



## 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

