

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: _____
 FSD Ref. No.: FP * 45/56/63 _____
 FSDn/FSIDn No.: _____

Part A:

The below Fire Service Installations and Equipment (FSI) have been installed at _____ (address of premises/buildings), and the installation work was completed on _____. 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 _____ 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 type="checkbox"/>	<input type="checkbox"/>	FS 161 Serial No.: _____		<input type="checkbox"/>	<input type="checkbox"/>
Fire Hydrant/Hose Reel System <input type="checkbox"/>	<input type="checkbox"/>	FS 161 Serial No.: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Alarm System <input type="checkbox"/>	<input type="checkbox"/>	FS 161 Serial No.: _____	<input type="checkbox"/>	<input 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 type="checkbox"/>				<input 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"/>	<input type="checkbox"/>

Authorized Signature: _____

RFSIC Name: _____

Name of Authorized Signatory: _____

Company Chop: _____

Registration No.: _____

Telephone No.: _____

Class: _____ Date: _____

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/ 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.: _____ Date: _____

*Please delete as appropriate