



Annex B-4

***Compliance with Approval Condition (d) under
Application No. A/YL-KTS/960***

FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS

消防(裝置及設備)規例

(Regulation 9(1))

(第九條(1)款)

CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

消防裝置及設備證書

FSD Ref.:

消防處檔號

Serial Number

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Transitional Housing Development (Block 1), No. 17 Kam Sheung Road, Kam Tin, Yuen Long, NT



Type of Building 樓宇類型:

 Industrial 工業 Commercial 商業 Domestic 住宅 Composite 綜合 Licensed premises 持牌處所 Institutional 社團**Part 1 Annual Maintenance ONLY**

第一部 只適用於年檢事項

In accordance with Regulation 8(b) of the Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)
11	Emergency Lighting	Block 1	Conforms with FSD Requirements	05/06/2023	04/06/2024
12	Exit Sign	Block 1	Conforms with FSD Requirements	05/06/2023	04/06/2024

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Part 3 第三部 Defects 損壞事項

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Outstanding Defects 未修缺點	Comment on Defects 缺點評述
15	Fire Detection System	Block 1	Access Denied & Detector cannot be tested (Refer to Annex Form)	Need further arrangement
28	Sprinkler System	Block 1	Access Denied (Refer to Annex Form)	Need further arrangement

Remark 備註

I/We hereby certify that the above installations/equipment have been tested and found to be 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. Defects are listed in Part 3.

本人藉此證明以上之消防裝置及設備經試驗, 證明性能良好, 符合消防處處長不時公佈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的規格, 損壞事項列於第三部。

如證書涉及年檢事項, 應張貼於大廈或

處所當眼處以供消防處人員查核

This certificate should be displayed at prominent location of the building or premises for FSD's inspection if any annual maintenance work is involved.

Authorized

Signature: 受權人簽署

Name: 姓名

Ng Kwok Po

FSD/RC No.: 消防處註冊號碼

Company Name: 公司名稱

Alliance Contracting Co. Ltd

Telephone: 聯絡電話

Date: 日期

06/06/2023



For FSD use only

Inspected

Key-in

Verified



Serial Number

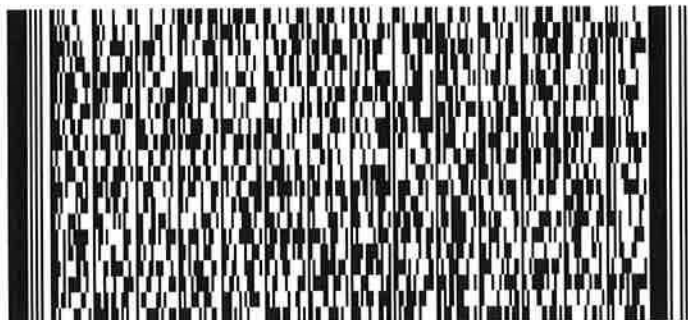
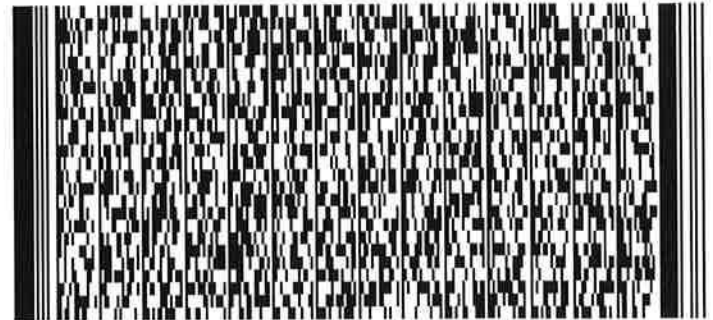
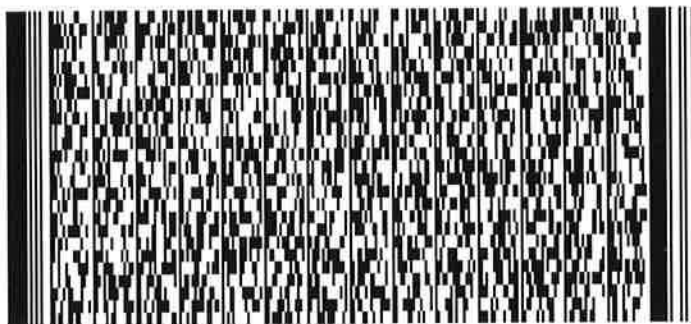
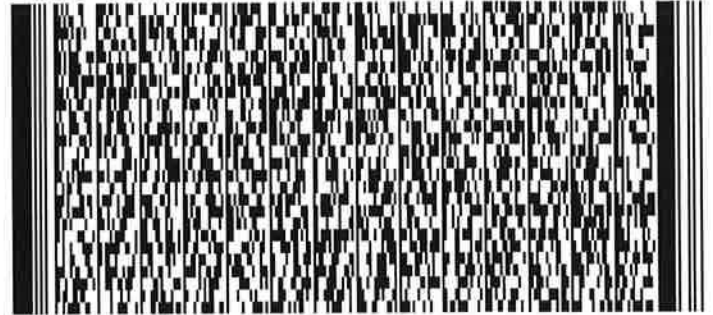
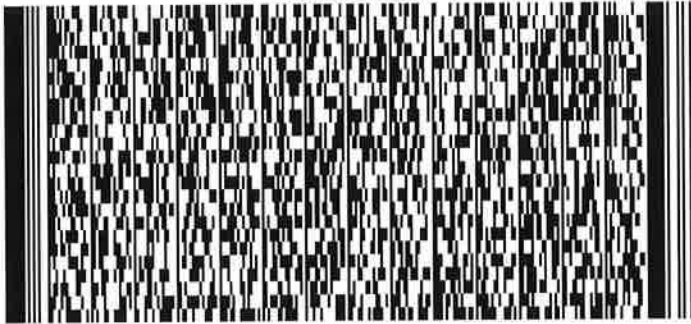
Name of Client 顧客姓名

Pok Oi Hospital

Part 1 Annual Maintenance ONLY
第一部 只適用於年檢事項

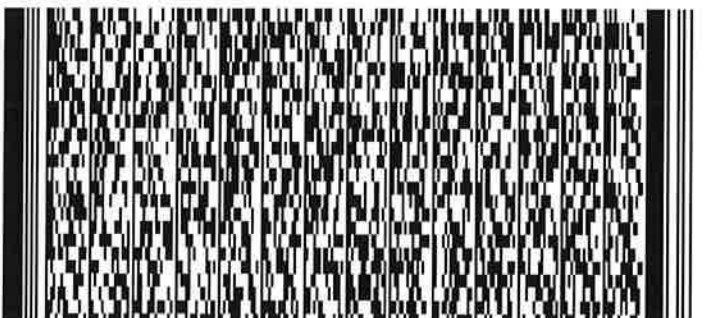
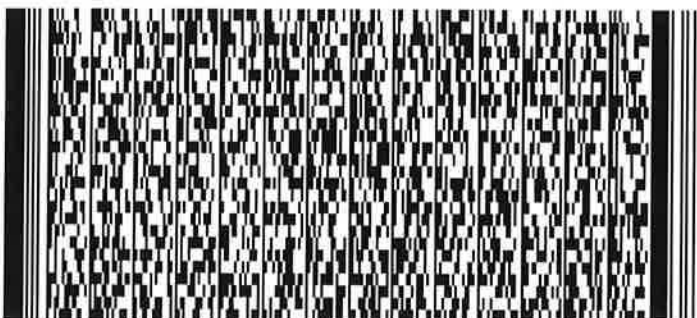
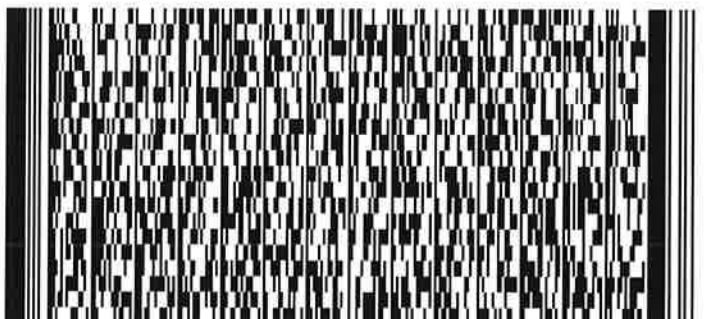
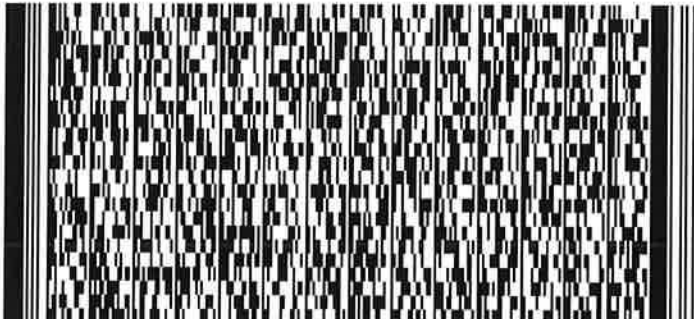
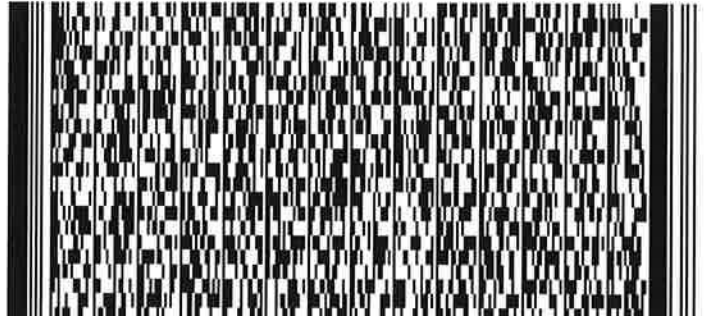
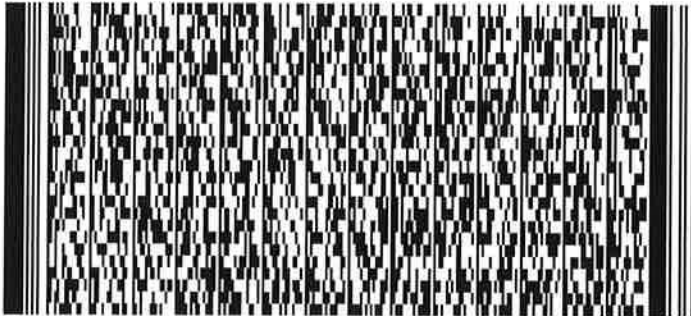
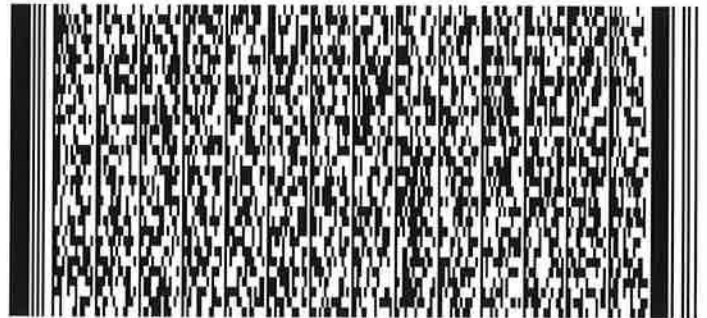
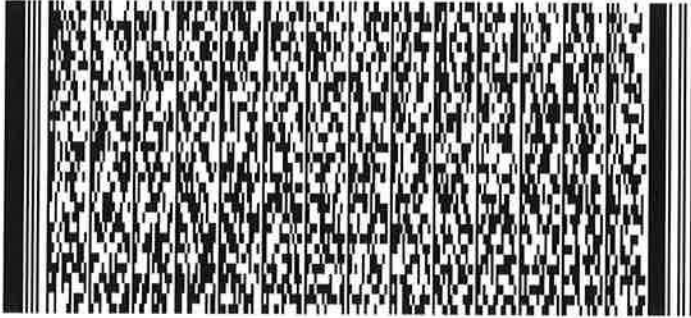
In accordance with Regulation 8(b) of the Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

