

AQMCS1172, Sector-11, Panchkula-134109, tri-city-Chandigarh – India, www.aqmcs.com

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- Application Form Applicant needs to share filled application form to plan the Fire Safety Audit. AQMCS will be pleased to assist you to complete this form. Please do not hesitate to write/mail. •

Name of Organization:				
Address:				
Contact Person:				
Contact No.: Website:			Email:	
Kind of Business:				
Total No. of sites: T		Total No. of Blocks:		
Details about organization comply applicable standards:				
Fire safety regulations as applicable/ National Building Code 2016 Part 4 – Fire and Life Safety/any other recognized standard				
Numbers of blocks less than 15 meter height & Not more than 500 sq meter floor area				
Numbers of blocks less than 15 meter height & more than 500 sq meter floor area				
Numbers of blocks more than 15 meter height & Not more than 500 sq meter floor area				
Numbers of blocks more than 15 meter heigh	t & more than 500 s			
Exit signs (Yes/No):		Emergency lighting wi	th Battery backup 90 mins (Yes/No):	
Declaration:				
1. if applicant inspected under this Scheme by any other FSIA, then shall provide the previous reports to the AQMCS. The				
AQMCS may verify the information with earlier FSIA if necessary.				
2. If applicant have any judicial proceedings relating to its fire safety related operations, any proceedings by any Regulatory				
Body/IMC/Court of Law/Local Fire Services for suspension/ cancellation/withdrawal of its fire safety related				
operation/approvals under any Regulations or otherwise shall share details copy.				
Please send in original to AQMCS Head office.				
List of Documents required to be submitted along with application form are:				
 Copy of applicable fire safety regulation Copy of building plans including layout showing width of access road of premises 				
 Year of construction 				
Details of previous inspection by any agency				
Details of last electrical audit/ electrical installation verification				
Copy of NOC from local fire department, if any				
 PAT (Portable Appliance Test) of all biomedical equipment Copy of registration certificate issued by Health Department; 				
 Copy of registration certificate issued by Health Department; Copy of Lift Certificate issued by Lift Inspector; 				
Hydraulic Test Certificate issued by NABL accredited Lab for Fire Extinguishers				
as per regulatory requirements/ IS 2190;				
Certificate for Fire Doors installed in the premises, if any; Details of LPC states in the premises if any;				
 Details of LPG storage in the premises, if any; List of trained fire personnel and details of firefighting training to other staff 				
	including security personnel;			
 Details of fire pumps and water storage tank(s) for firefighting; 				
Signature :				
Name :				
Designation:				
Date :				