

Procedures of Inputting Electronic Certificate of Annual Inspection Certificate ((Ventilation of Scheduled Premises Regulations)(e-AIC))

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FSD Ref. 消防處檔號: _____ Contractor Ref. 承建商檔號: _____

Annual Inspection Certificate 年檢證書
Ventilation of Scheduled Premises Regulation 附表所列處所通風設施規例

Address of Premises Inspected: 經視察處所的地址: (footnote # 註腳 #)	Shop 1, G/F, ABC Building, 1 Hong Chong Road, Tsim Sha Tsui, Kowloon
Premises Type: 處所類別: (footnote # 註腳 #)	<input type="checkbox"/> Restaurant 食肆 <input type="checkbox"/> Dancing Establishment 跳舞場所 <input type="checkbox"/> Theatre 劇院 <input type="checkbox"/> Cinema 戲院 <input type="checkbox"/> Funeral Parlour 殯儀館 <input type="checkbox"/> Factory Canteen 工廠食堂

I have inspected every damper, filter and precipitator that are present in the ventilating system(s) that embody(ies) the use of ducting or trunking of the above premises on _____ (completion date of inspection). In accordance with the Regulation 6 of the Ventilating of Scheduled Premises Regulation, Cap. 132CE, Laws of Hong Kong, I certify that all dampers / filters / precipitators (delete where inappropriate), except those specified below, are in safe and efficient working order :-

本人已於 _____ (完成檢查日期) 檢查上述處所敷設有管道或幹槽的通風系統內的每個氣閘、過濾器及聚塵器裝置。現根據香港法例第 132CE 章《 附表所列處所通風設施規例 》第6條，本人確證除下列裝置外，所有氣閘 / 過濾器 / 聚塵器 (刪除不適用者) 均在操作上安全和有效。

Defects observed 存在缺點 (footnote # 註腳#)	Component 構件	Location(s) 位置	Defect(s) 缺點
<input type="checkbox"/>	Damper 氣閘		
<input type="checkbox"/>	Filter 過濾器		
<input type="checkbox"/>	Precipitator 聚塵器		
<input type="checkbox"/>	Damper 氣閘		
<input type="checkbox"/>	Filter 過濾器		
<input type="checkbox"/>	Precipitator 聚塵器		
<input type="checkbox"/>	Damper 氣閘		
<input type="checkbox"/>	Filter 過濾器		
<input type="checkbox"/>	Precipitator 聚塵器		
<input type="checkbox"/>	Damper 氣閘		
<input type="checkbox"/>	Filter 過濾器		
<input type="checkbox"/>	Precipitator 聚塵器		
<input type="checkbox"/>	Damper 氣閘		
<input type="checkbox"/>	Filter 過濾器		
<input type="checkbox"/>	Precipitator 聚塵器		

Add Page 加頁

ⁱ (The address indicated on the licence should be used.) (必須根據牌照上顯示的地址)

ⁱⁱ (Tick as indicated on the licence) (根據牌照上顯示的類別加上 X 號)

ⁱⁱⁱ (Component type, location and brief account of defect have to be given. Use supplementary sheet if necessary) (說明構件類型、位置及簡要詳述缺點狀況，有需要時可加附頁)

Step 1

- Input the Contractor Reference

Step 2

- Input the address of building or premises inspected
- Click on the address field
- A new screen will appear and enter the address
- Click the OK button

Clear 清除 OK 確定 Cancel 取消

Do you want to complete the address type by Street or Lot information? Please select
 您想處理街道或地段的地址類型? 請選擇

Street 街道模式 Lot 地段模式

Please specify input language
 請指定輸入語言

English 英文 Chinese 中文

Street Address 街道模式

Unit Descriptor 單位描述 Unit No. (e.g. '1', 'A') 單位編號 (例如: '1', 'A') Floor 字樓

Shop 1 G /F

Block/House 座數/住宅/建築物 Block/House No. (e.g. '1', 'A', 'EAST') 座數/住宅/建築物編號 (例如: '1', 'A', '東')

Block/House No.

