

## Isolation of Fire Alarm System

**To: Ascendas Services 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:

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

\_\_\_\_\_

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: \_\_\_\_\_

FORM F6A

Number of control valves affected: \_\_\_\_\_

All isolation done: Yes / No

Decam station informed: Yes / No

\_\_\_\_\_

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

\_\_\_\_\_

Name and Designation of Signatory

\_\_\_\_\_

Date

**For official use**

S/N	Action	Signature	Date/Time
1	The Application has been approved by the Building Management		
2	The Fire alarm has been isolated by TSC/Security Floor: _____ Zone no. _____ isolated		
3	The works has been completed by requester		
4	The Fire alarm has been normalised by TSC/Security		

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