

## 檢查和測試消防裝置及設備申請書

( \*消防安全 (商業處所) 條例 (第 502 章) / 消防安全 (建築物) 條例 (第 572 章) )

致：消防處  
 消防安全總區  
 樓宇改善課\*1/2

日期：\_\_\_\_\_

本處檔號：FP \* 45/56/\_\_\_\_\_

消防安全指示 / 改善消防安全指示編號：\_\_\_\_\_

### A 部：

下述消防裝置及設備已安裝於\_\_\_\_\_ (處所地址)，  
 安裝工程於\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_完成。本人現證明，這些消防裝置及設備是依據隨\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日 FSI/314 (\*B/C) 一併遞交的核准消防裝置圖則安裝，經檢查後證實在有效操作狀態。隨附已填妥的核對表、設備測試報告和目錄 / 資料頁的副本，以供參考。

(如有提供，請勾選 。)

消防裝置及設備種類		核准消防裝置圖則		檢查及測試核對表	有效的 FS251	消防裝置及設備覽表	
						證書	目錄
自動噴灑系統	<input type="checkbox"/>	<input type="checkbox"/>	FS 161 編號：_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
消防栓及喉轆系統	<input type="checkbox"/>	<input type="checkbox"/>	FS 161 編號：_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
手控火警警報系統	<input type="checkbox"/>	<input type="checkbox"/>	FS 161 編號：_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
機械通風系統的自動中斷操作裝置	<input type="checkbox"/>	<input type="checkbox"/>	FS 161 編號：_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
緊急照明系統	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
認可的人手操作器具	<input type="checkbox"/>	<input type="checkbox"/>	FS 161 編號：_____		<input type="checkbox"/>		<input type="checkbox"/>

消防裝置

承辦商簽署：\_\_\_\_\_

姓名：\_\_\_\_\_

辦事處印鑑：\_\_\_\_\_ 註冊編號：\_\_\_\_\_

辦事處電話：\_\_\_\_\_ 級別：\_\_\_\_\_ 日期：\_\_\_\_\_

水務監督發出的「供水設備完工通知書副本」

消防裝置及設備電力裝置的電力 (線路) 規例完工證明書 (表格 WR1) 副本

屋宇署就消防裝置及設備的額外結構工程完工而發出的認可文件副本

消防通訊中心確認消防裝置及設備已裝設直線電話線連接該中心的信件副本

### B 部：

\*本人 / 吾等 \_\_\_\_\_ (上述處所的\*業主立法法團 / 擁有人 / 擁有人代表 / 佔用人 / 佔用人代表) 已獲通知有關的消防裝置及設備可接受檢查。

簽署 / 印鑑：

\_\_\_\_\_ 電話：\_\_\_\_\_ 日期：\_\_\_\_\_

\*請刪除不適用者

**Application for Inspection and Testing of Fire Service Installations and Equipment (FSIs)**

**(\* Fire Safety (Commercial Premises) Ordinance, Cap. 502 / Fire Safety (Buildings) Ordinance, Cap. 572)**

To : Building Improvement Division \*1/2  
 Fire Safety Command  
 Fire Services Department

Date : \_\_\_\_\_  
 FSD Ref. No. : FP \* 45/56/\_\_\_\_\_  
 FSDn/FSIDn No. : \_\_\_\_\_

**Part A :**

The below FSIs have been installed at \_\_\_\_\_  
 \_\_\_\_\_ (address of premises),  
 and the installation work was completed on \_\_\_\_\_. I hereby certify that such FSIs installed in accordance with  
 the approved FSI plans submitted under the cover of FSI/314 (\*B/C) dated \_\_\_\_\_ have been inspected and  
 are in efficient working order. Copies of the completed checklists, equipment test reports and catalogues/data sheets are attached  
 herewith for your information.

(Please tick  if provided.)

Type of FSI	Approved FSI Plan		Testing and Commissioning Checklist	Valid FS251	FSI Equipment List	
					Certificate	Catalogue
Automatic Sprinkler System <input type="checkbox"/>	<input type="checkbox"/>	FS 161 Serial No.:_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Hydrant and Hose Reel System <input type="checkbox"/>	<input type="checkbox"/>	FS 161 Serial No.:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Fire Alarm System <input type="checkbox"/>	<input type="checkbox"/>	FS 161 Serial No.:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Cut-off Device for Mechanical Ventilating System <input type="checkbox"/>	<input type="checkbox"/>	FS 161 Serial No.:_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Lighting <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand-Operated Approved Appliance <input type="checkbox"/>	<input type="checkbox"/>	FS 161 Serial No.:_____		<input type="checkbox"/>		<input type="checkbox"/>

Signature of  
 FSI Contractor : \_\_\_\_\_

Name in Full : \_\_\_\_\_

Office Chop : \_\_\_\_\_

Registration No. : \_\_\_\_\_

Office Tel. : \_\_\_\_\_

Class : \_\_\_\_\_ Date : \_\_\_\_\_

- Copy of Fire Service Completion Advice from the Water Authority
- Copy of Electricity (Wiring) Regulations Work Completion Certificate (Form WR1) of the electrical installation for FSIs
- Copy of acceptance document from the Buildings Department for the completion of additional structural works for FSIs
- Copy of confirmation letter from the Fire Services Communications Centre for the connection of a direct telephone line

**Part B :**

\* I/We, \_\_\_\_\_ (\*incorporated owners/ owner / owner's representative / occupier / occupier's representative of the above premises), have been notified that the relevant FSIs are ready for inspection.

Signature/Chop :

\_\_\_\_\_ Tel. : \_\_\_\_\_ Date : \_\_\_\_\_