THE MAURITIUS FIRE AND RESCUE SERVICE ACT

Regulations made by the Minister under sections 18, 19 and 27 of the Mauritius Fire and Rescue Service Act

- 1. These regulations may be cited as the Mauritius Fire and Rescue Service (Fire Safety Plan and Fire Certificate) Regulations 2018.
- 2. In these regulations -

"Act" means the Mauritius Fire and Rescue Service Act.

- **3.** For the purpose of sections 18(1) and 19(1) of the Act, the premises shall be set out in the First Schedule.
- **4.** (1) An application for a fire safety plan referred to in section 18(1) shall be made in the form as set out in the second Schedule.
 - (2) Where the Chief Fire Officer approves a fire safety plan, the owner shall pay the fees set out in the Third Schedule.
- 5. (1) An application for a fire certificate under section 19 shall be made in the form set out in the Fourth Schedule.
 - (2) The fire certificate issued by the Chief Fire Officer shall be as set out in the Fifth Schedule.
 - (3) Where the Chief Fire Officer issues a Fire Certificate the owner shall pay the fees set out in the Third Schedule.
- 6. Subject to sections 19 (3A) and 19(5D) of the Act, any certificate which is valid before the coming into operation of these regulations shall, on the coming into operation of these regulations, remain valid for a period of one year.
- 7. These regulations shall come into operation on 13 October 2018.

Made by the Minister on 9 October 2018.

FIRST SCHEDULE

[Regulation 3]

- 1. Residential premises exceeding 7 storeys
- 2. Commercial premises
- 3. Industrial premises
- **4.** Premises where explosives are used or stored and which require a licence under the Explosives Act
- **5.** Premises where highly inflammable liquid or gas or dangerous chemical, biological, radiological, nuclear or hazardous materials is used or stored
- **6.** Any premises other than those specified in items 1 to 3 to which the public has access

SECOND SCHEDULE

[Regulations 4(1)]

APPLICATION FORM FOR FIRE SAFETY PLAN

For Office Use Only

Mauritius Fire and Rescue Service	WE AND REG	File No.	
14, Deschartres Street, Port Louis.	Solution Services	Date received:	
Tel No: 2113580; Fax: 2113258	The state of the s	Received by:	
Email: mfrs_headoffice@govmu.org		Authorised	
		Signature:	
 Notes: (1) All forms are to be fully and consubmission shall be rejected. (2) Two sets of plans are required (3) Check the appropriate box (□ 	to be submitted.	on submission, failir	ng which the
* Delete as appropriate			
Section I (To be completed by appl		— novy — vedoto/es	vious for
1. I/We wish to apply for the a (Check one box only, use s			
☐ A fire and evacuation plan	eparate form for each	type of submission)	
☐ An off site plan for hazardo	us materials		
☐ A forest fire plan	ds materials		
☐ A fire safety management p	lan		
the proposed (project title):.			
Name of Building: Address of building: Name and address of Owner Tel No Email Address Signature of Applicant:	r/ occupier:		
Status:			
2. Attachments			
I/ we confirm that the follow	wing documents are at	ttached:	

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	☐ Two sets of plans☐ Others, please specify				
3.	Appointment of Consultant I/We have appointed *Mr/Ms/N as the consultant and authorised				
Section	n II – Confirmation by Consul	tant			
	I/We certify that the particulars	given in Section 1			_
	Name and address of Consultan				
	Tel No				
	Email Address			•••••	
	Signature of Consultant:				
	Status:				
					al Seal / o of Consultant
For Of	ficial Use				
	cription of the file	Date	Officer		
	lication Fees:	2	- STREET		
	eipt No:				
	Process				
App	roved/not approved				
App	roval Fees:				
Rece	eipt No:				
App	roval conveyed				

THIRD SCHEDULE

[Regulations 4(2) and 5(3)]

FEES

			(Rs)
1.	Appli	cation fee –	
	(a)	where the area of the premises does not exceed 1000m^2	1,000
	(b)	for every additional 500m ² or part thereof	300
2.	Re-in:	spection fee	50% of application fee
3.	For a	oproval fire safety plan	1,000
4.	For th	ne issue of certificate where the area of the premises –	
	(a)	does not exceed 2,000 m ²	1,100
	(b)	exceeds 2,000 m ²	1,650

