

**Report of Completion on Ventilating System**

Submit 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.**

Name of Licensee	
Licence Type of Application	
Premises Address	
FSD VD File Reference No.	FP 33 /

Verification Inspection Request	<p><i>Note : Please tick the box as appropriate</i></p> <input type="checkbox"/> Initial inspection <input type="checkbox"/> Follow-up inspection; and the previous inspection date is :
Document Enclosed with this Report of Completion	<p><i>Note : Please tick the box as appropriate</i></p> <input type="checkbox"/> Checklist certified by a Registered Specialist Contractor on ventilating system <input type="checkbox"/> Drawing ( Numbered : _____ ) Plan <input type="checkbox"/> Material test report or certificate <input type="checkbox"/> Annual Inspection Certificate

**Contractor Certification :** ( This section must be completed by contractor )  
*I have checked the ventilating system at the above premises and confirmed it in full compliance with FSD requirements.*

Name of Contractor : \_\_\_\_\_ Authorised Signature or Company Chop : \_\_\_\_\_

Name of Responsible Person : \_\_\_\_\_

Date of Checking : \_\_\_\_\_

**Licensee Authorisation :** ( This section must be completed by licensee and tick the box as appropriate )

- I do not appoint any person and I will attend in person on ventilation inspection.*  
 *I hereby authorise \_\_\_\_\_ (name & tel. no.) to act on my behalf of this application submission and representing me during inspection.*

Name of Licensee : \_\_\_\_\_ Signature of Licensee : \_\_\_\_\_

Contact Tel. No. : \_\_\_\_\_ Date : \_\_\_\_\_

**MUST submit original copy of this report to confirm**