

FIRE ALARM ISOLATION PERMIT

Permit No:

This form may take you 5 minutes to fill in.

(To be filled by AES Division)

PART 1 : To be filled by Applicant			
Full Name:	Office Mobile Contact No:	Mobile Contact No:	
Designation:	Email Address:		
Name & Address of Company:			
Type of System Isolation (Please Circle)			
Smoke Detector / Heat Detector / Beam - Type Smo Manual Call Point / Kitchen Fire Suppression Systen			
Isolation Area: (Please Circle)	AOM/ FM Work Permit No:		
T1/ T2/ T3/ T4/ Ancillary Bldg/ Others - Please speci	fy:		
Purpose for Isolation/ Scope and detail of work:			
Location (Unit No/ Grid Lines):			
Date of Isolation:	Duration: From	hrs To	hrs
PART 2: Compulsory Project Officer (CAAS/CAG Project Only)			
Full Name/ Div/ Designation	Office Mobile No:		
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Signature and Date:	•		
Joint Site Inspection (Contractor and Building Ma	aintanance Officer\		
Date & Time of Joint Site Inspection:	Fire Alarm Panel:		
	Affected Zone/ ACV:		
Name of Building Maintenance Contractor:	Name of Contractor :		
Traine of Building maintenance confidence.		Emergency Mobile Contact No :	
Signature & Date		Signature & Date	
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CAG Fire Safety Requirement/ Rules and Regulations No concurrent Isolation of Fire Detection and Protection System within individual work area. All application for isolation permit shall come with location layout plan and approved fire protection plan by QP, if applicable. For hot work, no concurrent isolation of Fire Detection and Protection System within individual work area unless permission is granted by AES. To contact Fire Station 1 (65412526) before commencement and after completion of work. Approved isolation permit shall be prominently displayed at the entrance of the work area. No extension of isolation is allowed unless approval from CAAS/CAG project officer, and AES has been obtained. Main contractor shall brief all sub-contractors on CAG fire safety requirements. Main contractor shall be held responsible for any non-compliance to the CAG fire safety requirement at the work area. Confirmation & Agreement:

This is to certify that:

- 1. The isolation is required by us and the location where the isolation of building protection system is to be carried out; and
- 2. The fire safety regulations, directions and requirements stipulated above are complied with and the isolation carried out in accordance with the current CAG Fire Safety Manual, Singapore Standard CP52, Code of Practice for Automatic Fire Sprinkler System and Singapore Standard SS 645, Code of Practice for Installation and Servicing of Electrical Fire Alarm System.

I/We accept any stop work order(s) and/or an AES service charge (as per schedule of rates in fire safety manual) which may be issued to us by AES for any violation, fire outbreak or false fire alarm activation due to negligence or ignorance to the above aerodrome fire safety requirements

Indemnity:		
NWe hereby indemnify and hold harmless the Changi Airport Group (Sirclaims or proceedings whatsoever arising under any statute or common damage to any property movable or immovable, arising out of or in the estated herein.	, , , , , , , , , , , , , , , , , ,	
Full Name:	Signature and Date:	
Signature of representative authorized to sign for and on behalf of the a	bove named company	
PART 3: Joint Approval		
The above mentioned work is : Approved	Not Approved by AES Officer	
Remarks: To comply with ALL AES	Requirements, Rules and Regulations	
AES Officer Name & Designation	Signature and Date	
The above mentioned work is : Approved Remarks:	Not Approved by CAAS/CAG Engineer	
CAAS/CAG Engineering Officer Name & Designation	Signature and Date	
PART 4: To be filled by Requesting Contractor & Respective Building	ng Maintenance Contractor	

- a) Requesting contractor shall submit the completed application form to respective Building Maintenance Contractor (BMC) at least one day before isolation date. It is mandatory to sign in and sign out with BMC before and after works to ensure no miscommunication during fire alarm isolation/ normalisation.
- b) BMC shall also send photo evidence to the mobile phone of the duty FP officer at 9639 3843 before commencement and after completion of
- c) Confirmed isolation/ draining of fire sprinkler has been carried out before commencement of work.

Requesting Contractor Name, Signature and Date

Respective Building Maintenance Contractor Name, Signature and Date