

**Section 21(6)(d) of the Buildings Ordinance (Cap. 123)**  
**Application for Inspection and Testing of Fire Service Installations and Equipment**

FP Ref. No. \*8/43/\_\_\_\_\_ \*19/20/43/\_\_\_\_\_

**Types of Fire Service Installations and Equipment:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Audio/Visual Advisory System                  | <input type="checkbox"/> Fire Blanket                                    | <input type="checkbox"/> Sand Bucket                                 |
| <input type="checkbox"/> Automatic Actuating Device                    | <input type="checkbox"/> Fire Control Centre                             | <input type="checkbox"/> Sprinkler System                            |
| <input type="checkbox"/> Automatic Fixed Installation other than Water | <input type="checkbox"/> Fire Detection System                           | <input type="checkbox"/> Static Smoke Extraction System              |
| <input type="checkbox"/> Deluge System                                 | <input type="checkbox"/> Fire Hydrant/Hose Reel System*                  | <input type="checkbox"/> Street Fire Hydrant System                  |
| <input type="checkbox"/> Drencher System                               | <input type="checkbox"/> Fixed Automatically Operated Approved Appliance | <input type="checkbox"/> Supply Tank                                 |
| <input type="checkbox"/> Dust Detection System                         | <input type="checkbox"/> Fixed Foam System                               | <input type="checkbox"/> Ventilation/Air Conditioning Control System |
| <input type="checkbox"/> Dynamic Smoke Extraction System               | <input type="checkbox"/> Gas Detection System                            | <input type="checkbox"/> Water Mist System                           |
| <input type="checkbox"/> Emergency Generator                           | <input type="checkbox"/> Gas Extraction System                           | <input type="checkbox"/> Water Spray System                          |
| <input type="checkbox"/> Emergency Lighting                            | <input type="checkbox"/> Portable Fire Extinguisher                      | <input type="checkbox"/> Water Supply                                |
| <input type="checkbox"/> Exit Sign                                     | <input type="checkbox"/> Pressurization of Staircase                     | <input type="checkbox"/> Others _____                                |
| <input type="checkbox"/> Fire Alarm System                             | <input type="checkbox"/> Ring Main System with Fixed Pump(s)             | _____  |

Please tick the appropriate box(es).

**Address of Premises**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part A : (to be completed by Registered Professional Engineer (if applicable))**

I hereby certify that the \*staircase pressurization system(s)/dynamic smoke extraction system(s)/water mist system(s)/other system(s) (please specify)\_\_\_\_\_listed above and in the attached FSI/501a, which was/were approved by the Fire Services Department (FSD) on\_\_\_\_\_(FSD Ref. No.\_\_\_\_\_), has/have been installed and tested in accordance with the FSD's requirements. I am satisfied that the above systems are operating in accordance with the approved design and the requirements of the FSD.

Full Name: \_\_\_\_\_ Discipline: \_\_\_\_\_

Registered Professional Engineer Number: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Registered Professional Engineer: \_\_\_\_\_

**Part B : (to be completed by Authorized Person)**

I hereby certify that:

1. the fire service installation(s)/equipment listed above and in the attached FSI/501a has/have been installed in accordance with the approved building plans stamped by the FSD on\_\_\_\_\_and is/are ready for inspection;
2. Fire Service Completion Advice in respect of fire service installation(s)/equipment requiring government water main connection has been \*applied for/issued by the Water Supplies Department (copy \*attached/not attached);

FP Ref. No. \*8/43/\_\_\_\_\_

\*19/20/43/\_\_\_\_\_

3. the building owners have undertaken to provide 24-hour attendant service with normal telephone provision pending the connection of (a) direct telephone link(s) to the fire service installation(s)/equipment. The \*undertaking letter/memo from the building owners is attached herewith; and
4. the building gross floor area of the above premises as defined under the Buildings Ordinance is \_\_\_\_\_m<sup>2</sup> and the type of building is \*domestic/non-domestic.

I request that a \*Certificate F.S.172 required under section 21(6)(d) of the Buildings Ordinance (Cap. 123)/an acceptance memo/an acceptance letter be issued to me.

Company Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Full Name of Authorized Person: \_\_\_\_\_

Signature of Authorized Person: \_\_\_\_\_ Date: \_\_\_\_\_

RFSIC Ref. No(s). of FSI/501a attached to this application form:

Additional information, if any:

I hereby declare that to the best of my knowledge and belief, the information provided above is true, correct and complete. I understand that if I wilfully give any false information, make any misrepresentation or withhold any material information in this application form, the case may be referred to appropriate professional registration bodies/disciplinary boards for necessary action.

\_\_\_\_\_  
Signature of Registered Professional Engineer  
(if applicable)

\_\_\_\_\_  
Signature of Authorized Person