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FIRE SERVICES DEPARTMENT
LICENSING AND CERTIFICATION COMMAND

5/F, Fire Services Headquarters Building
No. 1 Hong Chong Road, Tsim Sha Tsui East
Kowloon, Hong Kong

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10 February 2020

To: Recipients of FSD Circular Letters

Dear Sir/Madam,

FSD Circular Letter No. 1/2020
Revised Application Procedure for Inspection and Testing of
Fire Service Installations and Equipment in New Building

This letter serves to announce the revised application procedure for inspection and testing of fire service installations and equipment (FSI) by FSI/501 submission which will come into effect on 1 May 2020.

Currently, application for inspection and testing of FSI in new building¹ should be submitted by authorized person (AP) who together with the registered fire service installation contractor (RFSIC) concerned are required to sign on the same application form FSI/501 to certify that the FSI listed therein have been installed and tested, and are in efficient working order pursuant to the Codes of Practice for Minimum Fire Service Installations and Equipment and Inspection, Testing and Maintenance of Installations and Equipment (Code). To facilitate the application process, as well as to specify clearly the respective areas of professional responsibility of AP, registered professional engineer (RPE) and RFSIC engaged in the process, the Fire Services Department (FSD) has revised the application procedure and divided the extant application form into FSI/501 (Rev.2020) and FSI/501a. The revised application procedure together with the new forms will be put into general use with effect from 1 May 2020.

¹ According to the Buildings Ordinance (Cap. 123), new building means any building hereafter erected and also any existing building of which not less than one half measured by volume is rebuilt or which is altered to such an extent as to necessitate the reconstruction of not less than one half of the superficial area of the main walls.

Responsibilities of RFSIC

Under the new arrangement, whenever RFSICs install any FSI in new building, they shall certify that the FSI listed therein have been installed and tested, and are in efficient working order in accordance with the Code by signing FSI/501a. The signed FSI/501a is a certificate under Regulation 9 of the Fire Service (Installations and Equipment) Regulations (Cap. 95B) which shall be issued by the RFSIC within 14 days after completion of the work to the person on whose instructions the work was undertaken with a copy thereof forwarded to the Director of Fire Services.

The new arrangement also applies for fixed automatically operated approved appliance and portable hand-operated approved appliance (portable equipment) such as fixed sprayer unit, fire extinguisher, sand bucket and fire blanket, for which the equipment should be certified by Class 3 RFSIC via separate FSI/501a. Certificate of Fire Service Installations and Equipment (F.S.251) is no longer required in new building. Nonetheless, the statutory requirements by virtue of Cap. 95B and the Code on the installation, maintenance, inspection and repair of FSI (e.g. provision of maintenance label on portable extinguishers) shall still be adhered to.

Responsibilities of AP and RPE

All applications for inspection and testing of FSI in new building should be tendered by an AP. APs before submitting applications, are required to ensure that all FSI to be inspected and tested are adequately covered by FSI/501a. For FSI in new building involving staircase pressurisation system, dynamic smoke extraction system, water mist system or other FSI fall under RPE's purview, RPEs are required to certify at Part A of FSI/501 (Rev.2020) that the FSI to be inspected and tested are operating in accordance with approved design and in full compliance with the FSD requirements.

APs should certify at Part B of FSI/501 (Rev.2020) that the FSI listed in the FSI/501 (Rev.2020) and all of the attached FSI/501a have been installed in accordance with approved building plans and are ready for inspection. The completed FSI/501 (Rev.2020) should be submitted together with, inter alia, duly signed FSI/501a provided by RFSICs.

Smooth Process of FSI Acceptance Inspection

As you are aware that the smooth process of FSI acceptance inspections largely hinges on site readiness, standard of works and availability of supporting documents. In a bid to ensure all applications could be processed efficiently without unnecessary delay to the statutory inspections, it is imperative that APs, RPEs and RFSICs should coordinate efforts to ensure the site and system readiness, prepare all necessary and valid documentation for verification, complete comprehensive testing and commissioning of FSI and if necessary, arrange rectification of defects soonest possible.

Annual Inspection of FSI

Last but not least, FSI owners should be reminded that all FSI (except portable equipment) shall be inspected by an RFSIC at least once in every 12 months after the date of issuance of the Fire Services Certificate (F.S.172) or acceptance letter/memo irrespective of the actual date of obtaining occupation permit. For portable equipment, they should be inspected by an RFSIC at least once in every 12 months after the date of submitting FSI/501a from Class 3 RFSIC.