FOURTH SCHEDULE

[Regulations 5(1)]

APPLICATION FOR FIRE CERTIFICATE

For Office Use Only

Mauritius Fire and Rescue Service 14, Deschartres Street, Port Louis. Tel No: 2113580; Fax: 2113258 Email: mfrs_headoffice@govmu.org

Tues	RE AND RECT	1
ONAUR		RVIC

File No.	
Date received:	
Received by:	
Authorised Signature:	

Technical Checklist

Documents	(√)
One (1) copy of Certificate of Incorporation or Business Registration Card.	
Two (2) copies of location plan.	
Two (2) copies of site plan showing all the buildings forming the integral part of the premises.	
Four (4) copies of architectural plan of each floor of the premises.	
Four (4) copies of line drawing of the storage area of Inflammable Gas.	
Four (4) copies of layout plan of premises for Inflammable Liquid and Substances, dully signed	
by the owner or agent.	
Tenant list mentioning their activities carried out and the number of occupants likely to be present	
at any one time.	
One (1) copy of Commissioning/Maintenance Certificate for the fire alarm system stating the	
relevant standard to which it has been tested after installation.	
One (1) copy of Commissioning/Maintenance Certificate for (sprinkler system, hose reel, D/W	
riser or suppression system).	
One (1) copy of Maintenance Certificate for the fire extinguishers.	
Material Safety Data Sheets for any hazardous material or highly flammable materials stored or	
used.	

Documents received by correspondence

Are all necessary documents submitted?	Yes* / No*	
If No, request for documents.	Date sent	
All necessary documents submitted.	Date received	-

Description of the file	Date	Officer
First Inspection:		
Notice of Improvement issued:		
Compliance to Improvement Notice received:		
Second inspection:		
Notice of Non-Compliance:		
Compliance to Improvement Notice received:		
Third inspection:		
Notice of Compliance:		
Payment received:		
Fire Certificate issued:		

Part A – GUIDANCE NOTES

This form consists of 6 parts:

Part A: Guidance notes

Part B: Details of applicants

Part C: Details of premises

Part D: Employees' Lodging Accommodation

Part E: Storage/Use/Handling of Inflammable Gas

Part F: Storage/Use/Handling of Inflammable Liquid and

Substances

Guidance to fill in the application form (FSD Form 1)

Application for:		
1.	Fire Certificate / Clearance for Premises	B & C
2.	Approval of Fire Safety Plans for Construction Purpose	B & C
3.	Fire Clearance for Employees' Lodging Accommodation	B, C & D
4.	Fire Certificate / Clearance for Storage/Use/Handling of Inflammable Gas	B, C & E
5.	Fire Certificate for Storage/Use/Handling of Inflammable Liquid and Substances	B, C & F
6.	Fire Certificate / Clearance for Storage/Use/Handling of Hazardous Chemicals	B & C

Documents to be produced

1. Application for fire certificate

- ➤ One (1) copy of Certificate of Incorporation or Business Registration Card.
- > Two (2) copies of location plan.
- Two (2) copies of site plan showing all the buildings forming the integral part of the premises.
- Four (4) copies of architectural plan of each floor of the premises showing clearly the following details:-
 - locations of exits and staircases,
 - locations of fire extinguishers mentioning their type and capacity & other firefighting facilities including hose reels, dry riser, wet riser, sprinkler systems, if available,
 - locations of break-glass call points, fire detectors, siren and control indicator panel,
 - locations of explosive or highly flammable materials or dangerous chemicals used or stored, if available.
- ➤ A project write-up describing the premises, its occupancy, fire protection and safety features.
- > Tenant list mentioning their activities carried out and the number of occupants likely to be present at any one time, if applicable.
- Original and one copy of Commissioning/Maintenance Certificate for the fire alarm system stating the relevant standard to which it has been tested after installation, if applicable.
- Original and one copy of Commissioning/Maintenance Certificate for sprinkler system, hose reel, D/W riser or suppression system, if applicable.
- Original and one copy of Maintenance Certificate for the fire extinguishers.
- Material Safety Data Sheets for any hazardous material or highly flammable materials stored or used, if applicable.

