GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI HEADQUARTERS: DELHI FIRE SERVICE: CANNAUGHT PLACE NEW DELHI- 110 001

No. F6/DFS/MS/INDL/2021/NDZ/ C) 1/

Dated 15/11/3 . 37

FIRE SAFETY CERTIFICATE

Certified that the M/s Sareen Surgical Products, Industrial Building at Plot No. 13 Beta-1, Jhilmil Ind. Area, Delhi, comprised of Basement, still ground plus two upper floor owned/occupied by Sareen Surgical Products. The Industrial building (Sareen Surgical Products) was inspected by the officer of this department in the presence Mrs. Kavita Sareen and found that the Industrial building have complied with the fire prevention and fire safety requirements in accordance with the rule 33 of Delhi Fire Service Rules 2010 and observed that the building are fit for Basement, still ground plus two upper floors occupancy Group G "Industrial Building" with effect from Applicately for a period of three years in accordance with the rule 36 unless renewed under rule 37 or sooner cancelled under Rule 40 and subject to compliance of the condition under rule 38 of the Delhi Fire Service Rules, 2010, subject to conditions printed overleaf.

Director

Delhi Fire Service

10)

To,

M/s Sareen Surgical Products, Plot No. 13 Beta-1, Jhilmil Ind. Area, Delhi-110095

Copy,

The Executive Engineer (Bldg.)
East Delhi Muncipal Corporation,
419, Udhyog Sadan, Patpar Ganj, Delhi

CONDITIONS

- 1. All the means of escape shall be kept free of all type of obstruction all the time.
- All the employees shall be acquainted with the use and maintenance of all fire equipments and method of smooth and speedy safe evacuation of occupants in case of emergency.
- 3. All the fire fighting equipments shall be maintained in perfect working condition all the time and any lapse rendering non-functional of fire safety measures, management shall be responsible.
- 4. Any deviation, with regards to construction, ventilation, occupancy, electric installation etc. may be got verified from the concerned authorities.
- 5. This Fire Safety Certificate may not be treated in any case for regularizations of unauthorized construction /unauthorized use of land if any.
- The owner / occupier shall submit a declaration every year in form 'K' provided in the first schedule of Delhi Fire Service Rule 2010. The form is available on www.dfs.delhigovt.nic.in
- 7. The owner / occupier shall apply for renewal of this Fire Safety Certificate of the Director in Form 'J' [sub rule (1) of rule (37)] along with a copy of this Certificate, Six Months prior to its expiry.

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1. Name & address of the building : M/s Sareen Surgical Products, Industrial Building

Plot No. 13 Beta-1, JhilMil Ind. Area, Delhi.

2. Building is comprised of : Basement, Stilt, Ground plus two upper floors

3. Type of Occupancy : Industrial Building (Low hazard G-1)

4. Type of Case : New

5. Details of Previous NOC letter : Nil

6. Fire Safety directive letter No. : F6/DFS/MS/BP/2019/382 dated 01/11/19

7. Date of Inspection : 05/10/2021

8. Name of the Inspecting officers : ADO Mehmood

9. Name and designation of Officer

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from the building side : Mrs. Kavita Sareen

10. Year of Construction : 2019

11. Applicant's letter No : Nil, Dated-23/08/21

| Sr. No. | Minimum Standards on Fire | NBC Part-IV | Provided at Site | Remarks MR/NMR | | | |
|------------|---|----------------------|----------------------|-------------------|--|--|--|
| 01 | Prevention and Fire Safety U/R33 | Requirement | | INITAININ | | | |
| O I | Access to Building. | | | | | | |
| | Road width | 18 mtr. | 18 mtr. | MR | | | |
| | Gate width | N/A | N/A | N/A | | | |
| | Width of internal road | N/A | N/A | N/A | | | |
| 02 | Number, Width, Type and Arrangement of Exits. | | | | | | |
| | a. Number of Staircases | | | | | | |
| | Upper floor | 02 Nos. | 02 Nos. | MR | | | |
| | Basement | 02 Nos. | 02 Nos. | MR | | | |
| | b. Width of Staircases | | | | | | |
| | Upper floor | 1.50 mtr | 1.50 mtr. each | MR | | | |
| | Basement | 1.50 mtr | 1.50 mtr. each | MR | | | |
| | c. Protection of exits | | | | | | |
| | Fire check door | N/A | N/A | N/A | | | |
| | Pressurization | N/A | N/A | N/A | | | |
| | d. No. of Continuous Staircases to Terrace | 02 Nos. | 02 Nos. | MR | | | |
| | e. Width of Corridor | N/A | N/A | N/A | | | |
| | f. Door Size | 1.50 mtr. | 1.50 mtr. | MR | | | |
| 03 | Compartmentation. | | | | | | |
| | Fire check door | N/A | N/A | N/A | | | |
| | Sealing of electrical shafts | N/A | N/A | N/A | | | |
| | Fire rating of shaft door | N/A | N/A | N/A | | | |
| | Water curtain | N/A | N/A | N/A | | | |
| | Fire dampers | N/A | N/A | N/A | | | |
| 04 | Smoke Management System. | | | | | | |
| | Basement | 12 hrs a/c | Provided (Exhaust) | MR | | | |
| | Upper floor | 12 hrs a/c | Provided (Exhaust) | MR | | | |
| 05. | Fire Extinguishers. | | | | | | |
| | Total numbers | 09 nos. | 12 nos. | MR | | | |
| | • Types | ABC /CO ₂ | ABC /CO ₂ | MR | | | |
| | IS marking | ISI marked | ISI marked | MR | | | |

