

## APPLICATION FOR FIRE CERTIFICATE

**For Office Use Only**

<p><b>Mauritius Fire and Rescue Service</b>                      57, Labourdonais Street,                      Port Louis</p> <p>Tel No: 2113580; Fax: 2113258                      Email: <a href="mailto:mfrs_headoffice@govmu.org">mfrs_headoffice@govmu.org</a></p>		<b>File No.</b>	
		<b>Date received:</b>	
		<b>Received by:</b>	
		<b>Authorised Signature:</b>	

### **Technical Checklist**

Documents	(✓)
One (1) copy of Certificate of Incorporation or Business Registration Card.	
Two (2) copies of location plan.	
Two (2) copies of site plan showing all the buildings forming the integral part of the premises.	
Four (4) copies of architectural plan of each floor of the premises.	
Four (4) copies of line drawing of the storage area of Inflammable Gas.	
Four (4) copies of layout plan of premises for Inflammable Liquid and Substances, dully signed by the owner or agent.	
Tenant list mentioning their activities carried out and the number of occupants likely to be present at any one time.	
One (1) copy of Commissioning/Maintenance Certificate for the fire alarm system stating the relevant standard to which it has been tested after installation.	
One (1) copy of Commissioning/Maintenance Certificate for (sprinkler system, hose reel, D/W riser or suppression system).	
One (1) copy of Maintenance Certificate for the fire extinguishers.	
Material Safety Data Sheets for any hazardous material or highly flammable materials stored or used.	

### **Documents received by correspondence**

<b>Are all necessary documents submitted?</b>	Yes* / No*	
<b>If No, request for documents.</b>	Date sent	
<b>All necessary documents submitted.</b>	Date received	

<i>Description of file</i>	<b>Date</b>	<b>Officer</b>
First Inspection:		
Notice of Improvement issued:		
Compliance to Improvement Notice received:		
Second inspection:		
Notice of Non-Compliance:		
Compliance to Improvement Notice received:		
Third inspection:		
Notice of Compliance:		
Payment received:		
Fire Certificate issued:		

**Part A – GUIDANCE NOTES**

**This form consists of 6 parts:**

- Part A: Guidance notes
- Part B: Details of applicants
- Part C: Details of premises
- Part D: Employees’ Lodging Accommodation
- Part E: Storage/Use/Handling of Inflammable Gas
- Part F: Storage/Use/Handling of Inflammable Liquid and Substances

***Guidance to fill in the application form (FSD Form 1)***

**Application for:**

**Parts to be filled**

- |   |          |
|---|----------|
| 1. Fire Certificate / Clearance for Premises                                      | B & C    |
| 2. Approval of Fire Safety Plans for Construction Purpose                         | B & C    |
| 3. Fire Clearance for Employees’ Lodging Accommodation                            | B, C & D |
| 4. Fire Certificate / Clearance for Storage/Use/Handling of Inflammable Gas       | B, C & E |
| 5. Fire Certificate for Storage/Use/Handling of Inflammable Liquid and Substances | B, C & F |
| 6. Fire Certificate / Clearance for Storage/Use/Handling of Hazardous Chemicals   | B & C    |

## **Documents to be produced**

### **1. Application for fire certificate**

- One (1) copy of Certificate of Incorporation or Business Registration Card.
- Two (2) copies of location plan.
- Two (2) copies of site plan showing all the buildings forming the integral part of the premises.
- Four (4) copies of architectural plan of each floor of the premises showing clearly the following details:-
  - locations of exits and staircases,
  - locations of fire extinguishers mentioning their type and capacity & other fire- fighting facilities including hose reels, dry riser, wet riser, sprinkler systems, if available,
  - locations of break-glass call points, fire detectors, siren and control indicator panel,
  - locations of explosive or highly flammable materials or dangerous chemicals used or stored, if available.
- A project write-up describing the premises, its occupancy, fire protection and safety features.
- Tenant list mentioning their activities carried out and the number of occupants likely to be present at any one time, if applicable.
- Original and one copy of Commissioning/Maintenance Certificate for the fire alarm system stating the relevant standard to which it has been tested after installation, if applicable.
- Original and one copy of Commissioning/Maintenance Certificate for sprinkler system, hose reel, D/W riser or suppression system, if applicable.
- Original and one copy of Maintenance Certificate for the fire extinguishers.
- Material Safety Data Sheets for any hazardous material or highly flammable materials stored or used, if applicable.

