AIRPORT EMERGENCY SERVICE

FIRE PREVENTION CIRCULAR

To All Staff working in CAB “D”

CARGO AGENT BUILDING “D” FIRE EVACUATION DRILL

Changi Airport Group (Singapore) Pte Ltd will be conducting an annual fire evacuation drill on **11 November 2016 (Friday), 1100hrs** at Cargo Agent Building “D”. In the event of inclement weather, the drill will be held between 1530-1630 hrs. A table top exercise and fire warden briefing is scheduled on 10 November 2016 (Thursday), 1500 hrs at Cargo Agent Building “E” Meeting Room #05-11. Please send a representative from each department to attend this briefing.

2. A pre-recorded announcement on the fire evacuation drill will be broadcasted via the Public Announcement (PA) system to avoid panic and confusion for all.

3. Please note this annual fire evacuation drill is a statutory requirement under the Fire Safety Act. For further clarification on the drill, please contact AES Fire Prevention Section at 65412535 or via e-mail at fire.safety@changiairport.com.

4. Attached are the Assembly Areas to be used for this upcoming drill (Annex 1). Appointed fire warden / assistant fire warden shall update their floor registers (Annex 2) and return the hard copies to AES Officers at the assembly areas during the exercise after a headcount has been conducted.

5. Please disseminate the content of this circular to all staff concerned.

6. Thank you.

SHER AKBAR KHAN
for SUPERINTENDENT, FIRE PREVENTION
AIRPORT EMERGENCY SERVICE
Annex 1

D1: Carpark fronting CAC custom checkpoint

D2: Open space in-front of CAB D main entrance

Assembly Areas (D1, D2)
TO: Changi Airport Group  
    Airport Emergency Service  
    P O Box 168  
    Singapore Changi Airport  
    Singapore 918146

Annex 2

FLOOR REGISTER

Tenant / Company Name: __________________________________________________

Floor Level: ______________________    Unit/Room No: ________________________
(Please use a separate form for each level)

Telephone & Fax No. _________________________/____________________________

Name of Fire Warden & Contact No: _________________________________________

Name of Assistant Fire Warden & Contact No:________________________________

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<th>Name of Occupants / Staff</th>
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Submitted by: ____________________________________________________________  
Name & Designation

Signature & Date: ____________________________