The FSI/501 (Rev.2020), FSI/501a and “Specimen of Completed Form” are attached for retention. You may also wish to download the FSI/501 (Rev.2020) and FSI/501a from the FSD’s webpage.

URL: https://www.hkfsd.gov.hk/eng/enquiry/download/download_fsie/index.html

For enquiries, please contact Engineer (Fire Service Installations) at 3961 5266 during office hours.

Yours faithfully,



(LEUNG Kwun-hong)
for Director of Fire Services

Encl.

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:

- 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;
- 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 _____m² 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

**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.

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.

(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.

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

FP Ref. No. *8/43/1234<56>

*19/20/43/54321

Types of Fire Service Installations and Equipment:

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

☒ Please tick the appropriate box(es).**Address of Premises**

ABC Temporary Maternal and Child Health Centre, No. 1 ABC Road, Kowloon

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:

- 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 19/08/2019 and is/are ready for inspection;
- 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. *8/43/1234<56>

*49/20/43/54321

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 1859 m² 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: ABC Ltd. – EEF Ltd. Joint Venture

Telephone No.: 2733 7619

Full Name of Authorized Person: CHAN Tai-man

Signature of Authorized Person: X

Date: 05/05/2020

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

(i) RC2/2733 – 20200501 – 01

(ii) RC3/7619 – 20200501 – 01

Additional information, if any:

(i) One set of approved GBP stamped by FSD on 19.08.2019; and

(ii) Document checklist for FSI acceptance inspection

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)

X
Signature of Authorized Person

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

(Discrete No. Assigned by RFSIC; ↑)

FP Ref. No. *8/43/1234<56>*19/20/43/54321**Types of Fire Service Installations and Equipment:**

- | | | |
|--|--|---|
| <input checked="" 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 checked="" type="checkbox"/> Sprinkler System |
| <input type="checkbox"/> Automatic Fixed Installation other than Water | <input checked="" type="checkbox"/> Fire Detection System | <input type="checkbox"/> Static Smoke Extraction System |
| <input type="checkbox"/> Deluge System | <input checked="" 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 checked="" type="checkbox"/> Supply Tank |
| <input type="checkbox"/> Dust Detection System | <input type="checkbox"/> Fixed Foam System | <input checked="" 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 checked="" type="checkbox"/> Emergency Generator | <input type="checkbox"/> Gas Extraction System | <input type="checkbox"/> Water Spray System |
| <input checked="" type="checkbox"/> Emergency Lighting | <input type="checkbox"/> Portable Fire Extinguisher | <input checked="" type="checkbox"/> Water Supply |
| <input checked="" type="checkbox"/> Exit Sign | <input type="checkbox"/> Pressurization of Staircase | <input type="checkbox"/> Others _____ |
| <input checked="" 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)

ABC Temporary Maternal and Child Health Centre, No. 1 ABC Road, Kowloon

and the installation work was completed on 01/05/2020. 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 01/05/2020 and/or building plans approved by FSD on 19/08/2019, 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): see document list attached

☒ 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.

FP Ref. No. *8/43/1234<56>

*19/20/43/54321

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.: RC1 / 2729, RC2 / 2733

RFSIC Name: DEF Fire Protection Ltd.

Full Name of Authorized Signatory:

LEE Kwok-ming

Authorized Signature:

X

Company Chop:

X

(For Class 3 RFSIC):

Registration No.: _____

RFSIC Name: _____

Signature: _____

Office address: Unit A, 16/F, Block 3, DEF Industrial City, No. 198 DEF Road, Kowloon

Telephone No.: 2311 0066

Date: 01/05/2020

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.

**Certificate of Completion of Installation of
Fire Service Installations and Equipment in New Buildings**FP Ref. No. *8/43/1234<56>*49/20/43/54321**Types of Fire Service Installations and Equipment:**

- | | | |
|--|---|--|
| <input type="checkbox"/> Audio/Visual Advisory System | <input type="checkbox"/> Fire Blanket | <input checked="" 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 checked="" 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 checked="" 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)

ABC Temporary Maternal and Child Health Centre, No. 1 ABC Road, Kowloon

and the installation work was completed on 01/05/2020. 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 19/08/2019, 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): see list of equipment location attached

☒ 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.: RC3 / 7619

RFSIC Name: WONG Tai-man

Signature:

X

Office address: Unit A, 16/F, Block 3, DEF Industrial City, No. 198 DEF Road, Kowloon

Telephone No.: 2311 0066

Date: 01/05/2020

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