

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:

Contractor:

Address of Contractor:

Person-in-charge:

Contact No.:

2. Systems required for isolation:

<input type="checkbox"/> Fire Sprinkler System	<input type="checkbox"/> Fire Suppression System	<input type="checkbox"/> Hosereel System
<input type="checkbox"/> Manual Call Points	<input type="checkbox"/> Smoke Detectors	<input type="checkbox"/> 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

Name and Designation of Authorised Signatory

Company Name and Unit Number

Date

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:

Number of control valves affected:

All isolation done:

Yes / No

Decam station informed:

Yes / No

[Signature area]

Signature (on behalf of CapitaLand Commercial Pte. Ltd.)

[Name and Designation of Signatory area]

Name and Designation of Signatory

[Date area]

Date

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Managed by

