

To : Director of Fire Services

Fire Service Installation Plans for Building at

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PART I

This is to certify that the attached fire service installation plans are identical to the building plans approved by you on Your file reference is *FP 8/43/.....

Signed Date

Full Name of Authorized Person

PART II

This is to certify that the details and specifications of all installations shown on the attached fire service installation plans are as prescribed by the Fire Services Department and in accordance with the relevant Rules and Codes of Practice as listed below :-

- Rules of Fire Offices' Committee for :**
 - Automatic Sprinkler Installations (29th Edition)
 - Automatic Fire Alarm Installations (12th Edition)
 - Installation of Drenchers (4th Edition)
- Rules of the Loss Prevention Council for :**
 - Automatic Sprinkler Installations (BS EN 12845) (BS 5306 Part 2)*
 - Automatic Fire Alarm Installations (BS 5839 Part 1)
- Codes of National Fire Protection Association for :**
 - Carbon Dioxide Extinguishing Systems (Standard 12)
 - Clean Agent Fire Extinguishing Systems (Standard 2001)
 - Water Spray Fixed Systems for Fire Protection (Standard 15)
- Codes of Practice for Minimum Fire Service Installations and Equipment, Fire Services Department for :**

<input type="checkbox"/> Fire Alarm Systems	<input type="checkbox"/> Fire Hydrant / Hose Reel Systems
<input type="checkbox"/> Exit Signs	<input type="checkbox"/> Emergency Lighting Installations
<input type="checkbox"/> Emergency Generator Installations	<input type="checkbox"/> Ventilation / Air Conditioning Control Systems
<input type="checkbox"/> Smoke Extraction Systems	<input type="checkbox"/> Staircase Pressurization Installations
- Others**
 - _____

Signed Date

Full Name of FSI Contractor/Consultant

Correspondence Address.....

..... Tel. No. :

Mark "x" where applicable

* Delete where appropriate