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13	Fire Alarm System	Block 1	Conforms with FSD Requirements	05/06/2023	04/06/2024
15	Fire Detection System	Block 1	Conforms with FSD Requirements (Defects see Part 3)	05/06/2023	04/06/2024
16	Fire Hydrant / Hose Reel System	Block 1	Conforms with FSD Requirements	05/06/2023	04/06/2024
28	Sprinkler System	Block 1	Conforms with FSD Requirements (Defects see Part 3)	05/06/2023	04/06/2024



Serial Number

Name of Client 顧客姓名



Ref. No.: 10403230287

Date : 6 June 2023

ANNEX FORM

Client : Pok Oi Hospital

Address : Transitional Housing Development (Block 1)

No. 17 Kam Sheung Road, Kam Tin, Yuen Long, N.T.

項目	房間號碼	房間號碼	房間號碼
1	Room 1005	煙霧頭被包	
2	Room 1015	住戶拒絕入屋	未能入屋檢查花灑頭
3	Room 4020	住戶拒絕入屋	未能入屋檢查花灑頭
4	Room 4022	住戶拒絕入屋	未能入屋檢查花灑頭
5	Room 4043	住戶拒絕入屋	未能入屋檢查花灑頭



FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS

消防 (裝置及設備) 規例

(Regulation 9(1))

(第九條(1)款)

CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

消防裝置及設備證書

FSD Ref.:

消防處檔號

Serial Number

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Transitional Housing Development (Block 2), No. 17 Kam Sheung Road, Kam Tin, Yuen Long, NT



Type of Building 樓宇類型:

 Industrial 工業 Commercial 商業 Domestic 住宅 Composite 綜合 Licensed premises 持牌處所 Institutional 社團**Part 1 Annual Maintenance ONLY****第一部 只適用於年檢事項**

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28	Sprinkler System	Block 2	Access Denied (Refer to Annex Form)	Need further arrangement

Remark 備註

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受權人簽署

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姓名

Ng Kwok Po

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Alliance Contracting Co. Ltd

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Serial Number

Name of Client 顧客姓名

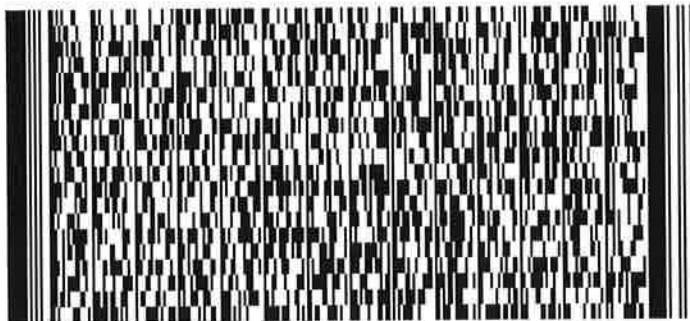
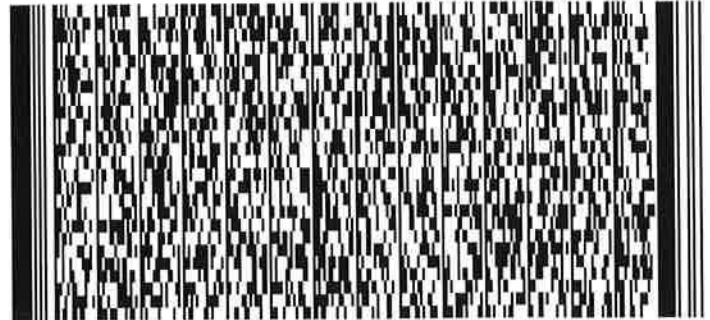
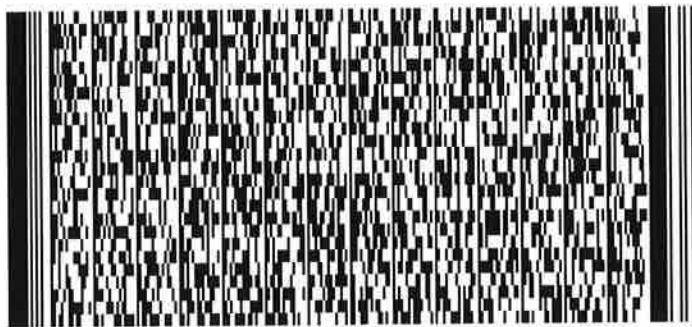
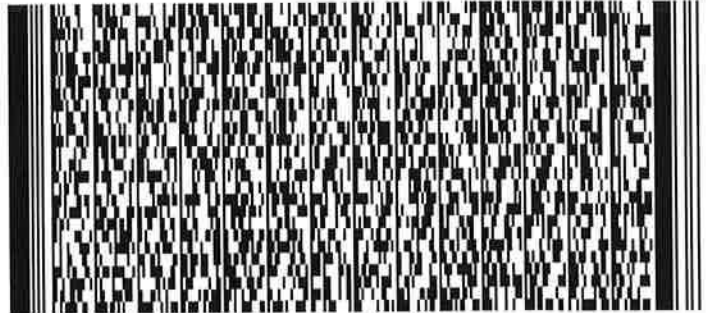
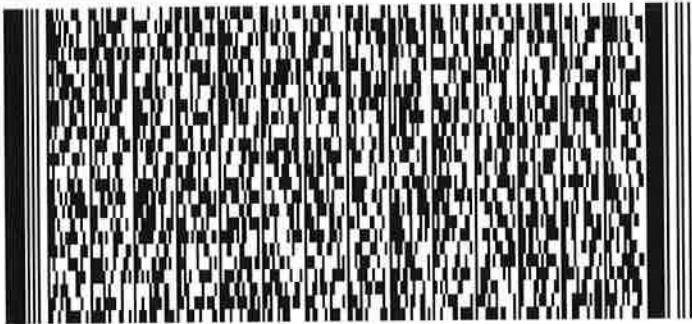
Pok Oi Hospital

