



To: Fire Safety Manager  
 Operational Support Services  
 Fax no: 6777 0562

**DEPARTMENT/WARD REGISTER**

Department/Ward: PATHOLOGY – SPECIAL HISTOLOGY SECTION (#03-413/415/418)  
 Name & Unit No(s).

Storey: LEVEL 3, MAIN BUILDING (Please use a separate form for each storey)

Fire Warden: LOO JIA MIN 6772 2373 / 8336 7358

Assistant Fire Warden 1: MARY CHU 6772 4750

Drill/Emergency Supervisor: \_\_\_\_\_

S/No	Names of Occupants	Contact Numbers	Evacuation Status During Emergency (For Official Use Only)	
			Present	Absent
01				
02				
03				
04				
05				
06				

Submitted by: \_\_\_\_\_  
 Name & Designation

Signature & Date: \_\_\_\_\_ Company Stamp: \_\_\_\_\_

**A member of the NUHS**