

消防處  
牌照及審批總區  
香港九龍尖沙咀東部康莊道 1 號  
消防處總部大廈 5 樓



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

本處檔號 OUR REF.: (41) in FP(LC) 314/07 Pt.9  
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致：消防處通函收件人

先生／女士：

消防處通函第 1/2020 號  
修訂「檢查和測試消防裝置及設備」的申請程序

本函旨在公布提交 FSI/501 申請「檢查和測試消防裝置及設備（消防裝置）」的程序將予修訂。新安排將於二零二零年五月一日生效。

目前，新建築物<sup>1</sup>的「檢查和測試消防裝置及設備」申請須由認可人士提交。認可人士和有關的註冊消防裝置承辦商（註冊承辦商）必須同時在申請表 FSI/501 上簽署以證明申請表上所列的消防裝置已按照《最低限度之消防裝置及設備守則》與《裝置及設備之檢查、測試及保養守則》（守則）的規定作安裝和測試，並且是在有效操作狀態。為利便申請程序和訂明認可人士、註冊專業工程師和註冊承辦商在過程中各自的專業職責，本處修訂了有關的申請程序，並把現行的申請表 FSI/501 分拆成經修訂的申請表 FSI/501（Rev. 2020）和 FSI/501a。經修訂的申請程序和新表格將於二零二零年五月一日生效使用。

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<sup>1</sup> 根據《建築物條例》，新建築物指今後建成的任何建築物，以及任何以體積計不少於一半是重新興建的現有建築物，或任何曾予改動而其程度致使主牆的表面面積不少於一半需要重新建造的現有建築物。

## 註冊承辦商的職責

根據新安排，當註冊承辦商為新建築物安裝任何消防裝置時，須在 FSI/501a 上簽署以證明所列的消防裝置已按照守則的規定安裝和測試，並且是在有效操作狀態。FSI/501a 為香港法例第 95B 章《消防（裝置及設備）規例》第 9 條所規定的證明書，註冊承辦商須於完成有關工程後 14 天內，向作出指示（據該指示他承擔進行該工程）的人發出一份 FSI/501a，並將副本送交消防處處長。

此新安排亦適用於認可的自動操作固定器具和認可的人手操作手提器具（手提設備），例如固定噴霧裝置，滅火筒，沙桶和滅火氈。第 3 級註冊承辦商必須就新建築物的手提設備另行簽發 FSI/501a 以證明這些設備是在有效操作狀態，但不再需要簽發消防裝置及設備證書（F.S.251）。即使如此，有關人士必須繼續遵從香港法例第 95B 章《消防（裝置及設備）規例》和相關守則的規定（例如有關滅火筒上保養標籤的規定）。

## 認可人士和註冊專業工程師的職責

新建築物的「檢查和測試消防裝置及設備」申請須由認可人士提交。在提交申請前，認可人士必須確定所夾附的 FSI/501a 已包含所有需接受檢查和測試的消防裝置。如新建築物涉及樓梯增壓系統、機械式排煙系統、水霧系統或其他註冊專業工程師職能範圍內的消防裝置，有關註冊專業工程師便必須在 FSI/501（Rev. 2020）的甲部證明有關消防裝置正根據核准設計和本處規定操作。

認可人士必須在 FSI/501（Rev. 2020）的乙部證明申請表和 FSI/501a 所列的消防裝置已根據經本處核准的建築圖則安裝，並已準備好可供檢查和測試。填妥的 FSI/501（Rev. 2020）必須與 FSI / 501a 和其他相關文件一併遞交。

## 暢順進行消防裝置檢查和測試

毫無疑問，消防裝置的檢查和測試很大程度是取決於工地的準備情況，工程質素及所需證明文件是否完備。為確保所有申請都能有效處理，避免不必要的延誤，認可人士，註冊專業工程師和註冊承辦商在過程中需盡力協調，以確保工地和各消防裝置已在準備接受檢查和測試的狀態；預備所需的有效驗證文件；進行全面消防裝置測試及運作；在有需要時迅速修正欠妥之處。

## 消防裝置的年度檢查

此外，註冊承辦商亦需提醒消防裝置的擁有人，無論有關新建建築物領取佔用許可證的日期為何日，所有消防裝置（手提設備除外）須在發出消防證書（F.S.172）／接納信件／接納便箋後起計每 12 個月由一名註冊承辦商檢查至少一次。至於手提設備方面，有關消防裝置須在第 3 級註冊承辦商簽署 FSI/501a 該日起計每 12 個月由一名註冊承辦商檢查至少一次。