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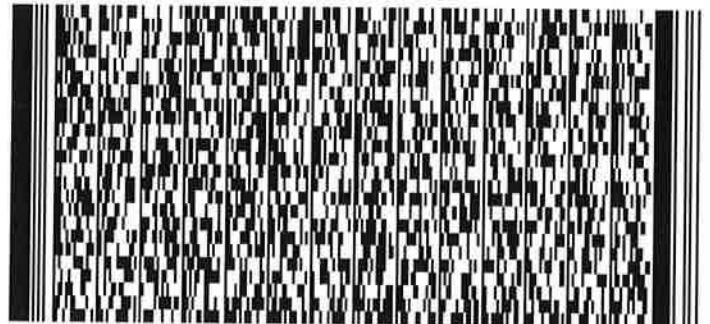
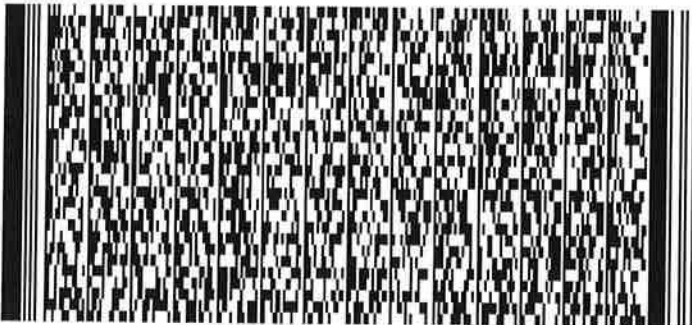
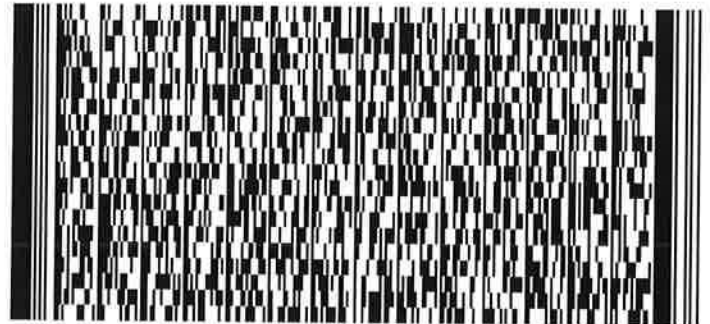
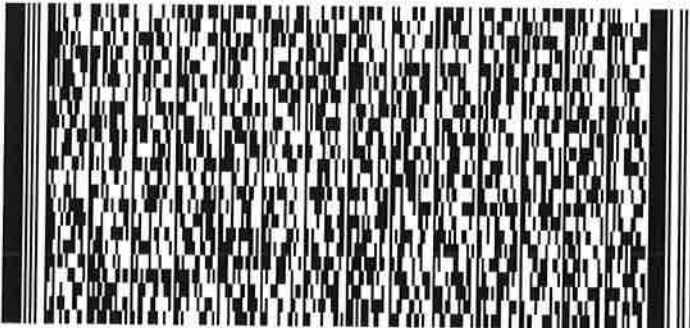
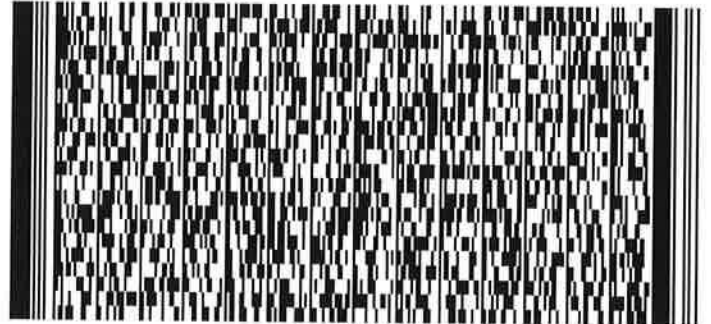
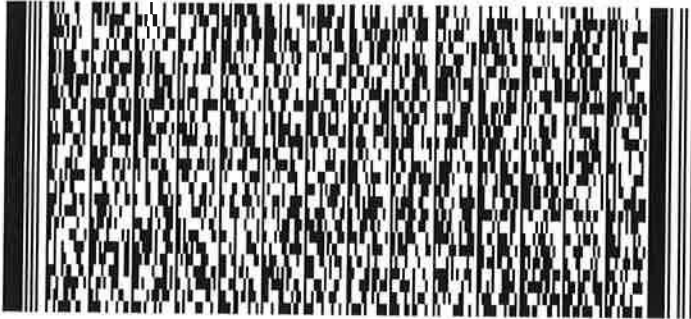
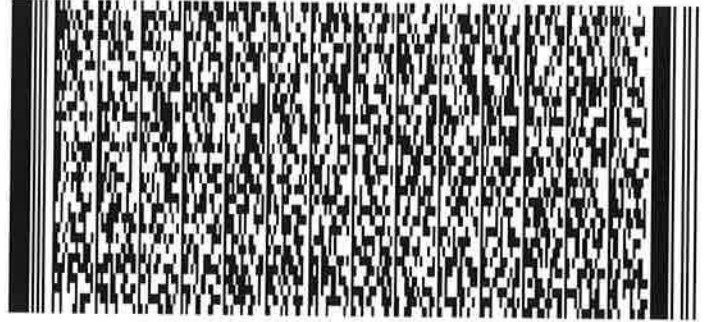
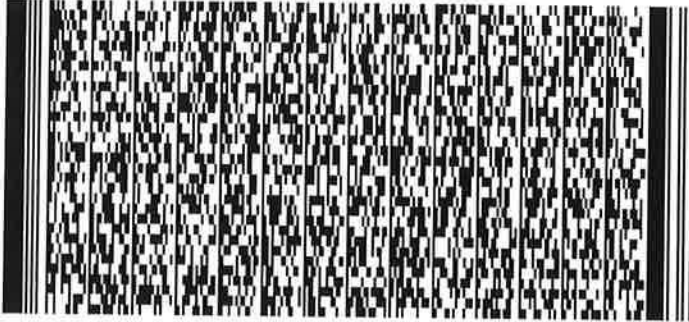


Serial Number

[Redacted]

Name of Client 顧客姓名

Pok Oi Hospital



Ref. No.: 10403230288
Date : 6 June 2023

ANNEX FORM

Client : Pok Oi Hospital

Address : Transitional Housing Development (Block 2)

No. 17 Kam Sheung Road, Kam Tin, Yuen Long, N.T.

項目	房間號碼	Fire Detection System Defect	Sprinkler System Defect
1	Room 1025	煙霧頭被包	
2	Room 1029	煙霧頭被包	
3	Room 1034	煙霧頭被包	
4	Room 1034	煙霧頭被包	
5	Room 2012	住戶拒絕入屋	未能入屋檢查花灑頭
6	Room 2042	煙霧頭Missing	
7	Room 2038	煙霧頭被包	
8	Room 3007	煙霧頭被包	
9	Room 3008	有櫃阻礙 Detector obstructed by Tenant	
10	Room 3024	住戶拒絕入屋	未能入屋檢查花灑頭



FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS

消防(裝置及設備)規例

(Regulation 9(1))

(第九條(1)款)

CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

消防裝置及設備證書

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15	Fire Detection System	Block 3	Access Denied & Circuit Fault (Refer to Annex Form)	Need further arrangement
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受權人簽署

Name:

姓名

Ng Kwok Po



FSD/RC No.:

消防處註冊號碼

Company Name:

公司名稱

Alliance Contracting Co. Ltd

Telephone:

聯絡電話

Date:

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06/06/2023

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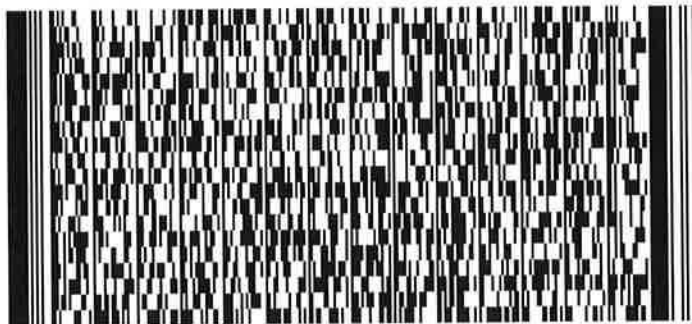
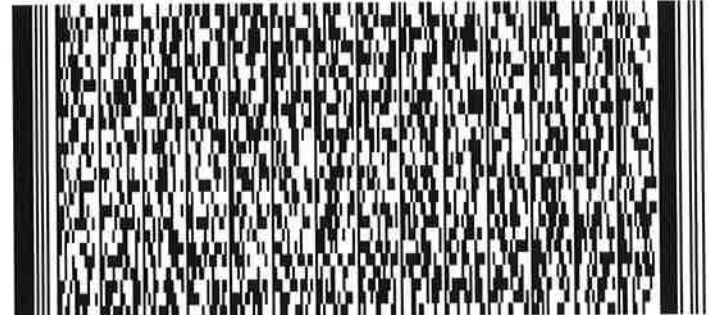
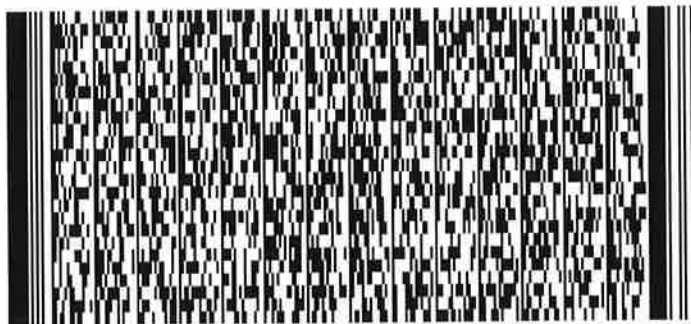
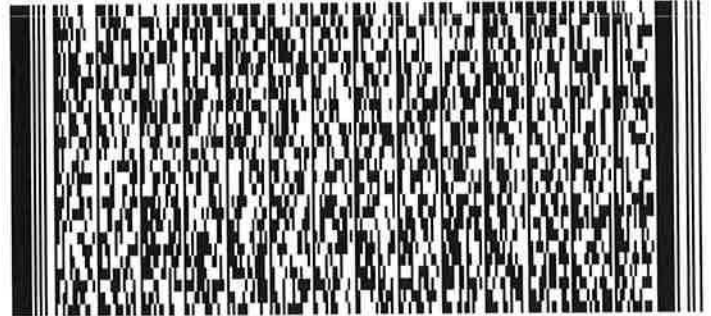
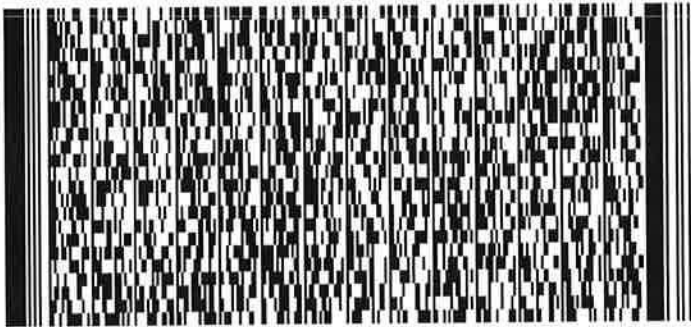
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第一部 只適用於年檢事項