Building Name 樓宇名稱

ABC

Estate/ Village Name 屋村/鄉村名稱

Phase 屋邨期數

Street No. 街道門牌 Street Name 街道名稱

1 Hong Chong Road

District 地域

Tsim Sha Tsui

Region 地區

Kowloon

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FSD Ref. 消防處檔號: Contractor Ref. 承建商檔號:

Annual Inspection Certificate 年檢證書
Ventilation of Scheduled Premises Regulation 附表所列處所通風設施規例

Address of Premises Inspected: 經視察處所的地址: (footnote # 註腳 #)

Premises Type: 處所類別: (footnote # 註腳 #)

<input checked="" type="checkbox"/> Restaurant 食肆	<input type="checkbox"/> Dancing Establishment 跳舞場所
<input type="checkbox"/> Theatre 劇院	<input type="checkbox"/> Cinema 戲院
<input type="checkbox"/> Funeral Parlour 殯儀館	<input type="checkbox"/> Factory Canteen 工廠食堂

I have inspected every damper, filter and precipitator that are present in the ventilating system(s) that embody(ies) the use of ducting or trunking of the above premises on 12-12-2015 (completion date of inspection). In accordance with the Regulation 6 of the Ventilating of Scheduled Premises Regulation, Cap. 132CE, Laws of Hong Kong, I certify that all dampers / filters / precipitators (delete where inappropriate) except those specified below, are in safe and efficient working order :-

本人已於 12-12-2015 (完成檢查日期) 檢查上述處所敷設有管道或幹槽的通風系統內的每個氣閘、過濾器及聚塵器裝置。現根據香港法例第 132CE 章《附表所列處所通風設施規例》第6條，本人確證除下列裝置外，所有氣閘 / 過濾器 / 聚塵器 (刪除不適用者) 均在操作上安全 and 有效。

Defects observed 存在缺點 (footnote # 註腳 #) Add Page 加頁

Component 構件	Location(s) 位置	Defect(s) 缺點
<input checked="" type="checkbox"/> Damper 氣閘	Kitchen	Not fully closed
<input type="checkbox"/> Filter 過濾器		
<input type="checkbox"/> Precipitator 聚塵器		
<input type="checkbox"/> Damper 氣閘		
<input type="checkbox"/> Filter 過濾器		
<input type="checkbox"/> Precipitator 聚塵器		
<input type="checkbox"/> Damper 氣閘		
<input type="checkbox"/> Filter 過濾器		
<input type="checkbox"/> Precipitator 聚塵器		
<input type="checkbox"/> Damper 氣閘		
<input type="checkbox"/> Filter 過濾器		
<input type="checkbox"/> Precipitator 聚塵器		
<input type="checkbox"/> Damper 氣閘		
<input type="checkbox"/> Filter 過濾器		
<input type="checkbox"/> Precipitator 聚塵器		

/ (The address indicated on the licence should be used.) (必須根據牌照上顯示的地址)
 # (Tick as indicated on the licence) (根據牌照上顯示的類別加上 X 號)
 ## (Component type, location and brief account of defect have to be given. Use supplementary sheet if necessary) (說明構件類型、位置及簡要評述缺點狀況，有需要時可加附頁)

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Step3

- Choose the corresponding type of building or premises

Step4

- Input inspection date
- Choose dampers/filters/precipitators (delete where inappropriate)

Step5

- Select component
- Input location of defects
- Input description of defects

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Premises Type: 處所類別: (footnote # 註腳 #)	<input type="checkbox"/> Restaurant 食肆 <input type="checkbox"/> Theatre 劇院 <input type="checkbox"/> Funeral Parlour 殯儀館	<input type="checkbox"/> Dancing Establishment 跳舞場所 <input type="checkbox"/> Cinema 戲院 <input type="checkbox"/> Factory Canteen 工廠食堂		

I have inspected every damper, filter and precipitator that are present in the ventilating system(s) that embody(ies) the use of ducting or trunking of the above premises on _____ (completion date of inspection). In accordance with the Regulation 6 of the Ventilating of Scheduled Premises Regulation, Cap. 132CE, Laws of Hong Kong, I certify that all dampers / filters / precipitators (delete where inappropriate), except those specified below, are in safe and efficient working order :-

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Defects observed 存在缺點 (footnote # 註腳#)