### **2. Application for fire certificate for Storage/Use/Handling of Inflammable Gas and Hazardous Chemicals.**

- One (1) copy of Certificate of Incorporation or Business Registration Card.
- Two (2) copies of location plan.
- Two (2) copies of site plan.
- Four (4) copies of line drawing of the storage area, showing the following details:-
  - dimension in metres of the storage area,
  - location of exits and staircases,
  - location of firefighting equipment (mentioning the type & capacity of extinguishers),
  - location of call points and sirens for any fire alarm system,
  - distance of the nearest building and nearest boundary.

**3. Application for fire certificate for Storage/Use/Handling of Inflammable Liquid and Substances.**

- One (1) copy of Certificate of Incorporation or Business Registration Card.
- Two (2) copies of location plan.
- Two (2) copies of site plan.
- Four (4) copies of layout plan of premises dully signed by the owner or agent and showing the following details:-
  - location of exits and staircases,
  - Locations of the means available for fighting fire,
  - Location of the means available for giving warning in the event of fire,
  - Position of pump, storage tank indicating capacity, pipeline and vent pipe and their distance from any building and boundary coloured with fixed colours as follows;  
Grey or neutral tint – Existing building  
Red - Storage tanks, pumps, pipelines
  - Names of streets on which the site abuts and the township in which situated,
  - The North point.
- Material Safety Data Sheets for all inflammable liquid and substances stored or used.

Note: Any additional information shall be submitted as an annex to this application.

\* Delete as appropriate

**PART B – DETAILS OF APPLICANTS (Compulsory)**

I hereby apply for a fire certificate in respect of the premises of which details are given below.

**1. APPLICANT**

**Owner\* / Leaseholder\***

Full Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Email address \_\_\_\_\_

Owner of premises (if different to above)

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**2. Name and address of person(s) or firm(s) to whom notification should be forwarded**

**(Owner\* / Leaseholder\* or Consultant\* / Builder\*)**

\_\_\_\_\_  
\_\_\_\_\_

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**3. Name and address of the proposed\* works\* or premises\* to which the application relates**

\_\_\_\_\_

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*Postal Code :* \_\_\_\_\_

**4. Nature of proposed\* works\* or premises\***

**(a) Classification (please tick as appropriate)**

- Construction of new building
- Extension or alteration to a premises
- Storage of Inflammable Gas
- Storage of Inflammable Liquid and Substances
- Spraying Room
- Storage of hazardous chemicals
- Petrol Service Station
- Employees' Lodging Accommodation
- Residential Care Home
- Others

**(b) Brief description if others -----**

5. Is this an existing building or new construction?

Existing

New Construction

6. Has the premises been issued with a Fire Certificate\* / Fire Clearance\*?

Yes

No

If YES, a copy is to be attached.

7. Give details of any plans or drawings submitted with this application

Plan Number	Description of plan

**PART C – DETAILS OF THE PREMISES (Compulsory)**

**1. DESCRIPTION OF THE BUILDING**

Building structure:.....

Cladding: Available/ Not available

Type of Cladding.....

Site area: \_\_\_\_\_(m<sup>2</sup>)

Number of basement storeys \_\_\_\_\_

Number of storeys above ground level \_\_\_\_\_

Height of building above ground level \_\_\_\_\_(m)

Floor area of building \_\_\_\_\_

\_\_\_\_\_ (m<sup>2</sup>)

Total area of ground floor \_\_\_\_\_(m<sup>2</sup>)

**2. VEHICULAR ACCESS**

Number of Gateways \_\_\_\_\_

Width of Gateway \_\_\_\_\_(m)

Height of Gateways \_\_\_\_\_(m)

Vehicular Turning Point \_\_\_\_\_(m)

**3. USE OF THE PROPOSED PREMISES\* /CURRENT USE OF PREMISES\***

Floor	Activity

Include the uses of other parts of the building if the premises consist of part only of the building.

**4. OCCUPANT CAPACITY OF EACH FLOOR**

Floor	Staff	Guests/ Visitors	Other Residents

**5. MEANS OF ESCAPE**

Floor	Exits	Staircases	Ramps

**6. EMERGENCY LIGHTING SYSTEM**

Floor	Number	Type (✓)	
		Battery Pack	UPS

**7. WATER SUPPLY**

Type of tanks: Aboveground\*/Underground\*/Roof\*

No. of tanks: \_\_\_\_\_

Total tank capacity: \_\_\_\_\_ (m<sup>3</sup>)

Volume of water for fire-fighting: \_\_\_(m<sup>3</sup>) Is

water system pressurised? Yes\* / No\*

**8. RISING MAIN**

Riser: Available\* / Not Available\*

Type of Riser: Dry\* / Wet\*

No. of inlet breeching: \_\_\_\_\_

Location of inlet breeching \_\_\_\_\_

No. of Landing Valves: \_\_\_\_\_ Type of Landing Valves: \_\_\_\_\_

Location of Landing Valves: \_\_\_\_\_

Is the equipment regularly maintained? Yes\*/No\*

Date last maintenance effected: ...../...../.....