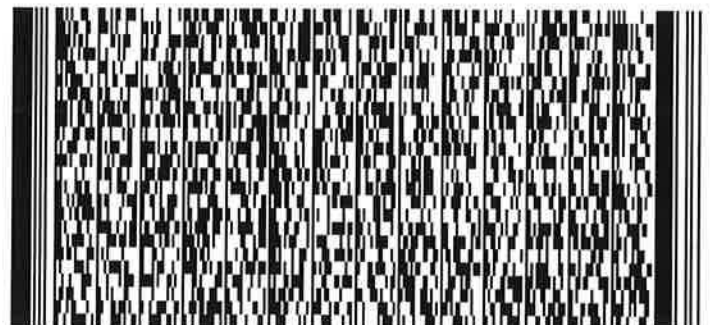
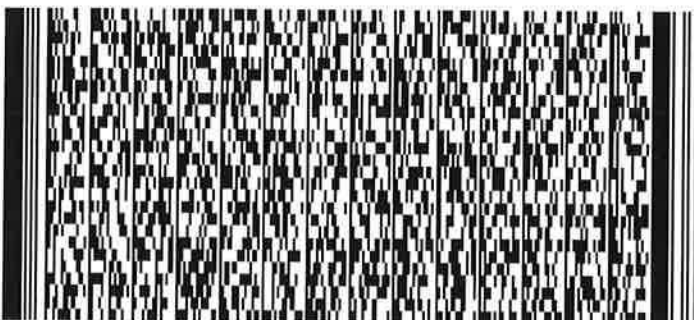
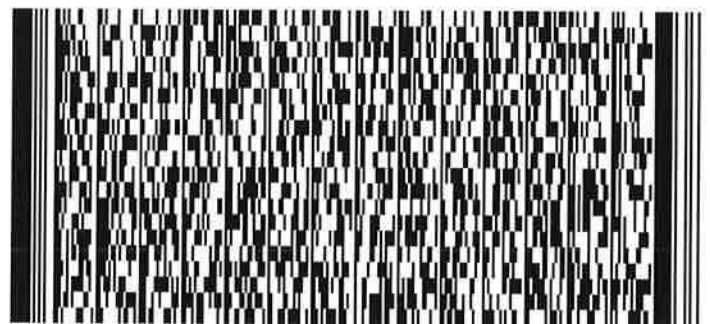
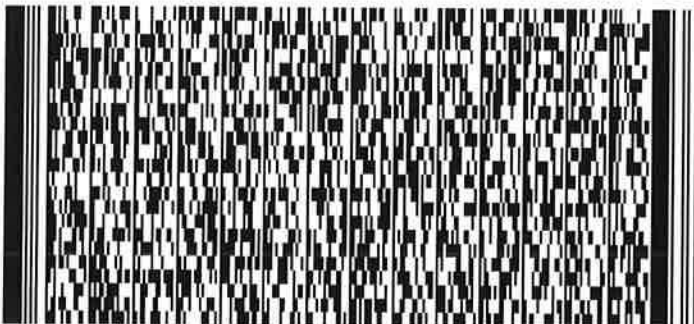
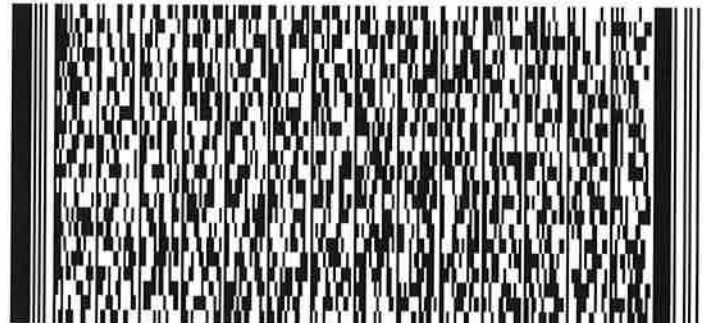
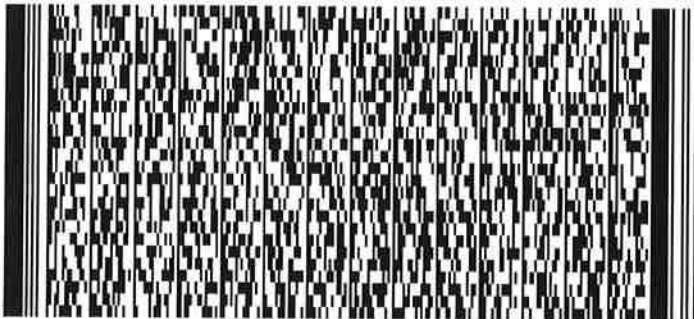
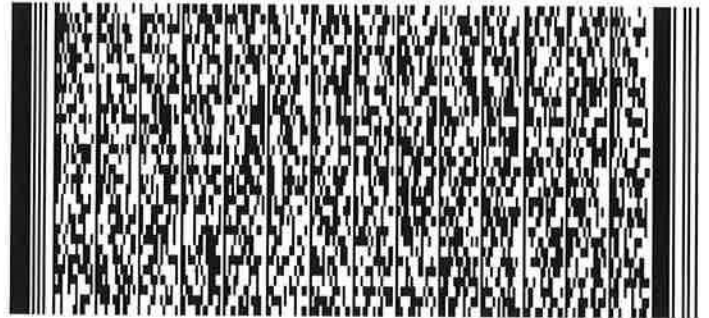
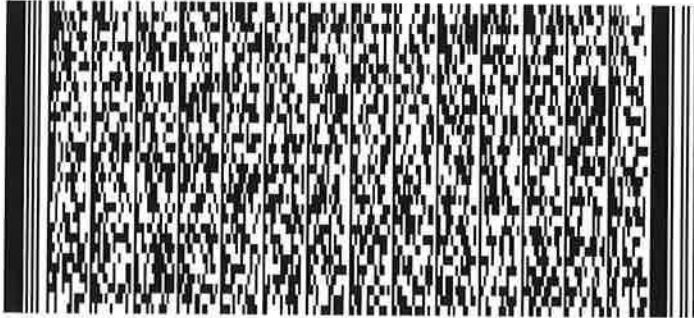
In accordance with Regulation 8(b) of the Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)
13	Fire Alarm System	Block 3	Conforms with FSD Requirements	05/06/2023	04/06/2024
15	Fire Detection System	Block 3	Conforms with FSD Requirements (Defects see Part 3)	05/06/2023	04/06/2024
16	Fire Hydrant / Hose Reel System	Block 3	Conforms with FSD Requirements	05/06/2023	04/06/2024
28	Sprinkler System	Block 3	Conforms with FSD Requirements (Defects see Part 3)	05/06/2023	04/06/2024



Serial Number

Name of Client 顧客姓名



Ref. No.: 10403230289

Date : 6 June 2023

ANNEX FORM

Client : Pok Oi Hospital

Address : Transitional Housing Development (Block 3)

No. 17 Kam Sheung Road, Kam Tin, Yuen Long, N.T.

項目	房間號碼	Fire Detection System Defect	Sprinkler System Defect
1	Room 1004	住戶拒絕入屋	未能入屋檢查花灑頭
2	Room 1019	住戶拒絕入屋	未能入屋檢查花灑頭
3	Room 1027	住戶拒絕入屋	未能入屋檢查花灑頭
4	Room 1031	住戶拒絕入屋	未能入屋檢查花灑頭
5	Room 2042	住戶拒絕入屋	未能入屋檢查花灑頭
6	Room 3027 to 3047	中間煙霧頭訊號斷 (MiC Flats)	



FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS

消防(裝置及設備)規例

(Regulation 9(1))

(第九條(1)款)

CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

消防裝置及設備證書

FSD Ref.:

消防處檔號

Serial Number

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Transitional Housing Development (Block 5), No. 17 Kam Sheung Road, Kam Tin, Yuen Long, NT



Type of Building 樓宇類型:

 Industrial 工業 Commercial 商業 Domestic 住宅 Composite 綜合 Licensed premises 持牌處所 Institutional 社團**Part 1 Annual Maintenance ONLY**

第一部 只適用於年檢事項

In accordance with Regulation 8(b) of the Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)
11	Emergency Lighting	Block 5	Conforms with FSD Requirements	05/06/2023	04/06/2024
12	Exit Sign	Block 5	Conforms with FSD Requirements	05/06/2023	04/06/2024

Part 2 第二部 Installation / Modification / Repair / Inspection works 裝置/改裝/修理/檢查工作

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Nature of Work Carried out 完成之工作內容	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)

Part 3 第三部 Defects 損壞事項

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Outstanding Defects 未修缺點	Comment on Defects 缺點評述
15	Fire Detection System	Block 5	Access Denied, Detector cannot be Tested & Circuit Fault (Refer to Annex Form)	Need further arrangement
28	Sprinkler System	Block 5	Access Denied (Refer to Annex Form)	Need further arrangement

Remark 備註

I/We hereby certify that the above installations/equipment have been tested and found to be 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. Defects are listed in Part 3.

