

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

(Discrete No. Assigned by RFSIC)

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).

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 _____ and/or building plans approved by FSD on _____, 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 by RFSIC 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.

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.

(For Class 1 & 2 RFSIC):

Registration No.: _____

RFSIC Name: _____

Full Name of Authorized Signatory:

Authorized Signature:

Company Chop:

(For Class 3 RFSIC):

Registration No.: _____

RFSIC Name: _____

Signature:

Office address: _____

Telephone No.: _____

Date: _____

Remarks: Fixed automatically operated approved appliance and portable hand-operated approved appliance should be certified by Class 3 RFSIC via separate FSI/501a

This certificate shall be issued by RFSIC 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.