2. Application for fire certificate for Storage/Use/Handling of Inflammable Gas and Hazardous Chemicals.

- > One (1) copy of Certificate of Incorporation or Business Registration Card.
- > Two (2) copies of location plan.
- > Two (2) copies of site plan.
- > Four (4) copies of line drawing of the storage area, showing the following details:-
 - dimension in metres of the storage area,
 - location of exits and staircases,
 - location of firefighting equipment (mentioning the type & capacity of extinguishers),
 - location of call points and sirens for any fire alarm system,
 - distance of the nearest building and nearest boundary.

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- 3. Application for fire certificate for Storage/Use/Handling of Inflammable Liquid and Substances.
- ➤ One (1) copy of Certificate of Incorporation or Business Registration Card.
- > Two (2) copies of location plan.
- > Two (2) copies of site plan.
- Four (4) copies of layout plan of premises dully signed by the owner or agent and showing the following details:-
 - location of exits and staircases,
 - · Locations of the means available for fighting fire,
 - Location of the means available for giving warning in the event of fire,
 - Position of pump, storage tank indicating capacity, pipeline and vent pipe and their distance from any building and boundary coloured with fixed colours as follows;
 - Grey or neutral tint Existing building
 - Red Storage tanks, pumps, pipelines
 - Names of streets on which the site abuts and the township in which situated,
 - The North point.
 - Material Safety Data Sheets for all inflammable liquid and substances stored or used.

Note: Any additional information shall be submitted as an annex to this application.

* Delete as appropriate

<u>PART B – DETAILS OF APPLICANTS (Compulsory)</u>
I hereby apply for a fire certificate in respect of the premises of which details are given below.

	APPLICANT
_	Owner* / Leaseholder*
F	Full Name
(Company Name
Þ	Address
1	Telephone No.
E	Email address
C	Owner of premises (if different to above)
1	Name and address of person(s) or firm(s) to whom notification should be forwarded
((Owner* / Leaseholder* or Consultant* / Builder*)
_	
_	
-	
ľ	Name and address of the proposed* works* or premises* to which the application relat
ľ	Name and address of the proposed* works* or premises* to which the application relat
_	Name and address of the proposed* works* or premises* to which the application relat
_	Name and address of the proposed* works* or premises* to which the application relat
	Name and address of the proposed* works* or premises* to which the application relat
_	Nature of proposed* works* or premises*
_	
_	Nature of proposed* works* or premises*
-	Nature of proposed* works* or premises* (a) Classification (please tick as appropriate)
- -	Nature of proposed* works* or premises* (a) Classification (please tick as appropriate) • Construction of new building
-	Nature of proposed* works* or premises* (a) Classification (please tick as appropriate) • Construction of new building • Extension or alteration to a premises
-	Nature of proposed* works* or premises* (a) Classification (please tick as appropriate) • Construction of new building • Extension or alteration to a premises • Storage of Inflammable Gas
-	Nature of proposed* works* or premises* (a) Classification (please tick as appropriate) • Construction of new building • Extension or alteration to a premises • Storage of Inflammable Gas • Storage of Inflammable Liquid and Substances
_	Nature of proposed* works* or premises* (a) Classification (please tick as appropriate) • Construction of new building • Extension or alteration to a premises • Storage of Inflammable Gas • Storage of Inflammable Liquid and Substances • Spraying Room
-	Nature of proposed* works* or premises* (a) Classification (please tick as appropriate) • Construction of new building • Extension or alteration to a premises • Storage of Inflammable Gas • Storage of Inflammable Liquid and Substances • Spraying Room • Storage of hazardous chemicals • Petrol Service Station
_	Nature of proposed* works* or premises* (a) Classification (please tick as appropriate) • Construction of new building • Extension or alteration to a premises • Storage of Inflammable Gas • Storage of Inflammable Liquid and Substances • Spraying Room • Storage of hazardous chemicals • Petrol Service Station
-	Nature of proposed* works* or premises* (a) Classification (please tick as appropriate) • Construction of new building • Extension or alteration to a premises • Storage of Inflammable Gas • Storage of Inflammable Liquid and Substances • Spraying Room • Storage of hazardous chemicals • Petrol Service Station • Employees' Lodging Accommodation