本人藉此證明以上之消防裝置及設備經試驗, 證明性能良好, 符合消防處處長不時公佈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的規格, 損壞事項列於第三部。

如證書涉及年檢事項, 應張貼於大廈或處所當眼處以供消防處人員查核

This certificate should be displayed at prominent location of the building or premises for FSD's inspection if any annual maintenance work is involved.

Authorized Signature:

受權人簽署

Name:

姓名

Ng Kwok Po

FSD/RC No.:

消防處註冊號碼

Company Name:

公司名稱

Alliance Contracting Co. Ltd

Telephone:

聯絡電話

Date:

日期

06/06/2023



For FSD use only

Inspected

Key-In

Verified



Serial Number

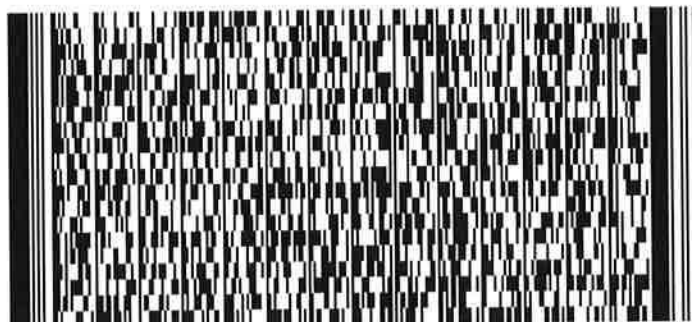
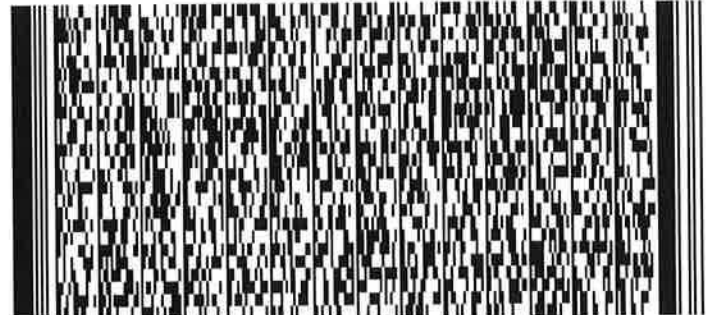
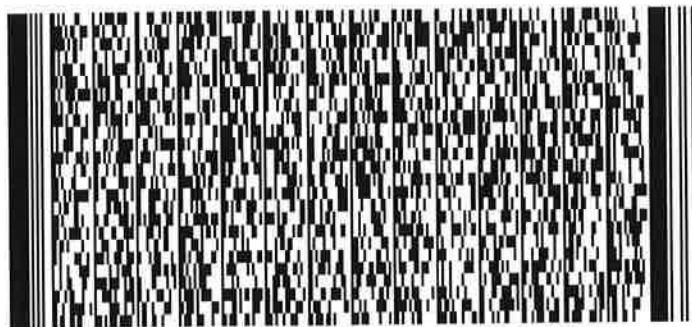
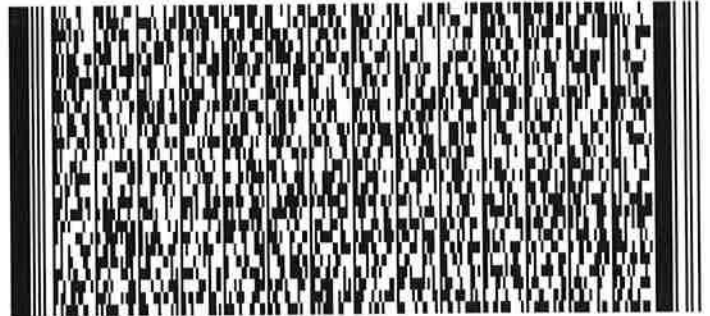
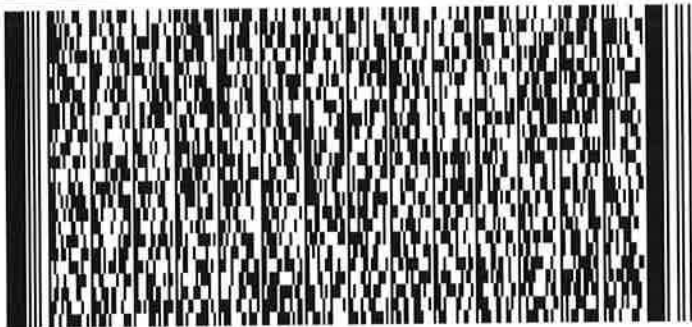
Name of Client 顧客姓名

Pok Oi Hospital

Part 1 Annual Maintenance ONLY
第一部 只適用於年檢事項

In accordance with Regulation 8(b) of the Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)
13	Fire Alarm System	Block 5	Conforms with FSD Requirements	05/06/2023	04/06/2024
15	Fire Detection System	Block 5	Conforms with FSD Requirements (Defects see Part 3)	05/06/2023	04/06/2024
16	Fire Hydrant / Hose Reel System	Block 5	Conforms with FSD Requirements	05/06/2023	04/06/2024
28	Sprinkler System	Block 5	Conforms with FSD Requirements (Defects see Part 3)	05/06/2023	04/06/2024

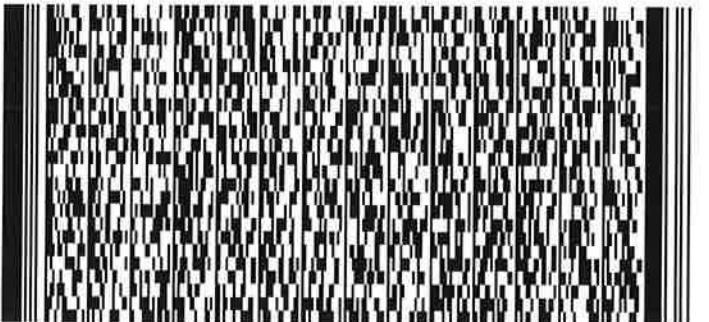
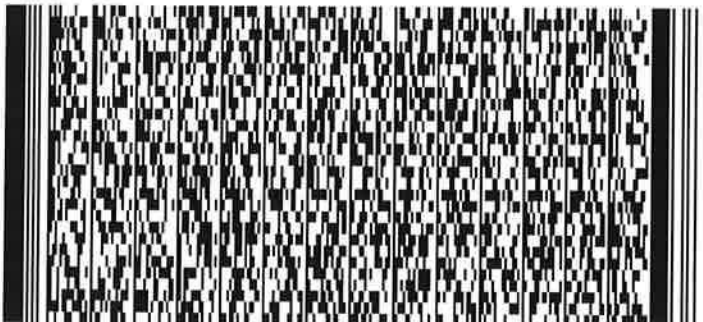
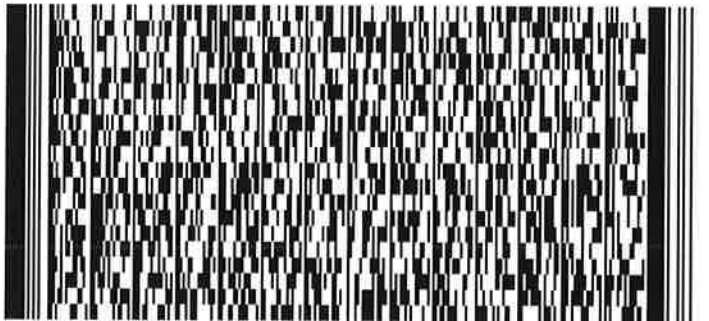
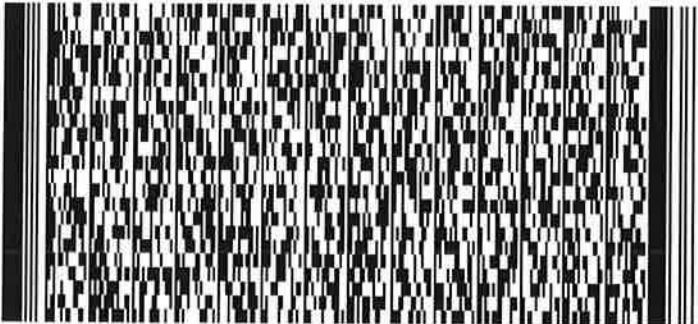
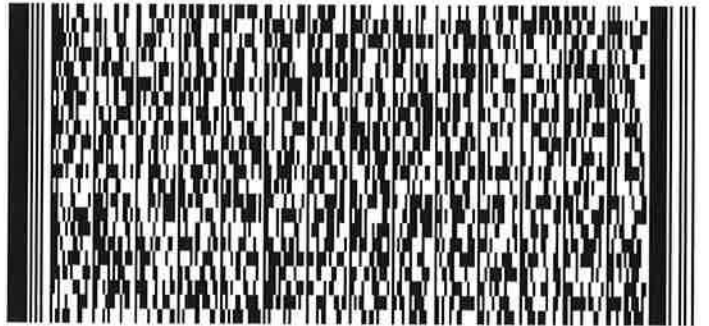
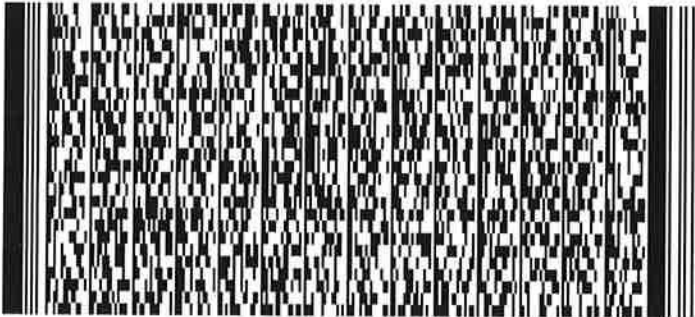
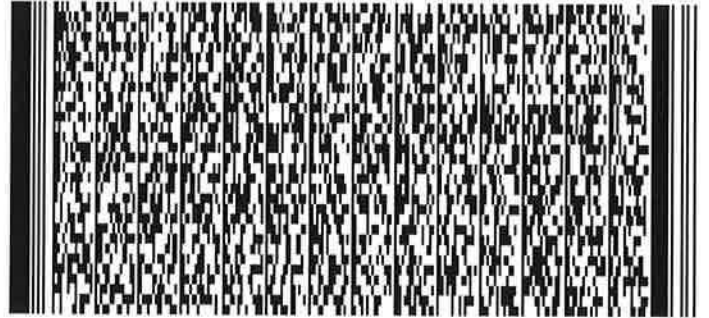
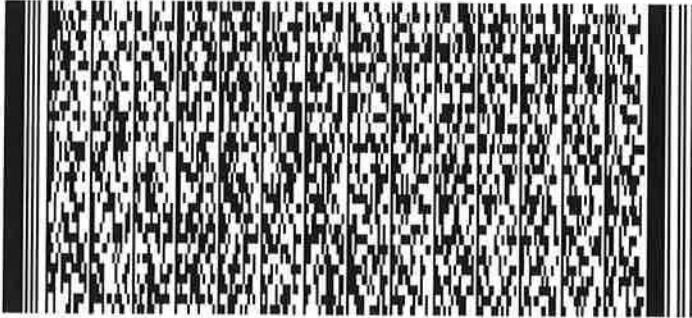