Component 構件	Location(s) 位置	Defect(s) 缺點
<input type="checkbox"/> Damper 氣閘 <input type="checkbox"/> Filter 過濾器 <input type="checkbox"/> Precipitator 聚塵器		
<input type="checkbox"/> Damper 氣閘 <input type="checkbox"/> Filter 過濾器 <input type="checkbox"/> Precipitator 聚塵器		
<input type="checkbox"/> Damper 氣閘 <input type="checkbox"/> Filter 過濾器 <input type="checkbox"/> Precipitator 聚塵器		
<input type="checkbox"/> Damper 氣閘 <input type="checkbox"/> Filter 過濾器 <input type="checkbox"/> Precipitator 聚塵器		
<input type="checkbox"/> Damper 氣閘 <input type="checkbox"/> Filter 過濾器 <input type="checkbox"/> Precipitator 聚塵器		

i (The address indicated on the licence should be used) (必須根據牌照上顯示的地址)
 ii (Tick as indicated on the licence) (根據牌照上顯示的類別加上 X 號)
 iii (Component type, location and brief account of defect have to be given. Use supplementary sheet if necessary) (說明構件類型、位置及簡要評述缺點狀況，有需要時可加附頁)

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Step 6

- Maximum of 3 pages can be added for each part
- Each additional page contains 5 rows
- The additional page can be deleted by clicking the Delete Page 減頁 button

Defects observed 存在缺點 (Page 2 第二頁)

Component 構件	Location(s) 位置	Defect(s) 缺點
<input checked="" type="checkbox"/> Damper 防火閘 <input type="checkbox"/> Filter 過濾器 <input type="checkbox"/> Precipitator 聚塵器	Kitchen (2)	Not fully closed
<input type="checkbox"/> Damper 防火閘 <input type="checkbox"/> Filter 過濾器 <input type="checkbox"/> Precipitator 聚塵器		
<input type="checkbox"/> Damper 防火閘 <input type="checkbox"/> Filter 過濾器 <input type="checkbox"/> Precipitator 聚塵器		
<input type="checkbox"/> Damper 防火閘 <input type="checkbox"/> Filter 過濾器 <input type="checkbox"/> Precipitator 聚塵器		
<input type="checkbox"/> Damper 防火閘 <input type="checkbox"/> Filter 過濾器 <input type="checkbox"/> Precipitator 聚塵器		

(Rev. 01/2012)
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Location excluded from inspection 未有檢查的地點 (footnote^{iv} 註腳^{iv})

Nil

Registered Specialist Contractor (Ventilation Works Category):
註冊專門承建商 (通風系統工程類別):
Chan's AC Engineering Limited

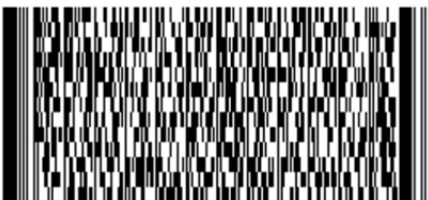
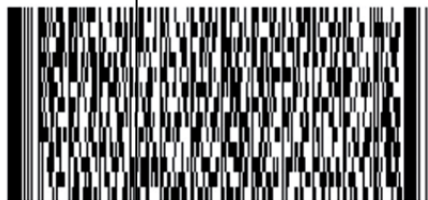
Registered address :
註冊地址:
Flat 6, Block 1, Yuen Yuen Street, Hong Kong


Telephone: 電話:	9000 1234
Registration Number : 註冊編號 :	SC(V) XX/ XXXXX
Date of Issue of Certificate : 證明書發出日期 :	12-12-2015

Chop of Registered Specialist Contractor (Ventilation Works Category):
註冊專門承建商 (通風系統工程類別) 的蓋章 :

Signature of Authorised Signatory (AS)
(授權人士簽署)

Chan Tai Man
(Full Name of AS in BLOCK letters)
(授權人士姓名)



^{iv} (Component type, location and brief account of defect have to be given. Use supplementary sheet if necessary)
(說明構件類型、位置及簡要評述缺點狀況，有需要時可加附頁)

Step7

- This is a mandatory field .Please fill in "Nil" if no place is excluded

Step8

- Input name of Registered Specialist Contractor(Ventilation Works Category)

Step9

- Input Registered Address
- Procedure same as Step 2

Step10

- Input Telephone
- Input Registration Number
- Input Date of Issue of Certificate

Step11

- Input full name of AS in BLOCK letter

Step12

- Save the e-form before printing
- Print the e-form

Step 13

- Stamp company chop and sign by AS

Step14
Completion

- A registered specialist contractor (ventilation works category) who inspects any ventilating system under this section shall within 14 days of such inspection issue to the person on whose instructions the inspection was carried out a certificate and send a copy thereof to the Director of Fire Services.

All information of the form can be cleared any time by pressing the clear button