

Report of Completion on Ventilating System

Submit to : **Fire Services Department
Licensing & Certification Command,
Fire Protection Engineering Compliance Division, Ventilating Systems Group
35/F, Revenue Tower, 5 Gloucester Road, Wan Chai, Hong Kong**

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

Verification Inspection Request	<p><i>Note : Please select where appropriate</i></p> <p><input type="checkbox"/> Initial inspection</p> <p><input type="checkbox"/> Follow-up inspection; and the previous inspection date is : (_____)</p>
Document Enclosed with this Report of Completion	<p><i>Note : Please select where appropriate</i></p> <p><input type="checkbox"/> Inspection Checklist issued by a Registered Specialist Contractor (Ventilation Works Category)</p> <p><input type="checkbox"/> Drawing Plan (Numbered : _____)</p> <p><input type="checkbox"/> Material Test Report or Certificate</p> <p><input type="checkbox"/> Annual Inspection Certificate</p>

Contractor Confirmation :

I have checked the mechanical ventilating system and / or electrical installation 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 select where appropriate)

I do not appoint any person and I will attend in person during 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 : _____

Note: If this form is submitted online, please do not submit again by post.