Serial Number

[Redacted]

Name of Client 顧客姓名

Pok Oi Hospital



Ref. No.: 10403230290

Date : 6 June 2023

ANNEX FORM

Client : Pok Oi Hospital

Address : Transitional Housing Development (Block 5)

No. 17 Kam Sheung Road, Kam Tin, Yuen Long, N.T.

項目	房間號碼	Fire Detection System Defect	Sprinkler System Defect
1	Room 2039	住戶拒絕入屋	未能入屋檢查花灑頭
2	Room 2065	煙霧頭 Missing	
3	Room 3001	住戶拒絕入屋	未能入屋檢查花灑頭
4	Room 3020	住戶拒絕入屋	未能入屋檢查花灑頭
5	Room 3045	住戶拒絕入屋	未能入屋檢查花灑頭
6	Room 3051	住戶拒絕入屋	未能入屋檢查花灑頭
7	Room 4006	煙霧頭被包	
8	Room 4058	煙霧頭被包	
9	Room 4042 to 4071	中間煙霧頭訊號斷 (MiC Flats)	



FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS
消防(裝置及設備)規例
(Regulation 9(1))
(第九條(1)款)

CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT
消防裝置及設備證書

FSD Ref.:
消防處檔號

Serial Number

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Transitional Housing Development (Block 6), No. 71 Kam Sheung Road, Kam Tin, Yuen Long, NT



Type of Building 樓宇類型: Industrial 工業 Commercial 商業 Domestic 住宅 Composite 綜合 Licensed premises 持牌處所 Institutional 社團

Part 1 Annual Maintenance ONLY
第一部 只適用於年檢事項

In accordance with Regulation 8(b) of the Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)
11	Emergency Lighting = 133 Nos. (F1B = 115 Nos. F2B = 18 Nos.)	Block 6 (Whole Building)	Conforms with FSD Requirements	23/11/2023	22/11/2024
12	Exit Sign = 24 Nos.	Block 6 (Whole Building)	Conforms with FSD Requirements	23/11/2023	22/11/2024

Part 2 第二部 Installation / Modification / Repair / Inspection works 裝置/改裝/修理/檢查工作

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Nature of Work Carried out 完成之工作內容	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)

Part 3 第三部 Defects 損壞事項

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Outstanding Defects 未修缺點	Comment on Defects 缺點評述

Remark 備註

I/We hereby certify that the above installations/equipment have been tested and found to be 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. Defects are listed in Part 3.

本人藉此證明以上之消防裝置及設備經試驗, 證明性能良好, 符合消防處處長不時公佈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的規格, 損壞事項列於第三部。

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This certificate should be displayed at prominent location of the building or premises for FSD's inspection if any annual maintenance work is involved.

Authorized Signature:

Name:

Ng Kwok Po

FSD/RC No.:
消防處註冊號碼
Company Name:
公司名稱

Alliance Contracting Co. Ltd

Telephone:
聯絡電話

Date:
日期

30/11/2023



For FSD use only

Inspected

Key-in

Verified



Serial Number

[Redacted Serial Number]

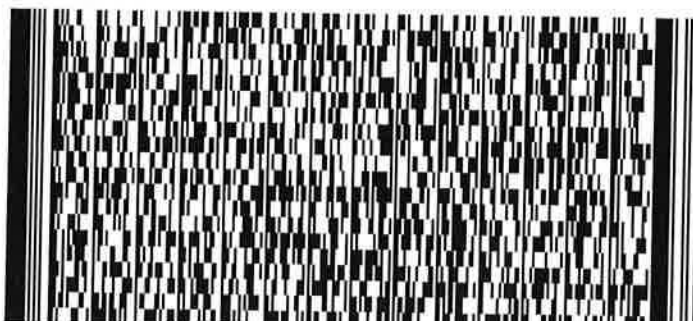
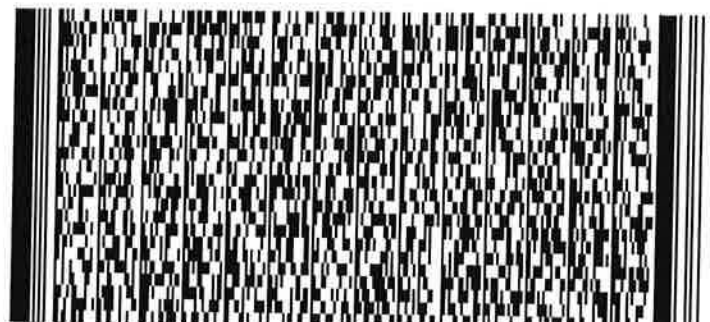
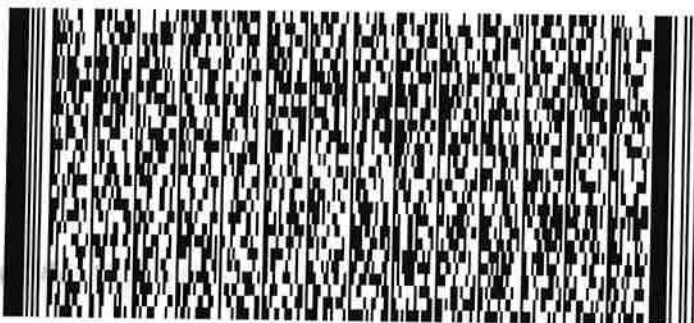
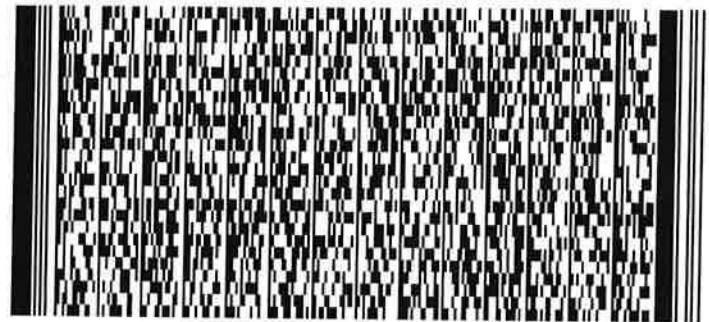
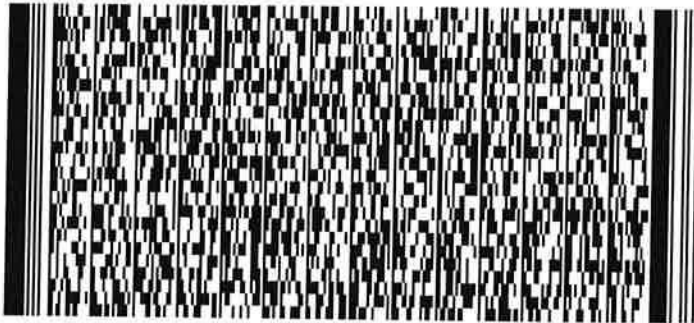
Name of Client 顧客姓名

Pok Oi Hospital

Part 1 Annual Maintenance ONLY
第一部 只適用於年檢事項

In accordance with Regulation 8(b) of the Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

