

**DECLARATION FORM FOR STORAGE OF HAZARDOUS CHEMICALS, FLAMMABLE  
SUBSTANCES OR GASES AT AZ @ PAYA LEBAR**

DECLARATION FOR MANAGEMENT RECORD		
Section 1: To be completed by Director / Owner's Representative / Tenant		
Company Name :		
Name of Personnel:		
Level / Unit No. :		
Handphone No. / Office Tel No. :		
Objective for using new Chemicals, Flammable Substances or Gases:		
Name of Chemical, Flammable Substance or Gas:		
Storage Level / Location:		
Name of vendor / supplier:		
Physical Form of Chemical, Flammable Substance or Gas:	Solid / Liquid / Gaseous / Paste*	
Quantity of purchase:	Kg / Litres per Week / Month / Quarter / Year*	
Maximum Quantity Stored at any one time:	Kg/ Litres*	Type of Packaging:
Purpose of this Chemical, Flammable Substance or Gases:		
<p>• Please attach the following documents:</p> <p><input type="checkbox"/> Safety Data Sheet (SDS)</p> <p><input type="checkbox"/> Supplier's Hazardous Substances Licence to Import, Store &amp; Use from National Environment Agency (If applicable)</p> <p><input type="checkbox"/> Certificate of Analysis (if applicable)</p>		
Briefly describe how this Chemical, Flammable Substance or Gas is being used in the process. (What process is it used in? Who will handle it?)		
Types of waste generated: (Please tick those applicable)	<input type="checkbox"/> Wipes / Cotton Buds <input type="checkbox"/> Used Packaging / Containers <input type="checkbox"/> Liquid / Solid* Hazardous Wastes	
Liquid hazardous waste will be disposed through: (Please tick those applicable)	<input type="checkbox"/> Collection in carboys/bottles <input type="checkbox"/> Drainage to Waste Storage Tank <input type="checkbox"/> Not applicable	
* Waste quantity	Kg / Litres per Week / Month / Quarter / Year	

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\* Is the chemical toxic, hazardous, flammable, poisonous, etc? **Yes / No**

If Yes, briefly describe your *engineering control* measures to protect the user.

**The names of the chemicals, flammable substances and gases are ( to be completed by Owner / Tenant ) :**

Please use a separate sheet of paper if the space provided below is not adequate.

Name of Chemicals, Flammable Substances & Gases	Purpose	DOT Hazard Class	Acid / Alkaline / Solvent	Container Size	Number of Containers
1.					
2.					
3.					
4.					

\_\_\_\_\_ (Name of Owner or Supplier's Representative) agree to abide to AZ @ Paya Lebar Conditions as stated in this specification)

Conditions	Pls check
1. I am fully aware that the premises of AZ@Paya Lebar Comply with HACCP standards and will comply with its operating procedures.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. The chemicals and gases shall not be transported inside equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. The chemicals and gases shall not be transported by using the passenger lifts.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. The chemicals and gases shall not be stored in the premises of AZ@Paya Lebar Without declaration from Subsidiary Proprietor.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. The chemicals and gases shall not be discharged into the sewer drain as they are connected and monitored by pH sensor, a requirement by law from NEA.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. All chemicals, flammable substances and gases will be stored in accordance to the regulations of the various Singapore's government agencies (e.g. NEA & SCDF)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. The owners shall ensure that the chemicals will be properly stored in chemical cabinets with full exhaust and that spill control measures are in place.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. I am aware of the government's regulations/procedures for the legal discharge of chemicals, flammable substances & gases and will fully comply by not wrongfully discharging or disposing within the premises of AZ@Paya Lebar , and in the event of any wrongful discharge, will reimburse all or any charges arising.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Name of Director / Owner's Representative / Tenant**

**Signature and Date**

**Company Stamp**

**Section 2 : For Official use**

- Above declaration on New Chemical(s), Flammable Substance(s) or Gas(es) to be stored has/have been submitted & received on \_\_\_\_\_.
- A copy has been kept inside the FCC on \_\_\_\_\_.

Remarks:

Signed by Management Office		Acknowledged By Management Office	
Administrator's Name :	Signature :	Manager's Name :	Signature :
Date :		Date :	

\*Delete where not applicable