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 AZ @ Paya Lebar  
 140 Paya Lebar Road #01-13  
 Singapore 409015

**REQUEST FOR ISLOATON OF FIRE PROTECTION SYSTEM**

BY # \_\_\_\_ - \_\_\_\_

**Note : Isolation of any fire protection systems are permitted only if alterations and additions are required to be carried out on the fire protection system for the purpose of compliance to Authorities requirements.**

REQUESTER/SUBSIDIARY PROPRIETOR'S NAME	:	
REQUESTER/SUBSIDIARY PROPRIETOR'S ADDRESS	:	
BRIEF DESCRIPTION OF THE WORK TO BE CARRIED OUT	:	
CONTRACTOR'S NAME & ADDRESS	:	

FIRE PROTECTION SYSTEM	Date	Time		Locations	
		From	To	Floor/Unit No.	Zone
Automatic Sprinkler System					
Fire Alarm /Detection					
Voice Communication (PA)					
Others :					

**To Be Completed By Subsidiary Proprietor Requester**

I undertake to comply with all the safety requirements and provisions as stated in the House Rules and Hot-Work permit and shall complete the work within one working day and the period stated above. **We hall also ensure that all safety requirements by the fire safety and shelter Department or the relevant local authority and codes of practices and workplace Safety & Health Act are strictly adhere with.**

Name & Signature : \_\_\_\_\_

Designation & Date : \_\_\_\_\_

**FORM B4**

<b>For Management Use Only</b>	
Request Granted / Not Granted *  Name: _____  Designation: _____  Date: _____	<hr/> Authorized Signature & Company Stamp

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**\*Delete where applicable and copy of this approval shall be placed prominently at the entrance to the unit(s)**

The applicant and/ or his service provider are responsible for ensuring the operation is carried out safely by competent persons and the workplace is safe for anyone that may affected by the operation. The granting of this permission by Management shall not construed as the management being responsible in anyway, for any accident that may arise directly from the applicant's work activity

Cc: Management Agent / Security Office

**FORM B4**

**SAMPLE OF THE RISK ASSESSMENT FORM**

RISK ASSESSMENT					
<b>Company:</b>		<b>Conducted by:</b> (Names, designations) (Date)			
<b>Process/Location:</b>					
<b>Approved by:</b> (Name, designation) (Date)		<b>Last Review Date:</b>		<b>Next Review Date:</b>	

1. Hazard Identification				2. Risk Evaluation				3. Risk Control	
No.	Work Activity	Hazard	Possible Accident/III Health & Persons-at-Risk	Existing Risk Control (if any)	Sev-erity	Likeli-hood	Risk Level	Additional Risk	Action Officer, Designation (Follow-up date)

likelihood Severity	Remote (R)	Occasional (O)	Frequent (F)
Major (Ma)	M	H	H
Moderate (Mo)	L	M	H
Minor (Mi)	L	L	M