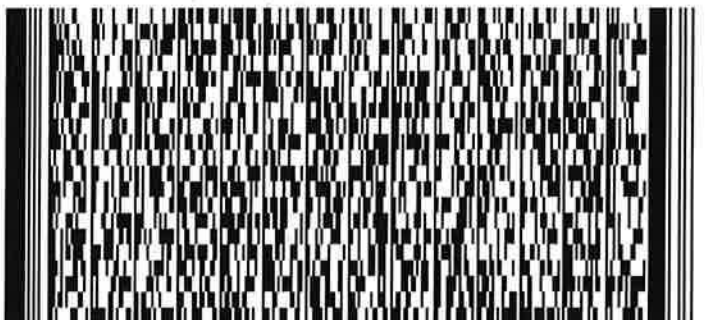
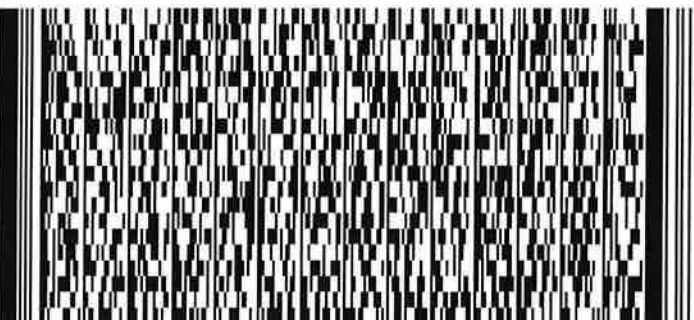
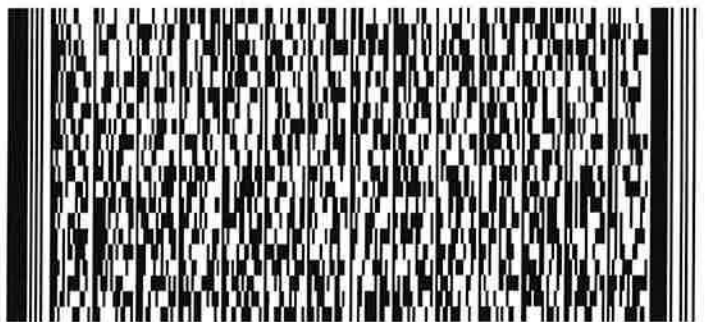
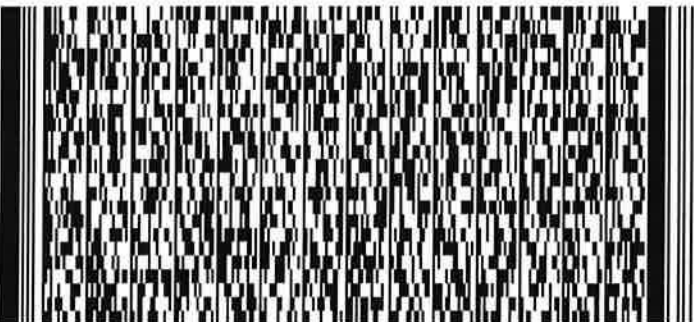
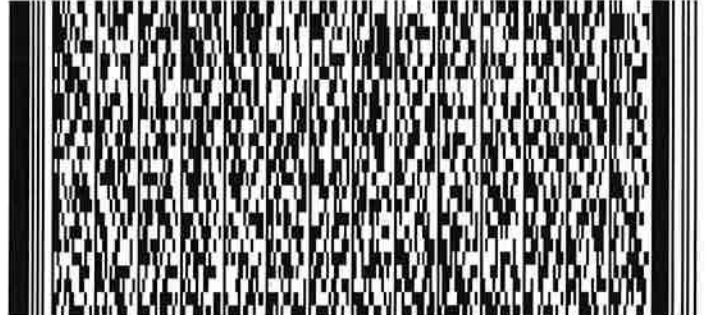
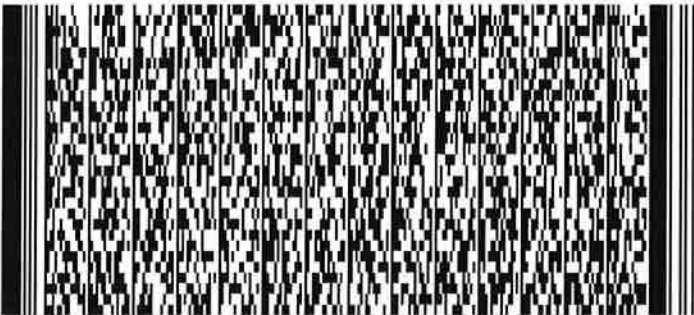
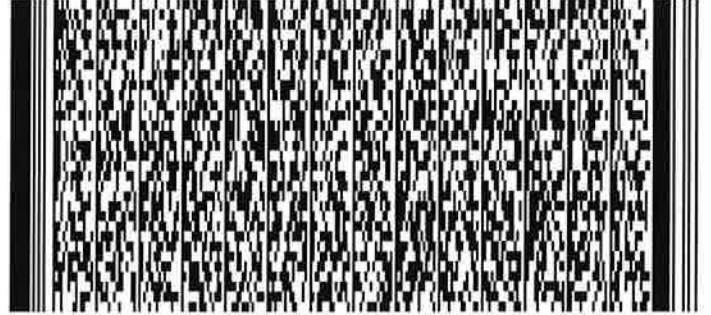
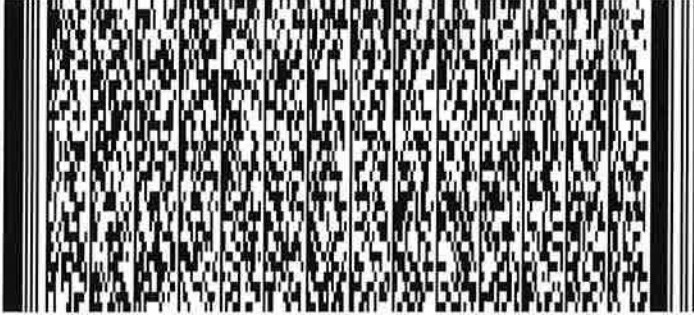
Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)
13	Fire Alarm System	Block 6 (Whole Building)	Conforms with FSD Requirements	23/11/2023	22/11/2024
15	Fire Detection System	Block 6 (Whole Building)	Conforms with FSD Requirements	23/11/2023	22/11/2024
16	Fire Hydrant / Hose Reel System	Block 6 (Whole Building)	Conforms with FSD Requirements	23/11/2023	22/11/2024
28	Sprinkler System	Block 6 (Whole Building)	Conforms with FSD Requirements	23/11/2023	22/11/2024



Serial Number

Name of Client 顧客姓名

Pok Oi Hospital



FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS

消防(裝置及設備)規例

(Regulation 9(1))

(第九條(1)款)

CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

消防裝置及設備證書

FSD Ref.:

消防處檔號

Serial Number

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Transitional Housing Development (Block 7), No. 71 Kam Sheung Road, Kam Tin, Yuen Long, NT



Type of Building 樓宇類型:

 Industrial 工業 Commercial 商業 Domestic 住宅 Composite 綜合 Licensed premises 持牌處所 Institutional 社團**Part 1 Annual Maintenance ONLY**

第一部 只適用於年檢事項

In accordance with Regulation 8(b) of the Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)
11	Emergency Lighting = 230 Nos. (F1B = 200 Nos. F2B = 30 Nos.)	Block 7 (Whole Building)	Conforms with FSD Requirements	23/11/2023	22/11/2024
12	Exit Sign = 41 Nos.	Block 7 (Whole Building)	Conforms with FSD Requirements	23/11/2023	22/11/2024

Part 2 第二部 Installation / Modification / Repair / Inspection works 裝置/改裝/修理/檢查工作

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Nature of Work Carried out 完成之工作內容	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)
15	Fire Detection System	Block 7 (2/F Corridor near Room 3058)	Replaced of Defective Smoke Detector = 1 No.	Conforms with FSD Requirements	23/11/2023
15	Fire Detection System	Block 7 (2/F Room 3011)	Replaced of Defective Sounder Base Smoke Detector = 1 No.	Conforms with FSD Requirements	23/11/2023

Part 3 第三部 Defects 損壞事項

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Outstanding Defects 未修缺點	Comment on Defects 缺點評述



Remark 備註

Authorized Signature: 受權人簽署

Name: 姓名

Ng Kwok Po

FSD/RC No.: 消防處註冊號碼

Company Name: 公司名稱

Alliance Contracting Co. Ltd

Telephone: 聯絡電話

Date: 日期

30/11/2023

For FSD use only

Inspected

Key-in

Verified

I/We hereby certify that the above installations/equipment have been tested and found to be 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. Defects are listed in Part 3.

本人藉此證明以上之消防裝置及設備經試驗, 證明性能良好, 符合消防處處長不時公佈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的規格, 損壞事項列於第三部。

如證書涉及年檢事項, 應張貼於大廈或處所當眼處以供消防處人員查核

This certificate should be displayed at prominent location of the building or premises for FSD's inspection if any annual maintenance work is involved.