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| 06 | First-Aid-Hose Reels. | | | | | | |
|-----|---|--|------------------------|------------------|--|--|--|
| | Total numbers on each floor | 01 No. | 01 No. | 1.45 | | | |
| | | 30 mtr. | 30 mtr | MR | | | |
| | Length of hose reel hose | 05 mm | 05 mm | MR | | | |
| 07 | Nozzle diameter Automatic Fire Detection and Alexania Co. | | OS IIIM | MR | | | |
| 0. | System. | | | | | | |
| | Type of detectors | N/A | N/A | N/A | | | |
| | Location of main panel | N/A | N/A | N/A | | | |
| | Location of repeater panel Alternate payments | N/A | N/A | N/A | | | |
| | Alternate source of powerHooter's location | N/A | N/A | N/A | | | |
| 08 | MOEFA | N/A | N/A | N/A | | | |
| 09 | Public Address System. | N/A | N/A | N/A | | | |
| 10 | | N/A | N/A | N/A | | | |
| 10 | Automatic Sprinkler System. | | | | | | |
| | Basement | N/A | N/A | N/A | | | |
| | upper floor | N/A | N/A | N/A | | | |
| 11 | sprinkler above false ceiling | N/A | N/A | N/A | | | |
| 11 | Internal Hydrants | | | | | | |
| | size of riser/down-comer | N/A | N/A | N/A | | | |
| | Number of hydrants per floor | N/A | N/A | N/A | | | |
| 12 | Hose box Yard Hydrants. | N/A | N/A | N/A | | | |
| | | | | | | | |
| | Total number of hydrants Hose hox | N/A | N/A | N/A | | | |
| 13 | Hose box Pumping Arrangements. | N/A | N/A | N/A | | | |
| | ➢ Ground Level | | | | | | |
| | Discharge of main pump | N/A | N/A | NI/A | | | |
| | Head of Main pump | N/A | N/A | N/A N/A | | | |
| | Number of main pumps | N/A | N/A | N/A | | | |
| | Jockey pump out put | N/A | N/A | N/A | | | |
| | Jockey pump head | N/A | N/A | N/A | | | |
| | Standby pump out put | N/A | N/A | N/A | | | |
| | Standby pump head | N/A | N/A | N/A | | | |
| - 1 | Auto starting/manual stopping | N/A | N/A | N/A | | | |
| | Pump house access | N/A | N/A | N/A | | | |
| | > Terrace Level | | | | | | |
| | Discharge of pump | 450 lpm | 450 lpm | MR | | | |
| | Head of the pump | 40 mtr | 40 mtr | MR | | | |
| | Power supply | Required | Provided | MR | | | |
| | Auto starting of pump | Required | Provided | MR | | | |
| 4 | Captive Water Storage for Fire Fighting. | | | | | | |
| - 1 | Underground tank capacity | N/A | N/A | N/A | | | |
| | Draw-off connection | N/A | N/A | N/A | | | |
| | Fire service inlet | N/A | N/A | N/A | | | |
| | | N/A | N/A | N/A | | | |
| | Access to tank | STREET, STREET | 00 000 1 1 | MR | | | |
| | Overhead tank capacity | 20,000 Ltr. | 20,000 Ltr | | | | |
| | Overhead tank capacity Exit Signage. | 20,000 Ltr. Required | 20,000 Ltr Provided | MR | | | |
| | Overhead tank capacity | AND RESIDENCE THE PROPERTY OF THE PARTY OF T | | | | | |
| | Overhead tank capacity Exit Signage. Provision of Lifts. Pressurization of lift shaft | Required N/A | | | | | |
| | Overhead tank capacity Exit Signage. Provision of Lifts. Pressurization of lift shaft Pressurization of lift lobby | Required | Provided | MR | | | |
| | Overhead tank capacity Exit Signage. Provision of Lifts. Pressurization of lift shaft Pressurization of lift lobby Communication in lift car | Required N/A | Provided N/A | MR N/A | | | |
| | Overhead tank capacity Exit Signage. Provision of Lifts. Pressurization of lift shaft Pressurization of lift lobby | Required N/A N/A | Provided N/A N/A | MR N/A N/A | | | |

| 17 | Standby Power Supply | Required | Provided | MR | | |
|----|--|----------|----------|-----|--|--|
| 18 | Refuge Area. | | | | | |
| | Total area | N/A | N/A | N/A | | |
| | Location | N/A | N/A | N/A | | |
| 19 | Fire Control Room | | | | | |
| | Detector system panel | N/A | N/A | N/A | | |
| | Flow switch panel | N/A | N/A | N/A | | |
| | PA system panel | N/A | N/A | N/A | | |
| | Battery backup | N/A | N/A | N/A | | |
| | Building floor plans | N/A | N/A | N/A | | |
| 20 | Special Fire Protection Systems for Protection of Special Risks, if any: | N/A | N/A | N/A | | |

The fire protection systems provided in the building were tested/checked and found functional at the time of inspection.

Keeping in view the substantial compliance of the minimum standards on fire prevention and fire safety required under the rules, it is recommended to issue Fire Safety Certificate.

Signature of the Inspecting Officer

Name

:- Mehmood

Designation :- ADO (T.P)

Dy.CFO(NDZ)

Apperter CDSCY My for Signatures?

Hereter CDSCY My 12/10/21