The Commissioner

Singapore Civil Defence Force

91 Ubi Avenue 4

Singapore 408827

Attn: Director, Fire Safety Department

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| Project Title:       |
| SCDF Approved Plan Number:        |
| Approved Date:       |

Type of Regulated Fire Safety Products & Materials:

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| --- | --- | --- | --- | --- | --- |
| **\*Storey** | **\*Room type** **(E.g. Office, Classroom, etc.)** | **\*Gridlines in SCDF approved plans**  | **Installed size / area** | **Fire resistance rating (hrs) / Thickness** | **Inspection Date** |
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| Inspected by Appropriate QP appointed by Choose an item. of the Regulated Fire Safety Product |

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| Certificate of Conformity (CoC) Number |       |
| Validity Period |       |
| Certification Body |       |
| Test Report(s) No |       |
|       |
|       |
| Supplier   | Full Name |       |
| Designation |       |
| Company Name |       |
| Company UEN |       |
| Installer  | Full Name |       |
| Designation |       |
| Company Name |       |
| Company UEN |       |

I, Click or tap here to enter text. , (full name of Appropriate QP, as per NRIC/FIN), being an appropriate qualified person have supervised the installation of the aforesaid regulated fire safety products and certify that all installation works have been carried out in accordance with the approved plans of fire safety works for the project, the provisions of prevailing Fire Code, the Fire Safety Act and any regulations made under this Act and any terms and conditions imposed by the Commissioner.

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| **Full Name of Appropriate QP** |  | **BOA or PE Number** |  | **Company Name** |
| **appointed by** Choose an item. |  |  |  |  |

|  |  |  |  |  |
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|       |  |  |  | Click or tap to enter a date. |
| **Designation** |  | **Signature** |  | **Date** |