

**Hotel**  
**Report of Compliance for Ventilating System**

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

HAD File Ref. No.

\_\_\_\_\_

FSD File Ref. No. :

FP 33 / \_\_\_\_\_ Phase ( \_\_\_\_\_ )

Hotel Name : \_\_\_\_\_

Hotel Address : \_\_\_\_\_

Location / Floors of  
Ventilation Installation : \_\_\_\_\_

**Certification from**  
**Registered Specialist Contractor (Ventilation Works Category) (RSC(V))**

Please select 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 of RSC(V) :

\_\_\_\_\_

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 : \_\_\_\_\_