經修訂的申請表 FSI/501(Rev. 2020)，新設的證明書 FSI/501a，以及填寫樣本已夾附於附錄以供存照，申請表及證明書亦可在本處網頁下載。

URL: [https://www.hkfsd.gov.hk/chi/enquiry/download/download\\_fsie/index.html](https://www.hkfsd.gov.hk/chi/enquiry/download/download_fsie/index.html)

如有查詢，請在辦公時間致電 3961 5266 與工程師（消防設備）聯絡。

消防處處長

（梁冠康



代行)

連附件

二零二零年二月十日



《建築物條例》(第 123 章) 第 21(6)(d)條  
檢查和測試消防裝置及設備申請表

檔案編號 \*8/43/\_\_\_\_\_ \*19/20/43/\_\_\_\_\_

消防裝置及設備類別：

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> 聲響／視像警報系統     | <input type="checkbox"/> 滅火氈           | <input type="checkbox"/> 沙桶        |
| <input type="checkbox"/> 自動啟動裝置        | <input type="checkbox"/> 消防控制中心        | <input type="checkbox"/> 花灑系統      |
| <input type="checkbox"/> 不含水的滅火劑自動固定裝置 | <input type="checkbox"/> 火警偵測系統        | <input type="checkbox"/> 靜態式排煙系統   |
| <input type="checkbox"/> 集水花灑系統        | <input type="checkbox"/> 消防栓／喉轆系統*     | <input type="checkbox"/> 街道消防栓系統   |
| <input type="checkbox"/> 水簾系統          | <input type="checkbox"/> 認可的自動操作固定器具   | <input type="checkbox"/> 消防水缸      |
| <input type="checkbox"/> 塵埃偵測系統        | <input type="checkbox"/> 固定泡沫系統        | <input type="checkbox"/> 通風／空調控制系統 |
| <input type="checkbox"/> 機械式排煙系統       | <input type="checkbox"/> 氣體偵測系統        | <input type="checkbox"/> 水霧系統      |
| <input type="checkbox"/> 應急發電機         | <input type="checkbox"/> 氣體排放系統        | <input type="checkbox"/> 噴水系統      |
| <input type="checkbox"/> 應急照明系統        | <input type="checkbox"/> 手提滅火筒         | <input type="checkbox"/> 供水        |
| <input type="checkbox"/> 出口指示牌         | <input type="checkbox"/> 樓梯增壓          | <input type="checkbox"/> 其他        |
| <input type="checkbox"/> 火警警報系統        | <input type="checkbox"/> 裝有固定水泵的環形水管系統 | _____                              |

請在適當方格內填上「✓」號。

處所地址

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

A 部：(由註冊專業工程師填寫 (如適用))

本人現證明，本申請表和附頁 (FSI/501a) 列述的\*樓梯增壓系統／機械式排煙系統／水霧系統／其他系統 (請註明) \_\_\_\_\_，於\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日獲消防處核准 (消防處檔案編號\_\_\_\_\_ )，並已按照消防處的規定安裝及測試。本人信納有關系統正根據核准設計和消防處的規定操作。

姓名：\_\_\_\_\_ 專業界別：\_\_\_\_\_

註冊專業工程師編號：\_\_\_\_\_ 日期：\_\_\_\_\_

註冊專業工程師簽署：\_\_\_\_\_

B 部：(由認可人士填寫)

本人現證明：

1. 在本申請表和附頁 (FSI/501a) 列述的消防裝置／設備，已按照消防處於\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日蓋印的核准建築圖則安裝，可以接受檢查；
2. 有關須接駁政府水管的消防裝置／設備，\*本人已向水務署申請「供水設備完工通知書」／水務署已發出「供水設備完工通知書」 (\* 已夾附／沒有夾附副本)；

檔案編號 \*8/43/ \_\_\_\_\_

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

3. 樓宇業主承諾，在消防裝置／設備駁妥直線電話之前，派人 24 小時當值，並提供普通電話備用。現附上樓宇業主發出的\*承諾書／便箋；以及
4. 根據《建築物條例》的定義，上址的總建築樓面面積是\_\_\_\_\_平方米，屬於\*住宅／非住宅類別。

本人要求消防處向本人發出\*《建築物條例》(第 123 章)第 21(6)(d)條所規定的證明書 F.S.172／接納便箋／接納信件。

公司名稱：\_\_\_\_\_ 電話號碼：\_\_\_\_\_

認可人士姓名：\_\_\_\_\_

認可人士簽署：\_\_\_\_\_ 日期：\_\_\_\_\_

申請表附頁 (FSI/501a) 的註冊消防裝置承辦商檔案編號：

附加資料 (如有)：

本人現聲明，據本人所知所信，以上填報的資料均屬真確無訛，並無遺漏。本人明白如故意在本申請表虛報資料、作出失實陳述或隱瞞重要事實，個案或會被轉介至有關專業註冊機構／紀律委員會跟進，以採取必要行動。

