

Application for Inspection and Testing of Fire Service Installations and Equipment in Premises / Buildings under Fire Safety (Commercial Premises) Ordinance, Cap. 502 / Fire Safety (Buildings) Ordinance, Cap. 572 / Fire Safety (Industrial Buildings) Ordinance, Cap. 636

To: Building Improvement Division *1/2/3
 Fire Safety Command
 Fire Services Department

Date: 03/09/2024
 FSD Ref. No.: FP * 45/56/63 12345
 FSDn/FSIDn No.: 3456/2024

Part A:

The below Fire Service Installations and Equipment (FSI) have been installed at ABC Building, No. 123 ABC Road, Kowloon (address of premises/buildings), and the installation work was completed on 01/09/2024. I hereby certify that such FSI installed in accordance with the approved FSI plans submitted under the cover of FSI/314 (*B/C/D) dated 25/06/2023 have been inspected and tested, and are in efficient working order. Copies of the completed checklists, equipment test reports and catalogues/data sheets are attached herewith for your information.

(Please tick if provided.)

Type of FSI	Approved FSI Plan		Testing and Commissioning Checklist	FSI Equipment List	
				Certificate	Catalogue
Sprinkler System	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FS 161 Serial No.: <u>A12345</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fire Hydrant/Hose Reel System	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FS 161 Serial No.: <u>A24689</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fire Alarm System	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FS 161 Serial No.: <u>A45678</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ventilation/Air Conditioning Control System	<input type="checkbox"/>	<input type="checkbox"/>	FS 161 Serial No.: _____	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Lighting	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exit sign (including Directional Sign)	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Portable Hand-Operated Approved Appliance	<input type="checkbox"/>	<input type="checkbox"/>	FS 161 Serial No.: _____		<input type="checkbox"/>
Others (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	FS 161 Serial No.: _____	<input type="checkbox"/>	<input type="checkbox"/>

Authorized Signature: _____

RFSIC Name: ABC Fire Engineering Ltd.

Name of Authorized Signatory: CHAN Tai-man

Company Chop:

Registration No.: RC1/3766, RC2/3749

Telephone No.: 2234 2234

Class: 1&2 Date: 01/09/2024

- Copy of Fire Service Completion Advice from the Water Authority
- Copy of Electricity (Wiring) Regulations Work Completion Certificate (Form WR1) of the electrical installation for FSI
- Copy of acceptance document from the Buildings Department for the completion of building works for FSI
- Copy of confirmation letter from the Fire Services Communications Centre for the connection of a direct telephone line

Part B:

* I/We, Incorporated Owners of ABC Building (*incorporated owners/ owners / owners' representative / occupiers / occupiers' representative of the above premises/buildings), have been notified that the relevant FSI are ready for inspection.

Signature/Chop: _____

Telephone No.: 2268 3459 Date: 03/09/2024

*Please delete as appropriate