

AWARD APPLICATION FORM 2024

Dear Sir / Madam,
Greetings

While Fire Safety Awards helped in analyzing fire safety arrangement at various industrial and commercial concerns in an organized manner, it facilitated the professionals of these organizations in reviewing and upgrading their own arrangements in line with the latest international standards and best practices of the day. Assessment checklist below, will facilitate us in having an organized look at what, in your work activities and work place, could cause harm the people and property and allow us to weigh up the level of corresponding precautions you have taken to avoid harm. At the same time upcoming checklist will prompt you to look into the areas course, this exercise is a healthy competition and a friendly consultation.

Jury for the awards competition will be independent (any direct/indirect influence will lead to cancellation of your award nomination) and they are from non-participating organizations. Further, the verification/inspection is made mandatory for all award nominating organizations.

AWARD PROCESSING FEE: PKR 120,000 (exclusive of taxes)

The award processing fee includes assessment of application, visit / verification, winning trophy, corporate Profile of winner in Energy Update Magazine and two complimentary invitations of the fire safety & security convention 2024.

Submission of Application:

The relevant documents applicable to your type of industry, organization and projects (as mentioned in Award Criteria) are to be submitted (hard & soft copy) along with application processing fee (Non-refundable) by a **demand Draft / Pay Order in favour of "PUBLICITY CHANNEL / NFEH"** Karachi.

Best Regards



Engr. Nadeem Ashraf

Project Head

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Useful Information (Terms & Conditions)

Eligibility

Large, Small and Medium industrial and services organizations operating in Pakistan since last **1 year are eligible** to be considered for the award.

- No fire incident during last 3 years.
- No case in court of law on the basis of safety violations.
- Process industries.
- Public/Private sector buildings.
- Commercial buildings.
- Shopping Malls.
- Hospitals.
- Educational institutions.
- R&D organizations.

Further application/entry will be evaluated on the basis of performances and track records of three preceding years.

Selection Process

Nominations received along with the applicable documents will be placed before a panel of judges consisting environment experts from various reputed organizations. Decision of the panel of judges will be considered final for presentation of the award. Further, the FPIP's representative may visit the facility anytime; during office hours (10am - 5pm) to testify the information provided by the Award Nominee.

Award Presentation

- **Certificate**
- **Award**

These will be presented in presence of prominent personalities from government and industrial sectors during Award Distribution Ceremony.

Application Processing Fee

Payable Fee @**PKR 120,000**
(exclusive of taxes) for each award entry.

Cheque should be made in favour of either

“ Publicity Channel ”

Acc Title: Publicity Channel
Bank: MCB Bank Limited
Code: 1422
Branch: Mehdi Tower Branch
Shahrah-e-Faisal, Karachi
A/C #: 0142 2010 1000 6742
IBAN: K92MUCB0142 201010006742
SWIFT CODE MUCBPKKA 1422
NTN #: 0562913-6

“ NFEH ”

Acc Title: National Forum for Environment and Health
Bank: Meezan Bank
Code: 0103
Branch: FTC Branch, Shahrah-e-Faisal, Karachi
A/C #: 0001 0301 0002 0653
IBAN: PK35MEZN0001030100020653
NTN #: 2299608-7

The Publicity Channel (event manager) will provide Sales Tax / Income Tax Invoice to each Nominating Organization. However, companies are requested to submit/mention their valid STN/NTN(s) while submitting your Nomination Form. For further detail, please contact our Finance Dept.

The application processing fee covers the expenses of secretarial and event organization; including correspondence & communications, printing of collateral, site visits for inspections, award & stage development etc. However, subscriptions of monthly Energy Update Magazine and NFEH's Membership for one-year are being offered on complimentary basis to each award winning organization.

NOMINATION PAPERS

Organization Name:

Name of C.E.O.:

Building Ownership	Govt. <input type="checkbox"/>	Semi Govt. <input type="checkbox"/>	Private <input type="checkbox"/>	Other <input type="checkbox"/> _____
Status	Owned <input type="checkbox"/>	Rented <input type="checkbox"/>	Leased <input type="checkbox"/>	Other <input type="checkbox"/> _____

Address:

Tel: Fax: Cell:

Email: Website:

Construction Type

Occupancy Details
Vulnerable person

Years of Building
Constructed:

Total Person at
Workplace including
Employees

Nature of Business

NOMINATION PAPERS

Has the Fire Risk Assessment of the facility been carried out (If yes give a brief of assessment):

Please Attach

Yes

No

A. Fire Alarm & Detection Systems

Yes Qty No

Smoke Detectors

Yes Qty No

Heat Detectors

Yes Qty No

Flame Detectors

Yes Qty No

Gas Detectors

Yes Qty No

Beam Detectors

Yes Qty No

B. Manual Call Points

Yes Qty No

C. Is system connected to Fire Control Panel

Yes

No



NOMINATION PAPERS

D. Fire Extinguishers

Yes Qty No

Monthly inspection carried out and recorded on extinguisher	Yes <input type="checkbox"/>	Qty <input type="text"/>	No <input type="checkbox"/>
AFFF / Foam	Yes <input type="checkbox"/>	Qty <input type="text"/>	No <input type="checkbox"/>
CO2	Yes <input type="checkbox"/>	Qty <input type="text"/>	No <input type="checkbox"/>
Dry Chemical Powder	Yes <input type="checkbox"/>	Qty <input type="text"/>	No <input type="checkbox"/>
Halon	Yes <input type="checkbox"/>	Qty <input type="text"/>	No <input type="checkbox"/>
Wheeled (Type)	Yes <input type="checkbox"/>	Qty <input type="text"/>	No <input type="checkbox"/>
Others / Sand buckets	Yes <input type="checkbox"/>	Qty <input type="text"/>	No <input type="checkbox"/>
Please attach inventory details	Yes <input type="checkbox"/>	Qty <input type="text"/>	No <input type="checkbox"/>