\_\_\_\_\_  
註冊專業工程師簽署

(如適用)

\_\_\_\_\_  
認可人士簽署

**新建樓宇消防裝置及設備裝置工程完成證明書**

檔案編號 \*8/43/\_\_\_\_\_

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

**消防裝置及設備類別：**

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> 聲響／視像警報系統     | <input type="checkbox"/> 滅火氈           | <input type="checkbox"/> 沙桶        |
| <input type="checkbox"/> 自動啟動裝置        | <input type="checkbox"/> 消防控制中心        | <input type="checkbox"/> 花灑系統      |
| <input type="checkbox"/> 不含水的滅火劑自動固定裝置 | <input type="checkbox"/> 火警偵測系統        | <input type="checkbox"/> 靜態式排煙系統   |
| <input type="checkbox"/> 集水花灑系統        | <input type="checkbox"/> 消防栓／喉轆系統*     | <input type="checkbox"/> 街道消防栓系統   |
| <input type="checkbox"/> 水簾系統          | <input type="checkbox"/> 認可的自動操作固定器具   | <input type="checkbox"/> 消防水缸      |
| <input type="checkbox"/> 塵埃偵測系統        | <input type="checkbox"/> 固定泡沫系統        | <input type="checkbox"/> 通風／空調控制系統 |
| <input type="checkbox"/> 機械式排煙系統       | <input type="checkbox"/> 氣體偵測系統        | <input type="checkbox"/> 水霧系統      |
| <input type="checkbox"/> 應急發電機         | <input type="checkbox"/> 氣體排放系統        | <input type="checkbox"/> 噴水系統      |
| <input type="checkbox"/> 應急照明系統        | <input type="checkbox"/> 手提滅火筒         | <input type="checkbox"/> 供水        |
| <input type="checkbox"/> 出口指示牌         | <input type="checkbox"/> 樓梯增壓          | <input type="checkbox"/> 其他 _____  |
| <input type="checkbox"/> 火警警報系統        | <input type="checkbox"/> 裝有固定水泵的環形水管系統 | _____                              |

 請在適當方格內填上「✓」號。

上列消防裝置／設備已安裝於（處所地址）

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安裝工程已於\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日完成。本人現證明，有關消防裝置／設備是依據與 FSI/314 一併遞交的消防裝置圖則（遞交日期：\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日）和／或經消防處核准的建築圖則（遞交日期：\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日）安裝，並且已經測試。據本人所知，根據消防處處長不時公布的《最低限度之消防裝置及設備守則》與《裝置及設備之檢查、測試及保養守則》，有關消防裝置／設備是在有效操作狀態。

現附上下列文件的正本／經核證真確副本：

- 已填妥的測試及運作核對表
- 產品認證機構發出的\*列入名單證明書／記錄／文件／印本
- \*消防處認可／接納信
- \*測試證明書／數據表／產品目錄／計算書
- 其他（請註明，例如消防安全管理計劃，消防工程報告）：\_\_\_\_\_

 請在適當方格內填上「✓」號。

備註：如適用，應附上由註冊專業工程師認可與機械式排煙系統／樓梯增壓系統相關的測試報告。

安裝工程完成後 14 天內，註冊消防裝置承辦商須將本證明書發送予作出指示(據該指示他承擔進行該工程)的人，並將副本送交消防處處長。

本人明白，本證明書是根據《消防（裝置及設備）規例》第 9 條發出。根據該規例第 9(2A)及 9(3)條，任何註冊消防裝置承辦商發出或送交的證明書或副本中，如在要項上屬虛假或具誤導性，即屬犯罪，一經定罪，可處第 5 級罰款。

（供第 1 和第 2 級註冊消防裝置承辦商填寫）

註冊消防裝置承辦商編號：\_\_\_\_\_

註冊消防裝置承辦商名稱：\_\_\_\_\_

授權人姓名：

\_\_\_\_\_

授權人簽署：

\_\_\_\_\_

公司印鑑：

（供第 3 級註冊消防裝置承辦商填寫）

註冊消防裝置承辦商編號：\_\_\_\_\_

註冊消防裝置承辦商名稱：\_\_\_\_\_

簽署：

\_\_\_\_\_

辦公室地址：\_\_\_\_\_

\_\_\_\_\_

電話號碼：\_\_\_\_\_ 日期：\_\_\_\_\_

備註：第 3 級註冊消防裝置承辦商必須就認可的自動操作固定器具和認可的自動操作固定器具簽發獨立的 FSI / 501a。

安裝工程完成後 14 天內，註冊消防裝置承辦商須將本證明書發送予作出指示(據該指示他承擔進行該工程)的人，並將副本送交消防處處長。



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:

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

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:

- 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 19/08/2019 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. \*8/43/1234<56>

\*19/20/43/54321

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 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: ABC Ltd. – EEF Ltd. Joint Venture

Telephone No.: 2733 7619

Full Name of Authorized Person: CHAN Tai-man

Signature of Authorized Person:

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)

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

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

Company Chop:

X

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**

(Discrete No. Assigned by RFSIC)

FP Ref. No. \*8/43/1234<56>\*19/20/43/54321**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.

