



SUMMARY FORM - INSPECTION, TESTING & MAINTENANCE (1 OF 2)

APPLICATION NO.: _____

DATE: _____

PROPERTY INFORMATION :

Building Name : _____ QCD Building Completion Certificate No : _____

Bldg. No. / Street No. / Zone No. : _____ / _____ / _____ Office Contact Nos. : _____

Occupancy Classification : _____ Building Height : _____ Building Area : _____

Type of Construction : _____ Hazard Classification : _____

Fire Protection Systems (System Code / Designation) :

- | | |
|---|---|
| <input type="checkbox"/> I – Automatic Sprinkler | <input type="checkbox"/> VIII – Fixed Wet Chemical Extinguishing System |
| <input type="checkbox"/> II – Fire pump | <input type="checkbox"/> IX – Clean Agent Fire Extinguishing System |
| <input type="checkbox"/> III – Water Supply System | <input type="checkbox"/> X – Fixed Aerosol System |
| <input type="checkbox"/> IV – Standpipe and Hose System | <input type="checkbox"/> XI – Portable Fire Extinguisher |
| <input type="checkbox"/> V – Fire hydrants | <input type="checkbox"/> XII – Fire Detection and Alarm Systems |
| <input type="checkbox"/> VI – Water Mist System | <input type="checkbox"/> XIII – Emergency Lighting & EPSS |
| <input type="checkbox"/> VII – Foam System | <input type="checkbox"/> XV – Others _____ |

FACILITY MANAGER :

Name / QID / Mobile No.: _____ Signature : _____

CONTRACTOR'S INFORMATION :

<input type="checkbox"/> FF Contractor Name : _____ Company Address : _____ Office Contact No. : _____ Company Registration No. : _____ Contractor's Grade: <input type="checkbox"/> Grade A <input type="checkbox"/> Grade B <input type="checkbox"/> Grade C <input type="checkbox"/> Grade D	<input type="checkbox"/> FA Contractor Name: _____ Company Address : _____ Office Contact No. : _____ Company Registration No. : _____ Contractor's Grade: <input type="checkbox"/> Grade A <input type="checkbox"/> Grade B <input type="checkbox"/> Grade C <input type="checkbox"/> Grade D
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Engineer's Name / FF or FA	QID	Mobile No.	Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Contractor's Stamp / Signature:

ITM Contractor



Stamp / Signature:

Facility Manager