E. Fire Hydrant Pumps

Yes Qty No

Pumps (Details)	GPM
Water Reservoir (Fire)	Gallon
Delivery Hoses / Hydrant	Qty
Standard Inspection Criteria followed:	Date
Overhead Water Tank	Gallon



NOMINATION PAPERS

F. Fixed Fire Protection System Yes Qty No

Sprinklers	Yes <input type="checkbox"/>	Qty <input type="text"/>	No <input type="checkbox"/>
Water Based	Yes <input type="checkbox"/>	Qty <input type="text"/>	No <input type="checkbox"/>
Powder Based	Yes <input type="checkbox"/>	Qty <input type="text"/>	No <input type="checkbox"/>
Gaseous	Yes <input type="checkbox"/>	Qty <input type="text"/>	No <input type="checkbox"/>

G. Fire Vehicles Yes No

Tanker Gallon	Pump gpm	Make
<input type="text"/>	<input type="text"/>	<input type="text"/>

H. Building Safety Measures Yes Qty No

Emergency Exits	Yes <input type="checkbox"/>	Qty <input type="text"/>	No <input type="checkbox"/>
Exit/Directional Signs	Yes <input type="checkbox"/>	Qty <input type="text"/>	No <input type="checkbox"/>
Designated Assembly Areas	Yes <input type="checkbox"/>	Qty <input type="text"/>	No <input type="checkbox"/>
Fire Doors	Yes <input type="checkbox"/>	Qty <input type="text"/>	No <input type="checkbox"/>
Unobstructed Parking	Yes <input type="checkbox"/>	Qty <input type="text"/>	No <input type="checkbox"/>
Clear access for emergency vehicles	Yes <input type="checkbox"/>	Qty <input type="text"/>	No <input type="checkbox"/>
Emergency Command Centre	Yes <input type="checkbox"/>	Qty <input type="text"/>	No <input type="checkbox"/>
Automated External Defibrillator (AED)	Yes <input type="checkbox"/>	Qty <input type="text"/>	No <input type="checkbox"/>

NOMINATION PAPERS

Safe Electrical Wiring (Inspection)	Date
Emergency Fire Lifts	Yes <input type="checkbox"/> No <input type="checkbox"/>
HVAC System (Inspection)	Date
First Aid Box	Yes <input type="checkbox"/> No <input type="checkbox"/>
Assembly area	Yes <input type="checkbox"/> No <input type="checkbox"/>

I. Evacuation Drills Date	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Carried out regularly	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Designated Fire Wardens	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Debrief sessions are conducted and documented	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please provide evidence Attached

J. Fire Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a fire plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does it take account of all foreseeable circumstances?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the fire plan made available to all?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Displayed throughout the workplace?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Provision for people with special needs	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please provide evidence Attached



NOMINATION PAPERS

K. Passive Fire Protection

Yes

No

Arrangements for the compartmentalization of the overall building through the use of fire-resistance rated walls, doors and floors. (Organization into smaller fire compartments, consisting of one or more rooms or floors, prevents or slows the spread of fire from the room of fire origin to other building spaces, limiting building damage and providing more time to the building occupants for emergency evacuation or to reach an area of refuge).

Yes

No

Please provide evidence

Attached

L. Training

Yes

No

All Staff

Yes

No

Fire Wardens

Yes

No

Utility / Support Teams

Yes

No

Security Staff

Yes

No

Fire Staff

Yes

No

Performa to be printed on Company's Letterhead

UNDERTAKING

On behalf of my / our organization I / We accept to abide by the rules of Fire Protection Industry of Pakistan (FPIP) and also accept that decision of FPIP regarding the award shall be final. I / We further declare that all the information furnished and the documents attached are true.

1. Name of Persons (completing entry)

a. _____

b. _____

2. Fire / HSE / Security

a. _____

b. _____

3. Organization: _____

4. Address: _____

5. Tel #: _____

6. Mobile #:

a. _____

b. _____

7. Email(s):

a. _____

b. _____

8 NTN #. _____

9. STN # _____

Authorized Sign. & Company Stamp



CHECK LIST

Before submitting the Nomination's Paper for FSA 2024, please make sure you have attached the followings:

- Award Application Form duly filled alongwith supported documents (project details) and relevant testimonials (reports, photo, certification, appreciation etc)
- Undertaking duly signed and stamped on your 'Company's Letterhead'
- Processing fee payment is attached
- Safety Policy / Annual Report are attached
- Logo in high-res both printed and in softcopy are enclosed
- Company Profile (max 200-words) is attached for post-event publishing
- Others; please specify _____