

**Certificate of Completion of Installation of
Fire Service Installations and Equipment in New Buildings**

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

Please tick the appropriate box(es).

For portable equipment, FS251 is required to be submitted separately.

The above fire service installation(s)/equipment has/have been installed at (address of premises)

and the installation work was completed on _____. I hereby certify that such fire service installation(s)/equipment, which was/were installed according to the FSI plans submitted under the cover of FSI/314 dated _____, has/have been tested and, to the best of my knowledge, is/are in efficient working order in accordance with the Codes of Practice for Minimum Fire Service Installations and Equipment and Inspection, Testing and Maintenance of Installations and Equipment published from time to time by the Director of Fire Services.

Original/certified true copies of the following documents are attached as follows:

- Completed testing and commissioning checklist(s)
- *Listing certificate(s)/record(s)/document(s)/printout(s) from product certification bodies
- *FSD approval/acceptance letter(s)
- *Test certificate(s)/data sheet(s)/catalogue(s)/calculation(s)
- Others (please specify, e.g. Fire Safety Management Plan, Fire Engineering Report): _____

Please tick the appropriate box(es).

Remarks: Relevant test report(s) for dynamic smoke extraction system/ staircase pressurization system endorsed by the Registered Professional Engineer, if applicable, should be attached.

This certificate shall be issued to the person on whose instructions the installation work was undertaken and a copy thereof shall be forwarded to the Director of Fire Services within 14 days after completion of the work.

FP Ref. No. *8/43/_____

*19/20/43/_____

I understand that this Certificate is issued under Regulation 9 of the Fire Service (Installations and Equipment) Regulations. Any registered fire service installation contractor (RFSIC) commits an offence and is liable on conviction to a fine at level 5 pursuant to Regulations 9(2A) and 9(3) of the same Regulations, if it issues or forwards a certificate thereunder, or a copy thereof, which is false or misleading in a material particular.

Name of RFSIC: _____ Telephone No.: _____
(Class 1,2 or 3)

Full Name of Authorized Signatory (Class 1 & 2 RFSIC only): _____ Company Chop: _____

Authorized Signature:

Registration No.: _____

Date: _____

This certificate shall be issued to the person on whose instructions the installation work was undertaken and a copy thereof shall be forwarded to the Director of Fire Services within 14 days after completion of the work.