5.	Is this an existin	g building or new constru	ction?	
	Existing		New Construction	
6.	Has the premise	s been issued with a Fire (Certificate* / Fire Clearance	a*?
	Yes	No		
	If YES, a copy is	to be attached.		
7.	Give details of a	ny plans or drawings subr	nitted with this application	ı
Pla	lan Number Description of plan			
PA	<u>RT C – DETAI</u>	LS OF THE PREMISE	CS (Compulsory)	
1.	DESCRIPTION OF	F THE BUILDING		
	Building structu	ure:		
	_	lable/ Not available		
	Type of Claddi	ng		
	Site area:		(n	n^2)
	Number of base	ement storeys		
	Number of stor	eys above ground level		
	Height of build	ing above ground level	(n	n)
	Floor area of bu	uilding	(n	n^2)
	Total area of gr	round floor	(r	m^2)
2.	VEHICULAR ACC	ESS		
	Number of Gate	eways		
	Width of Gatev	vay	(m	1)
	Height of Gates	ways	(n	n)
	Vehicular Turn	ing Point	(n	n)

3. USE OF THE PROPOSED PREMISES* /CURRENT USE OF PREMISES*

Floor	Activity

Include the uses of other parts of the building if the premises consist of part only of the building.

4. OCCUPANT CAPACITY OF EACH FLOOR

Floor	Staff	Guests/ Visitors	Other Residents

5. MEANS OF ESCAPE

Floor	Exits	Staircases	Ramps

6. EMERGENCY LIGHTING SYSTEM

Floor	Number	Type (✓)		
		Battery Pack	UPS	

. , 1	e of tanks:	Aboveground*/	Jnderground [*]	*/Roof*		
No.	of tanks:		e i i e i gi e i i i i			
		acity:				
		ter for fire-fightin				
		n pressurised?				
RISI	ING MAIN					
Rise		Available* / No	t Available*			
Тур	e of Riser:	Dry* / Wet*				
	of inlet bre	-				
Loca	ation of inl					
No.	of Landing	; Valves:	Type of L	anding Valves:		
Is th	he equipme	ent regularly mai	ntained? Yes*	/No*		
Dat	e last main	tenance effected	d://	·•		
No. Typ	of Fire Hyd e of Fire Hy	cant System drants: ydrants:				3
No. Typ Is Fi Is th	of Fire Hydre of Fire Hydrant he equipment elast	drants:	sed? Yes³ ntained? Yes	* / No* * / No*		3
No. Typ Is Fi Is th Date	of Fire Hydrant he equipment he last main	drants: ydrants: system pressuri ent regularly mai tenance effected Reel System	sed? Yes [*] ntained? Yes [*] d://	* / No* * / No*		
No. Typ Is Fi Is th Date	of Fire Hydre of Fire Hydrant he equipment elast	drants: ydrants: system pressuri ent regularly mai tenance effected	sed? Yes [*] ntained? Yes [*] d://	* / No* * / No*	Diameter (mm)	Length (m)
No. Typ Is Fi Is th Date	of Fire Hydrant he equipment he last main	drants: ydrants: system pressuri ent regularly mai tenance effected Reel System	sed? Yes³ ntained? Yes³ d://	* / No* * / No*	Diameter	Length
No. Typ Is Fi Is th Date	of Fire Hydrant he equipment he last main	drants: ydrants: system pressuri ent regularly mai tenance effected Reel System	sed? Yes³ ntained? Yes³ d://	* / No* * / No*	Diameter	Length
No. Typ Is Fi Is th Date	of Fire Hydrant he equipment he last main	drants: ydrants: system pressuri ent regularly mai tenance effected Reel System	sed? Yes³ ntained? Yes³ d://	* / No* * / No*	Diameter	Length
No. Typ Is Fi Is th Date	of Fire Hydrant he equipment he last main	drants: ydrants: system pressuri ent regularly mai tenance effected Reel System	sed? Yes³ ntained? Yes³ d://	* / No* * / No*	Diameter	Length
No. Typ Is Fi Is th Date	of Fire Hydrant he equipment he last main	drants: ydrants: system pressuri ent regularly mai tenance effected Reel System	sed? Yes³ ntained? Yes³ d://	* / No* * / No*	Diameter	Length

