Management once the work is completed to normalize the Fire Alarm system.

7. I / We shall indemnify and keep the Landlord indemnified against any losses, damages, claims, demands, proceedings, actions, costs, expenses, interests and penalties suffered or incurred by the Landlord arising out of or incidental to the execution of this work.

8. The isolated fire alarm system shall be normalized by the end of each workday notwithstanding whether the work is completed or not.

Authorised Signatory for Tenant & Company Stamp Nar

Name and Designation of Authorised Signatory

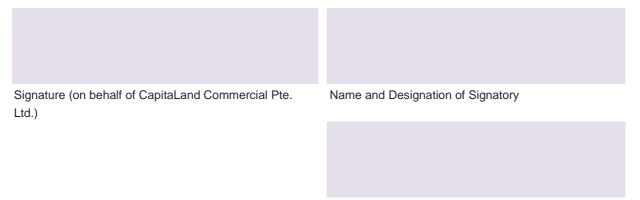
Company Name and Unit Number

FOR OFFICIAL USE

To:

Your request to isolate the fire alarm system at the date and time specified above has been approved.

Technician-in-Charge:	
C C	
Number of control valves affected:	
All isolation done:	Yes / No
Decam station informed:	Yes / No



Date

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Managed by

