

**FITTING OUT WORKS PERMIT**

Fitting out works at \_\_\_\_\_

**1. To be completed by contractor**

1) Location : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Brief Description of works : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Date of Fitting-Out Work Commencement : \_\_\_\_\_ Completion : \_\_\_\_\_

4) Authorized signature & company's stamp : \_\_\_\_\_  
\_\_\_\_\_

5) Name of Main Contractor: \_\_\_\_\_

6) Person-In-Charge's Name & Contact Nos. : \_\_\_\_\_  
\_\_\_\_\_

7) Business Reg. No : \_\_\_\_\_ BCA\* Registered: Yes / No \*

**2. To be completed by Owner / Tenant**

We confirm that \_\_\_\_\_ is our contractor and that the information stated above is correct.

\_\_\_\_\_  
Authorized signature & Company's stamp

\_\_\_\_\_  
Date

**3. To be completed by MCST Plan No. 3481 representative**

This is to confirm that the above named contractor is permitted to carry out fitting-out work during the specific period.

\_\_\_\_\_  
Authorized signature & Company's stamp

\_\_\_\_\_  
Date

\*Delete where appropriate

Note: This permit must be displayed at a prominent location during the renovation period.

**HOT-WORK PERMIT FOR \_\_\_\_\_**  
Name of Building

Instruction: To apply at least three days before work commences

REQUESTER/SUBSIDIARY : \_\_\_\_\_  
 PROPRIETOR'S NAME & ADDRESS \_\_\_\_\_

BRIEF DESCRIPTION OF THE WORK TO BE PERFORMED : \_\_\_\_\_

PERIOD OF WORK	DATE	TIME			LOCATION (UNIT NO.)
			From	hrs to	hrs
		From	hrs to	hrs	

*This permit is valid only for the day, time and period stated above. The conditions of issue must be complied with throughout the duration of the work. This permit may be withdrawn at anytime. Requester is responsible for displaying a photocopy of this permit at the entrance to the affected unit and must produce the original for verification on request.*

**EQUIPMENT TO BE USED** \_\_\_\_\_

**SAFETY APPROVAL** (Conditions of issue which must be observed, please tick appropriate boxes)

Electrical Isolation Required	<input type="checkbox"/>	Fire Watcher Required	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>
Equipment Isolated	<input type="checkbox"/>	Welding Flash Guard required	<input type="checkbox"/>	Fire Extinguisher	<input type="checkbox"/>
Track Isolated	<input type="checkbox"/>	Life Line required with handler	<input type="checkbox"/>	Area Clear of Combustibles	<input type="checkbox"/>
Warning Signs Positioned	<input type="checkbox"/>	Barriers Required	<input type="checkbox"/>	Cylinder in Upright Position	<input type="checkbox"/>
Lookout Man	<input type="checkbox"/>	Portable Lighting	<input type="checkbox"/>	Hoses in good condition	<input type="checkbox"/>
Explosion Check	<input type="checkbox"/>	No Smoking or Naked Flame	<input type="checkbox"/>	Gas Regulators in good condition	<input type="checkbox"/>
Toxic Check	<input type="checkbox"/>	Scaffolding etc. required	<input type="checkbox"/>	Equipment check for leakage	<input type="checkbox"/>
Area Clear of Chemicals	<input type="checkbox"/>	Flashback Arrestor provided & in good condition	<input type="checkbox"/>	Adequate ventilation	<input type="checkbox"/>

*Notes: Items not required to indicate – NA*

**TO BE COMPLETED BY SUBSIDIARY PROPRIETOR / REQUESTER**

I have read the conditions relating to the work to be performed. I fully understand and shall comply with the safety requirements and provisions as stated overleaf.

Name & Signature: \_\_\_\_\_ Position & Date: \_\_\_\_\_

**TENANT'S SUPERVISOR**

I have briefed the contractor on House Rules *(where applicable)*.

*\*Note: To check area for 30mins upon completion of work for any sign of possible smoldering fires*

Name & Signature: \_\_\_\_\_ Position & Date: \_\_\_\_\_

**FOR MCST Plan No. 3481 official USE ONLY PERMIT**

**\*APPROVED / NOT APPROVED**

Name : \_\_\_\_\_ Position: \_\_\_\_\_

Signature : \_\_\_\_\_ Date & Time: \_\_\_\_\_

## **Safety Requirements & Provisions for Hot Works**

*(to be printed on the overleaf of the Hot-Work Permit Form)*

We undertake to implement all necessary safety precautionary measures including provision of sufficient and suitable fire extinguishers on site and carrying out physical check of the area at and around the hot work to ensure that it is safe before the hot work commences and to supervise the hot work closely throughout the duration of the hot work.

