

**Hotel**  
**Report Compliance for Ventilating System**

To : **Fire Services Department  
Licensing & Certification Command,  
3/F, Fire Services Department Kwai Chung Office  
Building,  
No. 86 Hing Shing Road, Kwai Chung, New  
Territories.**

HAD File Ref. No. \_\_\_\_\_

FSD / VD File Ref. No. :

FP 33 / \_\_\_\_\_ Phase ( \_\_\_\_\_ )

Hotel Name : \_\_\_\_\_

Hotel Address : \_\_\_\_\_

Location / Floors of  
Ventilation Installation : \_\_\_\_\_

**Certification from Registered Specialist Contractor (Ventilation)**

Please select as appropriate :

- ☐ I confirm the ventilating system at captioned location has been completed and checked in compliance with your requirements. A copy of inspection checklist is attached for your record.
- ☐ I confirm all defects of ventilating system at captioned location has been rectified and checked in compliance with your requirements. A copy of inspection checklist is attached for your record.

Name of RSC(V) :

\_\_\_\_\_

Company Chop of RSC(V) :

Authorized Signatory

Name :

\_\_\_\_\_

Signed :

Contact Telephone No. :

\_\_\_\_\_

Date :

\_\_\_\_\_

## Attachment / Relevant Information

☐ Ventilating system inspection checklist certified from RSC(V) is attached.

☐ Plan / drawing submitted via HAD

Drawing & Revision Number

Drawing Description

_____	_____
_____	_____
_____	_____
_____	_____

☐ Test report / certificate of materials

Report / Certificate Number

Material Description

_____	_____
_____	_____
_____	_____
_____	_____

☐ Others (please specify) :

_____
_____
_____

## Inspection Arrangement

Please contact me or (Name) \_\_\_\_\_ (Tel. No.) \_\_\_\_\_  
for the arrangement of ventilating system inspection.

Hotel Representative / Appointed Person

Name :

Chop :

\_\_\_\_\_

Signed :

Contact Tel. No. :

Date :

\_\_\_\_\_

\_\_\_\_\_