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| **TEMPORARY BUILDING** |
| **CERTIFICATE OF INSPECTION AND COMPLETION OF WORKERS’ QUARTERS**  **CERTIFICATE OF SUPERVISION FOR WORKERS’ QUARTERS FIRE SAFETY PROVISION** |

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| --- | --- |
| WORKPLACE NO |  |
| MK / TS |  |
| LOT / PLOT |  |
| ADDRESS ROAD |  |

|  |  |  |
| --- | --- | --- |
| NAME OF QP1 |  | |
| NRIC / FIN |  | |
| DATE |  | |
| I am the above name QP and I certify that I have supervised the erection of the temporary buildings for workers’ quarters at the above mentioned construction site. I have inspected the temporary buildings and certify that they have been completed in accordance with the provisions under Regulation 7(1) of The Building Control (Temporary Buildings) Regulations and the plans and design which were prepared by me.  I also certify that the fire safety works for worker’s quarters at the above mentioned construction site have been carried out in accordance in accordance under the Fire Safety Act (Chapter 109A, Section 53), Fire Safety (Exemption) (Temporary buildings in Construction Sites) Order. | | |
| **Signature & Stamp of Qualified Person (QP)** | | **Name & Address of Professional Firm** |

A Qualified Person (QP) may refer to a Registered Architect, or Professional Engineer (Civil/Structural).