**9. DETAILS OF FIRE FIGHTING EQUIPMENT AVAILABLE FOR USE IN THE PREMISES**

**9.1 Fire Hydrant System**

No. of Fire Hydrants: \_\_\_\_\_

Type of Fire Hydrants: \_\_\_\_\_

Is Fire Hydrant system pressurised? Yes\* / No\*

Is the equipment regularly maintained? Yes\* / No\*

Date last maintenance effected: ...../...../.....

**9.2 Fire Hose Reel System**

Floor	Number	Type (✓)		Diameter (mm)	Length (m)
		Fix	Swing		

Is fire hose reel system pressurised? Yes\* / No\* Is

the equipment regularly maintained? Yes\* / No\*

Date last maintenance effected: ...../...../.....

**9.3 Fire Extinguishers**

Floor	Number	Type (✓)		Capacity
		ABC Dry Powder	Carbon Dioxide	

Is the equipment installed? Yes\* / No\*

Is the equipment regularly maintained? Yes\* / No\*

Date last maintenance effected: ...../...../.....

**9.4 Others**

Is there other type of fire-fighting equipment available? Yes\*/No\*

If YES, specify type and

location: \_\_\_\_\_

Is the equipment pressurised? Yes\* / No\*

Is the equipment regularly maintained? Yes\* / No\*

Date last maintenance effected: ...../...../.....

**10. MEANS FOR GIVING WARNING IN CASE OF FIRE**

Floor	No. of Manual Call Point	No. of Detectors			No. of Sounders	No. of Indicator Panel
		Smoke	Heat	Others (specify)		

**11. FIRE SAFETY SIGNS (please tick as appropriate)**

Safety Signs	Type		
	Sticker	Fluorescent	Illuminated

Is safety signs available on all floors?      Yes\*/No\*

If NO, specify on which floor: \_\_\_\_\_

**12. HAZARDOUS MATERIAL STORED OR USED**

Floor	Hazardous Material	Maximum quantity stored	Method of storage	Maximum quantity liable to be stored or used at any one time

**PART D – Employees’ Lodging Accommodation**

**1. Name and address of the Employees’ Lodging Accommodation**

\_\_\_\_\_

\_\_\_\_\_

**2. Any other activity carried out or to be carried out within the building:**

Residential  Commercial  Office  Industrial  Other

**3. Maximum number of lodgers:** \_\_\_\_\_

**4. Maximum number of persons expected to be in the premises of which the Employees’ Lodging Accommodation forms part at any one time:** \_\_\_\_\_

**PART E – Storage/ Use/ Handling of Inflammable Gas**

1. Name and address of the building or place of work/ storage area

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2. Cylinders of L.P.G

Bulk Storage

No.	Capacity	Total Weight		No. of Vessel	Capacity

3. Any other activity carried out or to be carried out within the building:

Residential  Commercial  Office  Industrial  Other

4. Maximum number of persons expected to be in the premises or place of work at any one time:

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5. Maximum number of persons expected to be in the premises of which the building/ storage area forms part at any one time: \_\_\_\_\_

**PART F – Storage / Use/ Handling of Inflammable Liquid and Substances**

1. Name and address of the building or place of work/ storage area

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2. Underground Tank

Inflammable Store

No. of Tank	Capacity	Class	Total Capacity		No. of vessel	Capacity	Class	Total Capacity
<b>Total</b>					<b>Total</b>			

3. Any other activity carried out or to be carried out within the building:

Residential  Commercial  Office  Industrial  Other

4. Maximum number of persons expected to be in the premises or place of work at any one time: \_\_\_\_\_

5. Maximum number of persons expected to be in the premises of which the building/ storage area forms part at any one time: \_\_\_\_\_

### **APPLICANT'S DECLARATION**

I declare that all the information given is true and correct.

I also understand that:

- (a) an effective date of inspection will be given to my application immediately if all plans and documents specified in the technical checklist accompanying this form have been submitted.
- (b) the application will not be accepted nor registered if it is incomplete.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Status:** \_\_\_\_\_