

OED/FM02/02

**Application for the Isolation of
Power Supply/ Fire Alarm / Water Supply***

To : Senior Manager, Facilities Management Division
 (Attn : Zone Property Manager, Zone 1 / 2 / 3 / 4 / 5 *)

The contractor is required to :

1. Submit application form with method of statement and drawings **7 days before** work begins.
2. Carry out work only **after receiving confirmation** from Zone TSO that the service has isolated.
3. Stop all hot work. E.g. welding, brazing etc **by 9.15pm** for normalization of fire alarm system.
4. Submit LEW's particular for power isolation / Licensed Plumber's particular for water isolation

Description of work : _____

Location of Work : _____

Duration of Work : _____

Project Coordinator's Particulars

Name	
Contact Number	
E-mail	
Company / Department	
Designation	

Contractor's Particulars

Name	
Contact Number	
E-mail	
Company / Department	
Designation	

Licensed Electrical Worker / Licensed Plumber's Particulars *

Name	
Contact Number and Fax no	
E-mail	
Company	

For office use

Application approve Application rejected

The Zone representative will contact the requestor upon approval by the Zone Property Manager.

for Senior Manager, FM

Date

Joint Inspection Report

It is hereby certify that the reinstatement work have been completed to our satisfaction.

The reinstatement work have been completed with the following comment(s) :

Not satisfactory, to arrange another date of inspection : _____

Zone TSO / Date

SO / Date

* delete where appropriate