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.: \_\_\_\_\_

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: \_\_\_\_\_

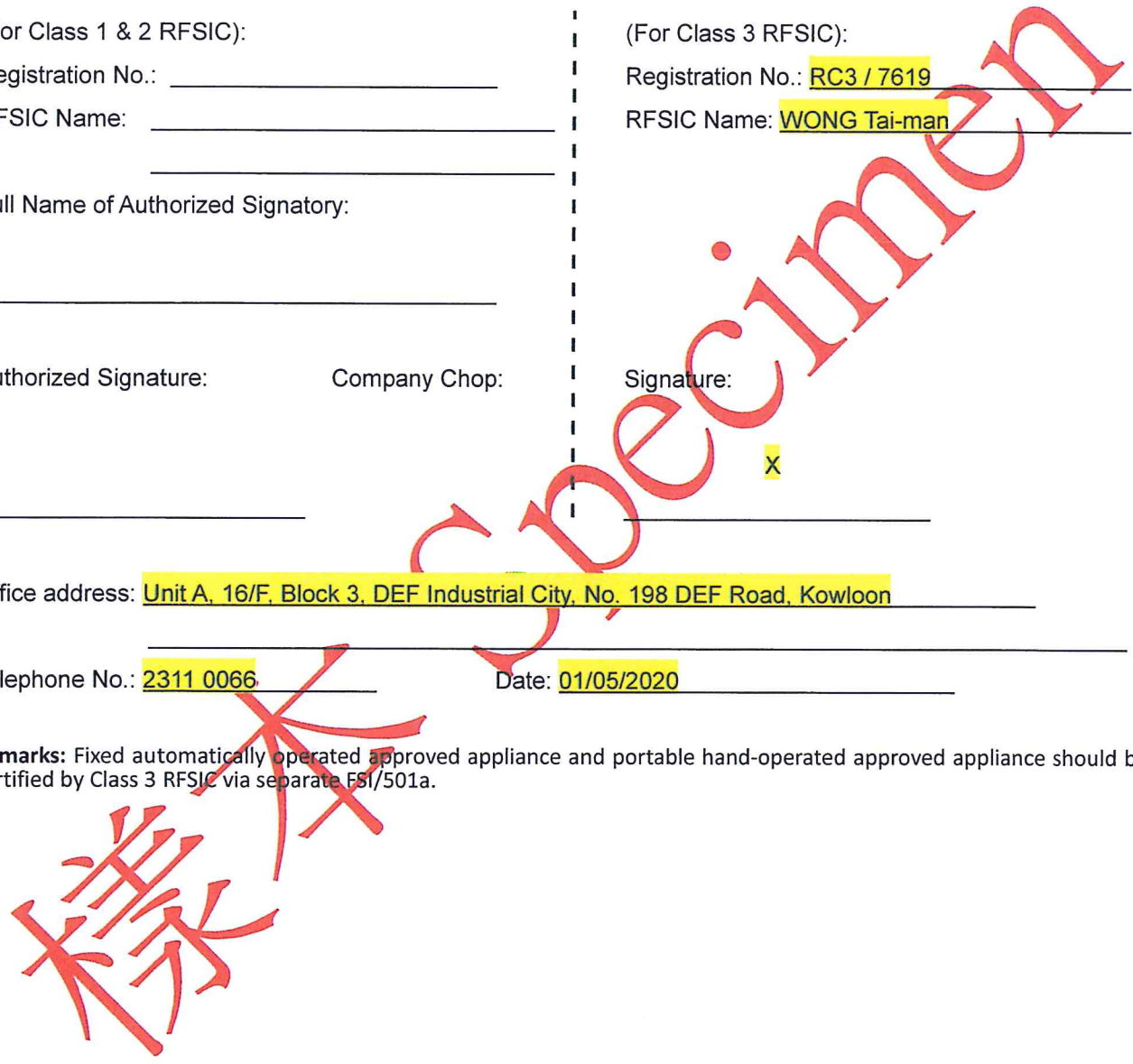
X

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.



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.