9.3 Fire Extinguishers

		Type ((\checkmark)	
Floor	Number	ABC Dry Powder	Carbon Dioxide	Capacity

Is the equipme	ent installed?	Yes* /	No*		
Is the equipme	nt regularly mai	ntained? Yes* /	′ No*		
Date last maintenance effected:/					
9.4 Others Is there other to the street of t	,,	ing equipment av	vailable? Ye	es*/No*	
Is the equipme	nt pressurised?	Yes* /	No*		
Is the equipme	nt regularly mai	ntained? Yes* /	'No*		
Date last main	tenance effected	d:/			

10. MEANS FOR GIVING WARNING IN CASE OF FIRE

	No. of	No.	of Detecto	ors	No. of	No. of
Floor	Manual Call Point	Smoke	Heat	Others (specify)	Sounders	Indicator Panel

11. FIRE SAFETY SIGNS (please tick as appropriate)

Safa	ty Signs		Тур			
Saic	ty Signs	Sticker	Fluoresce	nt Illur	<u>ninated</u>	
						•
	s available on all	floors?	Yes*/No*			
If NO, specify						
floor:						
			_			
HAZARDOUS	MATERIAL STOR	RED OR USE	D			
	Hazardous	Maxim	um Mo	thod of	Maxin	num quantity liable
Floor	Material	quanti	ity	orage		e stored or used at
	TVILLET ILLI	store	d	oruge		any one time
	•					
D/D E			1 4.			
KI D – Emp	loyees' Lodgin	g Accomn	<u>nodation</u>			
Name and a	dress of the Em	ployees' Lo	dging Accon	nmodatio	n	
		•				
-	tivity carried out			thin the b	uilding:	
Residential	Commerci	ial (Office	Industri	al	Other
Maximum nı	umber of lodgers	:		<u></u>		
Maximum nı	umber of lodgers	:				
	umber of lodgers umber of persons				of which	the Employees'

PART E – Storage/ Use/ Handling of Inflammable Gas

l. Na 	Name and address of the building or place of work/ storage area							
. <u>Cyl</u>	inder	s of L.P.G				<u>Bulk</u>	Storage	
No.	C	apacity	Tot	al Weight		No. of Ves	sel	Capacity
	y othe sident	-	rried out mmercial	or to be carried Office		he building: trial Ot	:her	
. Ma		m number o	f persons	expected to be i	n the premi	ses or place	of work at	any one
		m number o ns part at ar	-	expected to be i	n the premi		the buildi	ng/ storage
ART	F – S	storage / Us	se/ Hand	ling of Inflamn	nable Liqu	iid and Sub	stances	
				ding or place of v			<u>Sturrees</u>	
. <u>Un</u>	dergr	ound Tank				Inflar	mmable St	ore
	o. of nnk	Capacity	Class	Total Capacity	No. of vessel	Capacity	Class	Total Capacity
		Total				Total		

3. Any other activity carried out or to be carried out within the building: Residential ____ Commercial ____ Office ___ Industrial ___ Other ____ 4. Maximum number of persons expected to be in the premises or place of work at any one time: _____ 5. Maximum number of persons expected to be in the premises of which the building/ storage area forms part at any one time: _____ APPLICANT'S DECLARATION I declare that all the information given is true and correct. I also understand that: (a) an effective date of inspection will be given to my application immediately if all plans and documents specified in the technical checklist accompanying this form have been submitted. (b) the application will not be accepted nor registered if it is incomplete. Applicant Signature: _____ Date: _____

Full Name:

Status:

FIFTH SCHEDULE

[Regulation 5(2)]

