



Commissioner

Singapore Civil Defence Force
HQ Singapore Civil Defence
91 Ubi Avenue 4
Singapore 408827

APPLICATION FOR FIRE CERTIFICATE
[REGULATION 25 OF THE FIRE SAFETY (BUILDING AND PIPELINE FIRE SAFETY) REGULATIONS]

Fire Certificate Form with Annexes A-1 and A-2

Instructions:

a. This form is to be duly completed upon submission, failing which the submission shall be rejected.

The fee for the application will be deducted through existing GIRO, you will be required to key in your GIRO reference number during you E-submission. If no existing GIRO, please make payment via Credit Card/Debit Card.

*Delete where applicable

CED Reference No. :

Name of Building :

Address :

	Date of last testing/inspection	Date of last testing/inspection
Particulars of Fire Protection Systems to which the certificate relates:	Owner / PE	Owner / PE

(01)	Air-conditioning System			(16)	Lift / Fire Lift Systems		
(02)	Atrium Smoke Control System			(17)	Manual Fire Alarm System		
(03)	Automatic Fire Alarm System			(18)	Passive Fire Protection (Structural Steel/ Dry Wall / Fire Retardant Paint/Firestop for Duct Riser)		
(04)	Automatic Sprinkler System			(19)	Persons with Disabilities (PWD) Communication Device, Visual Alarm System		
(05)	Car Park Smoke Extract System			(20)	Portable Fire Extinguisher		
(06)	Compartmentation doors. E.g. Fire-rated roller shutter linked to Fire Alarm System			(21)	Pressurisation System (E.g. corridor, staircase, passageway). Please specify: _____		
(07)	Dry Rising System			(22)	Private Hydrant (Without pump)		
(08)	Ductless Jet Fan Systems			(23)	Private Hydrant (Dry)		
(09)	Engineered Smoke Control System			(24)	Private Hydrant (with pump)		
(10)	Exit doors linked to Fire Alarm System. E.g. Electro-mechanical locking device			(25)	Standby Generator Set		
(11)	Exit Sign & Emergency Lighting			(26)	Voice Communication System		
(12)	External Fire Fighting Access Opening			(27)	Water Mist Systems		
(13)	Fire Door & Exit Door			(28)	Wet Rising System		
(14)	Hose reels System (without pump)			(29)	Others. E.g. Gas Suppression System, etc. Please specify : _____		
(15)	Hose reels System (with pump)						

** Please indicate date of last testing/inspection if applicable and cross(X) if not applicable, in boxes above.



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**APPLICATION FOR FIRE CERTIFICATE
FIRE SAFETY (BUILDING AND PIPELINE FIRE SAFETY)
REGULATIONS**

Fire Certificate Form with Annexes A & B

In accordance with Regulation 25 (1) (b) of the Fire Safety (Building and Pipeline Fire Safety) Regulations,

I, _____ hereby certify that the above system(s)* has/have been maintained and tested in accordance with the Code of Practice for Fire Precautions in Building, Fire Safety Act and its Regulations and the relevant code of Practice/Singapore Standard and * is/are found to be in good working condition.

Professional Engineer Stamp and Signature

Date

Name of Professional Engineer :

Email Address :

Name of Professional Firm :

Mobile No.:

Address :

Name of Owner / Representative who are present during testing / FSM :

Date and Time of testing :

Date of last Fire Drill conducted :

Full Name of Fire Safety Manager (if applicable) :

FSM Reg. No. :

NRIC No. :

Mobile No. :

In accordance with Regulation of the Fire Safety (Fire Safety Manager) Regulations,

I, _____ (Name of FSM) hereby certify that the above system(s)* has/have been maintained and tested by the Qualified Person whose name and signature appear above, in accordance with the Code of Practice for Fire Precautions in Building, Fire Safety Act and its Regulation and the relevant PSB's code of Practice and * is/are found to be in good working condition.

Name and Signature of Fire Safety Manager

Date

Signature of Applicant (Owner/Chairman of MCST) & Date

Name & Designation :

Email Address :

Name of Company :

Mobile No.:

Mailing Address :

QUALIFIED PERSON TESTING REPORT

FC REFERENCE NO.: _____

DRY RISING SYSTEM (IF APPLICABLE)

DRY RISER STACK NO. (List all stack readings)	HYDROSTATIC PRESSURE READING (INITIAL) (pressure constant at 200 psi/13.8 bar for 2 hrs)	HYDROSTATIC PRESSURE READING (After 2 hrs)

WET RISING SYSTEM (IF APPLICABLE)

WET RISER STACK NO. (List all stack readings)	STOREY TESTED	STATIC PRESSURE (BAR)	RUNNING PRESSURE (BAR)	FLOW RATE (LITRE/SEC)

PRIVATE HYDRANT (WITH PUMP) (IF APPLICABLE)

PRIVATE HYDRANT NO. (List all hydrant readings)	STATIC PRESSURE (BAR)	RUNNING PRESSURE (BAR)	FLOW RATE (LITRE/SEC)

PRESURRISED STAIRCASES (IF APPLICABLE)

STAIRCASE NO.	PRESSURE DIFFERENTIAL (MINIMUM 50 PA)	AVERAGE AIR VELOCITY (MINIMUM 1 M/S)	FORCE REQUIRED TO OPEN ANY DOOR (MAXIMUM 110 N)

SPRINKLER SYSTEM WATER-PROVING TEST (IF APPLICABLE)

CONTROL VALVE NO.	LOCATION OF CONTROL VALVE	AREA SERVED	HAZARD GROUP	DESIGNED FLOW RATE (L/MIN)	DESIGNED PRESSURE (KPA)	ACTUAL FLOW RATE (L/MIN)	ACTUAL RUNNING PRESSURE (KPA)

DEVIATION ITEMS (ITEMS BASED ON SYSTEMS DECLARED BY PE ON FC FORM)

*DEVIATION ITEMS	RECTIFICATION SCHEDULE
e.g. Faulty Basement Carpark Fan no. 1 (Justification by PE: To provide standby extraction fan during the replacement period.)	01/03/2016 – 01/04/2016

***Fire Protection Systems shall not be compromised. Any deviation, PE shall provide justifications and be subjected to SCDF prior approval for the issuance of Fire Certificate.**

DATE & TIME OF TESTING BY PE: _____

NAME & SIGNATURE OF PE: _____