

Report of Completion on Dangerous Goods Premises

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 | |
| Category of DG Licence | |
| Premises Address | |
| FSD File Reference No. | FP 33 / |

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|--|--|
| Verification Inspection Request | <i>Note: Please select where appropriate</i> <input type="checkbox"/> Mechanical Ventilating System <input type="checkbox"/> Electrical Installation (include FSI Circuit) |
| Document Enclosed with this Report of Completion | <i>Note: Please select where appropriate</i> <input type="checkbox"/> System / Equipment Layout Drawing (Numbered : _____) <input type="checkbox"/> Equipment Schedule <input type="checkbox"/> Certificate of Conformity Others (Please specify : _____) |

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.