

# Fire Safety Clearance

Date Issued:

Clearance No.:

## Establishment Details

Name of Establishment:

Address:

Owner/Representative:

## Purpose of Clearance

## Remarks

Inspected by:

Position:

Approved by:

Position:

**Note:** This clearance certifies that the above-named establishment has complied with the necessary fire safety requirements as prescribed by law and is granted clearance for the purpose stated.