

To : Senior Security Supervisor, TTSH

**NOTIFICATION OF WORKS**

Please be informed that M/s \_\_\_\_\_ has been  
(Name of Contractor)  
engaged by us to carry out works at \_\_\_\_\_ located on \_\_\_\_\_  
(Name of Department)  
\_\_\_\_\_ of \_\_\_\_\_ building.  
(Level) (Name of Block)

**DETAILS OF WORKS**

- a. Description of works : : \_\_\_\_\_
- b. \_\_\_\_\_
- c. Duration of works from : \_\_\_\_\_ to \_\_\_\_\_  
(Start Date) (End Date)
- d. Name of supervisor \_\_\_\_\_ and contact number \_\_\_\_\_
- e. No. of workers : \_\_\_\_\_ (to attach name list, giving full name as in valid document, ID/Passport/Work Permit number and address).
- f. Dumping point for debris : \_\_\_\_\_

I have instructed the Contractor to report to the Security Control Room at Level 1 of Tower Block with the valid documents of all workers before the commencement of work and exchange for 'Contractor Pass' on a daily basis throughout the duration of the works.

Particulars of TTSH staff co-ordinating the work :

\_\_\_\_\_  
(Name) (Designation & Dept) (Contact No)

NOTE : TTSH staff co-ordinating the works shall be responsible for checking the areas concerned before and after the completion of works and ensure that any damage arising from the Contractor's works must be made good at their cost.

cc. Maintenance, Housekeeping, Fire Safety

WORKERS DECLARATION FORM B

PROJECT TITLE : \_\_\_\_\_

	Name	ID/Passport/ Work Permit	Expiry Date	Address
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