Request for Service by the Fire Team

To: Safety Office

Fax: 2858 7159

Particulars of Work

Urgency: □ Normal □ Urgent

Location of Service: ____________________________________________

Services Requirement:

□ Fire Extinguisher □ Fire Blanket/Sand Bucket □ Fire Alarm System Isolation*

□ Inspection for Fire Safety □ Fire Detector Isolation* □ Repair/Relocation of Fire Service Installations

□ Others: ______________________________________________________

* Please specify the period of isolation: __________________________________________________

Please specify reason for the service:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Requested by:

Name of responsible person: ____________________________________________

Telephone: ___________________________ (office) ___________________________ (mobile)

Department/Hall: ____________________________________________________________

Signature & Chop: ___________________________ Date: ___________________________

Please complete the form with department/hall chop and return to Safety Office 3 working days beforehand if not urgent by fax: 2858 7159 or internal mail.

For isolation period in non-office hour, overtime charge shall be paid. The Safety Office will inform the department/hall only if this request cannot be entertained.