Form 14 <Fire and Welding Work Working Permit>

		Off	ice Unit :	
A. Filled by Applicant		Flo	or No.:	
Name of Company :		Nature of work :		
Name of In charge person :		Place of work :		
Contact of In charge person : (Mobile) (Office Tel)		Methodology of fire work : □Arc Welding □Gas Welding □Milling Machine □Flame Cutting □Other :		
Date of fire work*: From (YY) (MM) To (YY) (MM)	(DD) (DD)	Name of Technicia Contact of Technic		
Time of fire work : From : To :		Licensed number a	and proof license :	
*Each application for not more than 3 days, fire system suspension will be allowed at day time and system restoration shall be completed at time of non-office hour of the office tower. Signature of Applicant: Date:				
B. Filled by Management Company				
Name of In charge person :		Anticipated FS facilities being affected : ☐ Smoke Detector ☐ Fire Alarm ☐ Other :		
Particular arrangement prior to fire v Application to FS system suspension Application to FS alarm suspension Other:	on Suspension da	ate / Time (ate / Time (]#]#	
-	d chopped by Manag	,		
C. Filled by Control and Security Unit of				
Name of duty control and security sup	pervisor :			
Contact of duty control and security se	upervisor :			
1st day (Date :) FS system suspension Time : Signature : FS system restoration on same day Time : Signature :	Signature :	ation on same day	3rd day (Date :) FS system suspension Time : Signature : FS system restoration on same day Time : Signature :	

^{*}Any special suspension of FS facilities of building shall be arranged by duty control and security supervisor of building. <Daily facility inspection record refers to separated checklist>

Safety Arrangement by Tenant
*Form 14 <Fire and Welding Work Working Permit> refers.

	Office Unit :					
	Floor No.:					
		Wor	Working Days			
ProvisionNo(s) oftype proper and effective fire extinguise blankets for emergency use. (Above fire extinguishers and fire blanket shall be provided inside the		1	2	3		
Tenant's contractor.)	premises by					
☐ Provision of adequate ventilation inside the premises						
□ No blockage to any emergency safety exit door and corridor						
☐ Inflammable materials shall be carefully handled / properly enclosed by fire retardant cabinet onsite						
☐ Inflammable flooring finishes shall be proper enclosed						
☐ Opening or hole on wall and floor shall be proper sealed						
☐ Certified and functional gas welding cylinder shall be well condition ar termpering gas breaker (Arc welding machine shall be properly earthed)	nd equipped with					
☐ Assignment of competent person for any fire safety during whole period of fire work						
☐ Regular onsite inspection to ensure no residual flame / heat at time of duty off everyday	f work completion /					
Attention: 1. Immediate use of fire extinguisher to suppress the fire in case of fire / contact building control room in case of fire being out of control.	Immediate activate brea	akglass i	unit an	d		
2. Display of this permit at prominent place of the premises.						
3. Return this permit to security department and report fire work cancell work completion or expiry of permit.	lation to Management Co	ompany	in case	e of		
4. Follow and comply with above stated safety measures. Put a tick 'V' to	appropriate box during	safety cł	neck.			
5. Applicant shall make sure and inspect all fire safety precaution measu during the fire work period.	ures shall be adequate a	nd in god	od con	dition		
Remarks: a. Tenant or Tenant's Contractor shall display this <fire and="" of="" place="" premises.<="" td="" the="" welding="" worcatching=""><td>k Working Permit> at pr</td><td>ominent</td><td>and ey</td><td>/e</td></fire>	k Working Permit> at pr	ominent	and ey	/e		
b. Ensure no residual heat and flame inside the premises at time of leaving	ng the premises or work	comple	tion.			
Signature by Papracentative of Security and Control Dant						
Signature by Representative of Security and Control Dept. :						