MAURITIUS FIRE AND RESCUE SERVICE FIRE CERTIFICATE



Fire Certificate No. MFRS/FSD/	File No.:
Pursuant to section 19 of the Mauritius regulations, this Fire Certificate is issued to: Name of owner:	Fire and Rescue Service Act and subsequent
•	
Address of premises:	
The owner of the premises shall comply with sheet which forms part of this certificate tog The schedules specifies- (a) the Occupancy (b) the Means of Escape (c) the Means for Fire Fighting (d) the Means for Giving Warning in Ca (e) the Quantity of Hazardous, Explosive (f) the Responsibility and Frequency to the Company of the Property of the Prop	se of Fire e or Highly Flammable Material Stored
The Service may revoke this certificate wher conditions imposed therein.	e the owner fails to comply with any one of the
This Fire Certificate and the attached conditiconspicuous place in the above mentioned properties.	
This Fire Certificate is valid until	(See instructions overleaf)
Name of Fire Officer	Signature of <i>Fire Officer</i> (f/Chief Fire Officer)

Date of Issue

Government Notices 2018	
Fire Certificate No. MFRS/FSD/	File No.:

RECORD OF FIRE CERTIFICATE ISSUED

(This document should be produced at the time of renewal of the Fire Certificate)

Receipt No/ Expiry Date/Signature of Authorised Issuing Officer	Receipt No/ Expiry Date/Signature of Authorised Issuing Officer	Receipt No/ Expiry Date/Signature of Authorised Issuing Officer

Conditions Sheet No 1

Fire Certificate No. MFRS/FSD/..... File No.:.... File No.:.... The details and the particulars of the premises are described in this condition sheet

Location	Specification
	1. Name and Address of Premises
	2. Occupancy
	Intended Use:
	Purpose Group:
	Population:
	3. The Means of Escape in case of fire
	Exits:
	Staircase:
	Emergency Lighting System:
	4. The Means for fire fighting
	Portable Fire Extinguisher:
	Tottable The Extinguisher
	Hose Reel:
	Fixed Fire Suppression System:
	5. The Means for giving warning in case of fire
	Break Glass Call Points:
	Sounders:
	Detectors:
	Alarm Indicator Panel:
	6. The Quantity of Hazardous, Explosive or Highly Flammable Material Stored
	Weight:
	Volume:

Conditions Sheet No. 2

Fire Certificate No. MFRS/FSD/	File No.:
The owner shall be responsible to maintain the fire safety measures	as enumerated in this
condition sheet.	

1. The Means of Escape

- (i) The means of escape specified in Schedule 1 shall be properly maintained and kept free from obstruction at all material time.
- (ii) Any doors which affords a means of emergency exit shall be locked or fastened in such manner that it can be easily and immediately opened from inside.
- (iii) The contents of any room shall be so arranged or disposed that there is free passageway for all persons in that room to means of escape in case of fire.
- (iv) Any emergency lighting specified shall be maintained in a serviceable condition and shall be tested and examined at regular intervals.

2. The Means for Fire Fighting

- (i) The firefighting equipment specified in Schedule 1 shall be maintained in serviceable condition in the locations specified and shall be inspected and tested at regular intervals.
- (ii) Occupants shall be conversant in handling the 1st aid fire-fighting equipment.

3. The Means for Giving Warning in Case of Fire

Any fire warning system specified in Schedule 1 shall be maintained in a serviceable condition and shall be tested and examined at regular intervals.

4. Fire Safety Sign

The Fire safety sign provided shall be maintained in their specified locations, legible and unobstructed.

5. The Quantity of Hazardous, Explosive or Highly Flammable Material Stored

- (i) The quantity of hazardous, explosive or highly flammable material stored shall not exceed the total specified in schedule 1.
- (ii) The storage site shall always be kept free from any source of heat and from any other combustible materials.

6. Miscellaneous

Good housekeeping shall always be observed within the premises

7. The Responsibility of the owner

The owner shall be responsible to:

- (i) Maintain the secondary power supply provided for the emergency lighting, fire alarm, ventilation, passenger lift and firefighting equipment.
- (ii) Maintain the electrical and gas installation
- (iii) Kept a record of such tests on the premises.

8. Implementation of fire safety plan

- (i) Fire Evacuation Drill
- (ii) Off site Hazmat Drill
- (iii) Daily-walk through check