### Preventive Measures

All practical measures shall be implemented wherever applicable, but not limited to the following:

- a) By enclosure of the plant used in the process;
- b) By removal or prevention of accumulation of dust, gas, vapor or substance;
- c) By exclusion or effective enclosure of possible sources of ignition; and
- d) By the use of suitable flameproof equipment.

### Safety Provisions

Before hot works / welding commence, the following shall be adhered to:

- a) Hot works shall be carried out at Designated Hot Work area. Otherwise, Hot Work Permit System's procedures shall be applied before any hot work is carried out;
- b) Welders must ensure that the welding work area is free from hazardous materials such as flammable solvent, explosive material, etc. Area must be well ventilated with natural ventilation and fan/exhaust duct;
- c) Workers must understand the welding equipment and have knowledge and skill to perform the task. New welders must have proper supervision and guidance;
- d) Welders must be fully equipped with protective equipment such as face shield, glasses, leather apron and gloves;
- e) Suitable fire-fighting equipment shall be readily available at the hot-work area;
- f) Adequate means of escape provided; and
- g) In case of fire caused by welding/hot work process, do not panic. Use the nearest fire extinguisher or hose-reel to put out the fire immediately.

We also undertake not to carry out any hot works within close proximity of existing heat and smoke detectors and electrical wirings and to ensure that the affected area is cleaned up and there is no smoldering fire and shall notify the MCST Plan No.3481 representative and security personnel before leaving the premises.

This Permit is granted on the condition that all hot works shall be carried out only during office hours and not in contravention of the Fire Safety Act and Workplace Safety & Health Act and all other relevant local codes and regulations.

Requester / contractor shall at all times abide by the House Rules, any laws, by-laws, rules and regulations governing the hot works and shall carry out the hot work in a good workmanlike manner so as not to cause any damage to the common property or equipment and undertake to make good any damage or injury caused at their own expenses.

Requester / contractor shall keep the MCST Plan No. 3481 indemnified against all actions, claims or demands that may be lawfully brought or made against the MCST Plan No. 3481 by any person(s) by reason of anything done by the requester / contractor in exercise or purported exercise of the permit hereby granted.

Requester / contractor shall ensure that no illegal foreign workers are engaged by their agents, contractors, sub-contractors or suppliers to carry out the hot work within or outside the demised premises.

Requester /contractor shall inform the MCST Plan No. 3481 representative immediately on completion of the hot work and shall clean the affected areas at the common areas and outside his unit to the satisfaction of MCST Plan No. 3481.

**REQUEST FOR ISOLATION OF FIRE PROTECTION SYSTEM  
FOR \_\_\_\_\_**

Name of Building

**Note: Isolation of any fire protection systems are permitted only if alterations and additions are required to be carried out on the fire protection system for the purpose of compliance to Authorities requirements.**

<b>REQUESTER/SUBSIDIARY PROPRIETOR'S NAME</b>	:	
<b>REQUESTER/ SUBSIDIARY PROPRIETOR'S ADDRESS</b>	:	
<b>BRIEF DESCRIPTION OF THE WORKS TO BE CARRIED OUT</b>	:	
<b>CONTRACTOR'S NAME &amp; ADDRESS</b>	:	

FIRE PROTECTION SYSTEM	Date	Time		Location(s)	
		from	To	Floor/Unit No.	Zone
Automatic Sprinkler System					
Fire Alarm / Detection					
Voice Communication (PA)					
Others:					

**To Be Completed by Subsidiary Proprietor / Requester**

I undertake to comply with all the safety requirements and provisions as stated in the House Rules and Hot-Work permit and shall complete the work within one working day and the period stated above. **We shall also ensure that all safety requirements by the Fire Safety and Shelter Department or the relevant local authority and Codes of Practices and Workplace Safety & Health Act are strictly adhered with**

Name & Signature: \_\_\_\_\_ Designation & Date: \_\_\_\_\_

**For MCST Plan No. 3481 Use Only**

Request Granted/Not Granted*	
Name: _____	_____ Authorized Signature & Company Stamp
Designation: _____	
Date: _____	

\* Delete where applicable and copy of this approval shall be placed prominently at the entrance to the unit(s).

**The applicant and/or his service provider are responsible for ensuring the operation is carried out safely by competent persons and the workplace is safe for anyone that may be affected by the operation. The granting of this permission by MCST Plan No. 3481 or its representative shall not be construed as MCST Plan No. 3481 being responsible in any way, for any accident that may arise directly from the applicant's work activities.**

cc Managing Agent / Security Office

