

Hotel
Report Compliance for Ventilating System

To : **Fire Services Department
Licensing & Certification Command,
3/F, Fire Services Department Kwai Chung Office
Building,
No. 86 Hing Shing Road, Kwai Chung, New
Territories.**

HAD File Ref. No.

FSD / VD File Ref. No. :

FP 33 /

Phase ()

Hotel Name : _____

Hotel Address : _____

Location / Floors of
Ventilation Installation : _____

Certification from Registered Specialist Contractor (Ventilation)

Please tick as appropriate :

- I confirm the ventilating system at captioned location has been completed and checked in compliance with your requirements. A copy of inspection checklist is attached for your record.

- I confirm all defects of ventilating system at captioned location has been rectified and checked in compliance with your requirements. A copy of inspection checklist is attached for your record.

Name and Company Chop of
RSC(V) :

Authorized Signatory

Name :

Signed :

Contact Telephone No. :

Date :

Attachment / Relevant Information

Ventilating system inspection checklist certified from RSC(V) is attached.

Plan / drawing submitted via HAD
Drawing & Revision Number

Drawing Description

_____	_____
_____	_____
_____	_____
_____	_____

Test report / certificate of materials
Report / Certificate Number

Material Description

_____	_____
_____	_____
_____	_____
_____	_____

Others (please specify) :

Inspection Arrangement

Please contact me or (Name & Tel. No.) _____
for the arrangement of ventilating system inspection.

Hotel Representative / Appointed Person

Name :

Chop :

Signed :

Contact Tel. No. :

Date :