

CERTIFICATE OF SUPERVISION OF EXAMINATION, INSPECTION AND TESTING OF FIXED INSTALLATION(S)
BUILDING CONTROL
(FIXED INSTALLATIONS)
REGULATIONS 2025

CERTIFICATE OF SUPERVISION OF EXAMINATION, INSPECTION AND TESTING OF FIXED
INSTALLATION(S) FOR RENEWAL OF PERMIT TO OPERATE FOR FIXED INSTALLATION

To: The Commissioner of Building Control
(Please quote file ref. where applicable²: _____)

Section A¹: Fixed Installation Owner [under Regulation 29]

*I/We confirm that *I/We have appointed _____ (*name of fixed installation service contractor registered with BCA*) to examine, inspect and test the fixed installation(s) _____ (*fixed installation(s) ID⁵ (if available) or numbering⁶*) at _____ (*fixed installation(s) address or location*) in accordance with the requirements of the Building Control (Fixed Installations) Regulation 2025.

Name of *Fixed Installation Owner (includes individual/company)
NRIC/FIN:
UEN:

Name and NRIC/FIN of authorised representative (if Fixed Installation Owner is a company)

Signature of *Fixed Installation Owner or authorised representative (if Fixed Installation Owner is a company)

Company Stamp (if applicable)

Date

Contact No.

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Section B¹: Fixed Installation Service Contractor [under Regulation 29]

We confirm that:

- (1) we are an fixed installation service contractor registered with the Building and Construction Authority; and
- (2) the following fixed installation(s) *has/have been examined, inspected and tested in the supervision of the

specialist professional engineer, _____ (*name of the SPE*), in **Section C** of this certificate, and in accordance with relevant provisions specified in _____ (*standard of compliance*) as required under the Building Control (Fixed Installations) Regulation 2025.

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*Fixed Installation Address or location:	
**Fixed Installation ID ⁵ or Numbering ⁶	Date of examination, inspection and testing of fixed installation (DD/MM/YY)

Name and UEN of Fixed Installation Service Contractor (company name)

Registration Workhead and Financial Grade of Fixed Installation Service Contractor

Name and NRIC/FIN of Authorised Representative

Company Stamp

Signature of Authorised Representative

24hrs Contact No.

Date

* Delete whichever is inapplicable.

** Please use separate sheet if necessary

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Section C¹: Specialist Professional Engineer [Under Regulation 29 and 30]

I certify that:

- (1) the fixed installation service contractor _____ (*name of fixed installation works contractor registered with BCA*) in **Section B** of this certificate has carried out the examination, inspection and testing of the fixed installation(s)

(*Fixed Installation(s) ID⁵ (if available) or numbering⁶*) at

(*Fixed Installation(s) address or location*) in my presence in accordance with requirements of the Building Control (Fixed Installations) Regulation 2025;
- (2) the date of the first examination, inspection and testing carried out was on _____;
- (3) the fixed installation had been examined, inspected and tested by the fixed installation service contractor appointed by the owner of the fixed installation, in accordance with Building Control (Fixed Installations) Regulations 2025, regulation 29(3) in my presence.
- (4) the fixed installation is fit for operation.
- (5) I or my nominee am/is not a partner, director, officer or employee of the owner of the fixed installation, the fixed installation service contractor who examined, inspected and tested the fixed installation under Building Control (Fixed Installations) Regulations 2025, regulation 29(3) or an associate of a person mentioned above.

* Delete whichever is inapplicable.

** Please use separate sheet if necessary

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- (6) the fixed installation complies with the objectives and performance requirements set out in the Third Schedule of Building Control (Fixed Installations) Regulations 2025, the relevant plans approved by the Commissioner of Building Control (if any) and any terms and conditions in the approved plans imposed by the Commissioner of Building Control.
- (7) the fixed installation complies with the maintenance outcomes in the Fourth Schedule of Building Control (Fixed Installations) Regulations 2025.

Name and *NRIC/FIN of Specialist Professional
Engineer

Signature of Specialist Professional Engineer

Stamp of Specialist Professional Engineer

Contact No.

Date

* Delete whichever is inapplicable.

** Please use separate sheet if necessary

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Explanatory Notes

(A) GENERAL

1. This certificate may take you 10 minutes to fill in. you will need the following information to fill in the certificate:

<ul style="list-style-type: none"> • Section A 1) Particulars of Fixed Installation Service Contractor 2) Escalator(s) ID, numbering and location 3) Name, NRIC/FIN/UEN, Signature, Stamp and Contact No. of Fixed Installation Owners • Section C 1) Name, NRIC/FIN, Signature, Stamp and Contact No. of Specialist Professional Engineer 2) Escalator(s) ID, numbering and location 3) Name of Fixed Installation Service Contractor 	<ul style="list-style-type: none"> • Section B 1) Building/Structure Address 2) Escalator(s) ID, numbering and location 3) Name, NRIC/FIN/UEN, Signature, Stamp, Registration Workhead and Financial Grade, and Contact No. of Escalator Service Contractor 4) Name of Specialist Professional Engineer
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2. Applicable file reference may include structural plan submission reference number, A&A project reference number, or any project reference number pertaining to the fixed installation(s) in relation to this certificate.
3. This certificate is to be used for new installation, re-commissioning and renewal of Permit to Operate for fixed installation(s).
4. For application of a Permit to Operate for more than one fixed installation, only escalators in the same address will be considered in a single form.
5. If fixed installation ID(s) has/have been allocated, please fill in the fixed installation ID(s) in this application form.
6. Where fixed installation ID(s) has/have not been allocated, please fill in the fixed installation numbering(s) in this application form. The fixed installation numbering(s) of the fixed installation(s) should be numerical eg 1, 2, 3, etc or alphabetical eg A, B, C, etc or alpha-numerical eg E1, E2, E3, etc.

* Delete whichever is inapplicable.

** Please use separate sheet if necessary