Serial Number

[Redacted Serial Number]

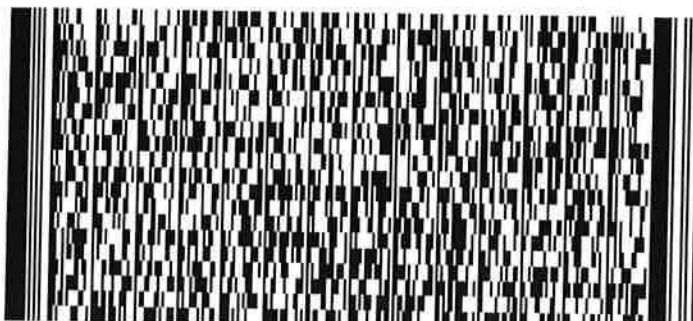
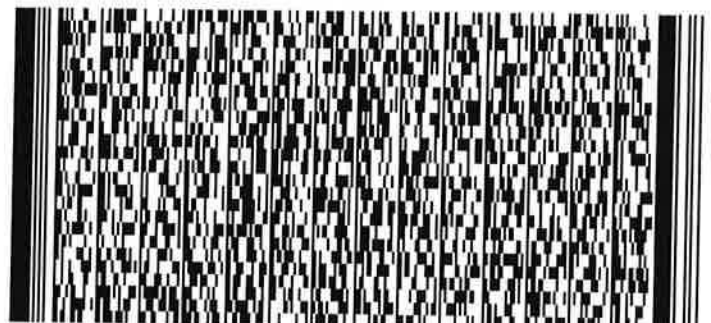
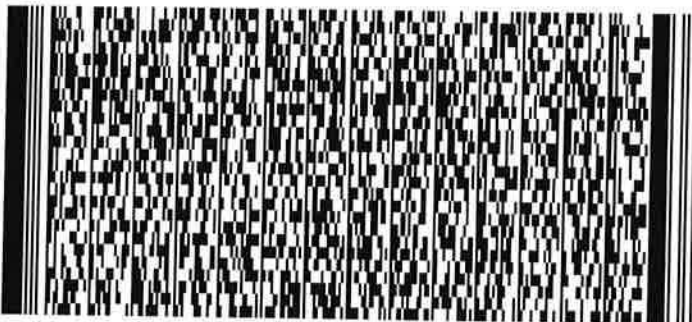
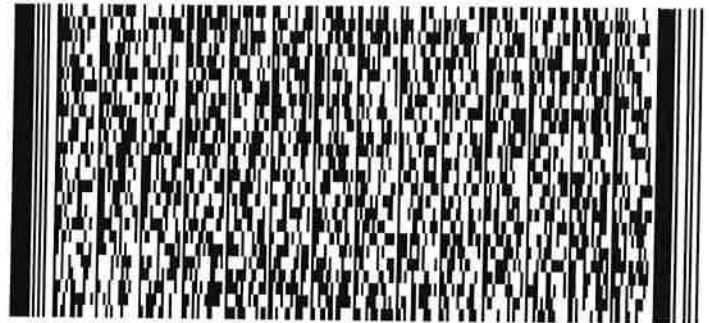
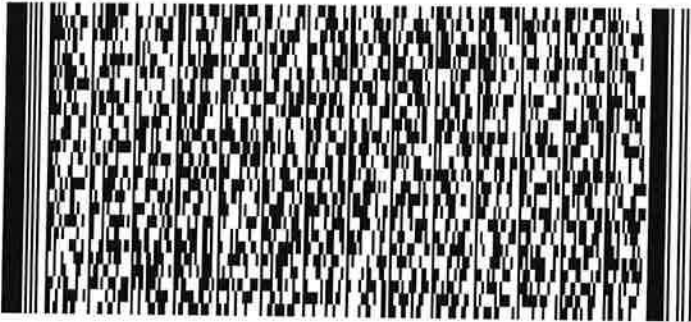
Name of Client 顧客姓名

Pok Oi Hospital

Part 1 Annual Maintenance ONLY
第一部 只適用於年檢事項

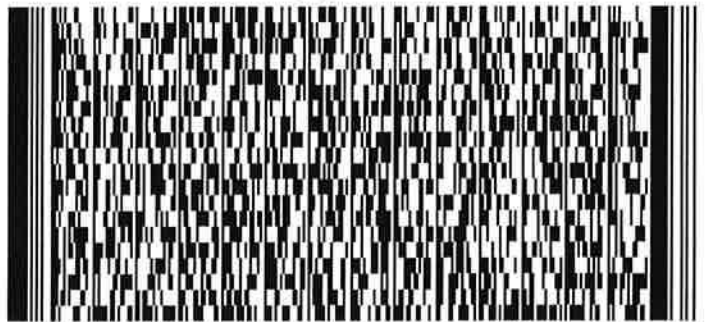
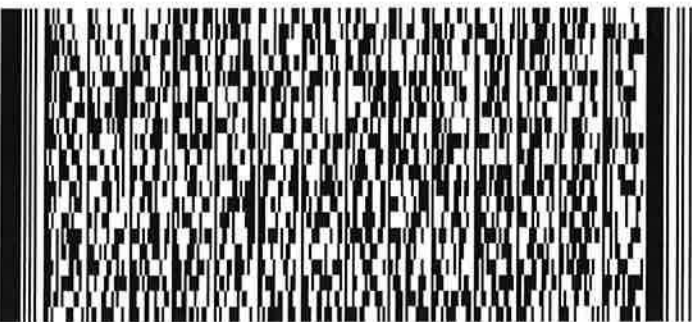
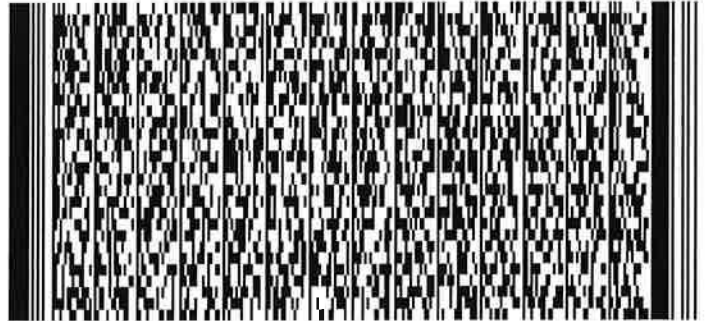
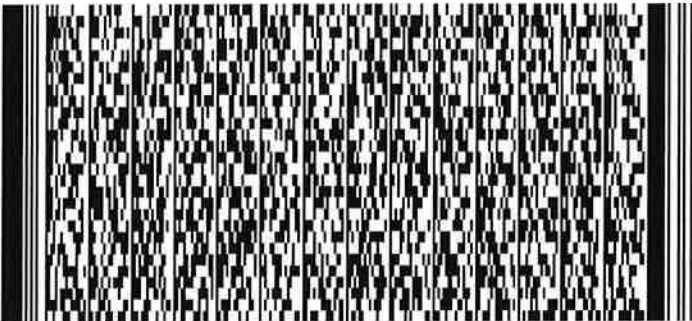
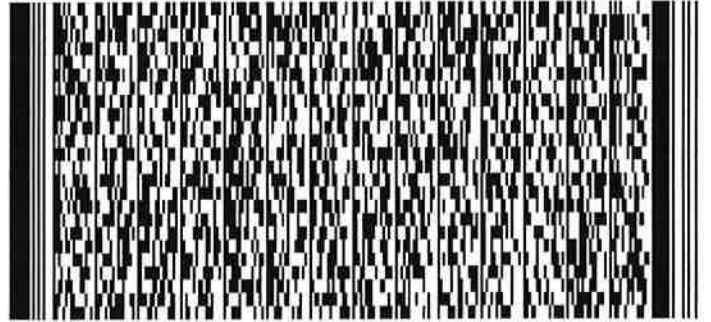
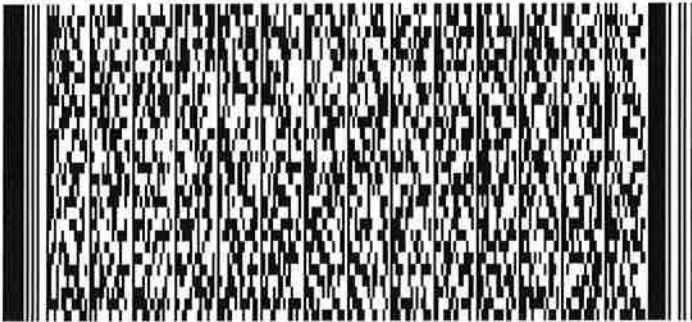
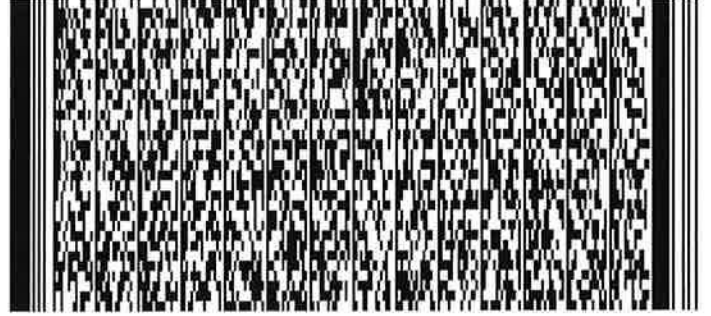
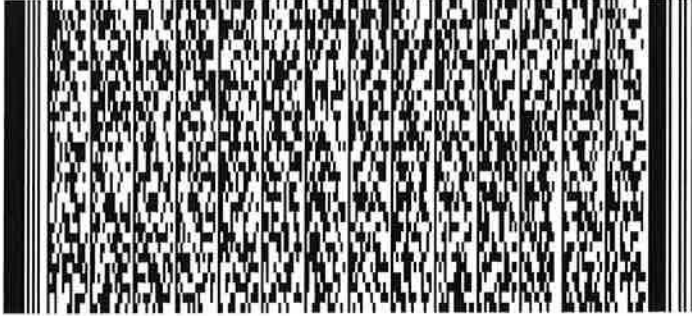
In accordance with Regulation 8(b) of the Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款，擁有裝置在任何處所內的任何消防裝置或設備的人，須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)
13	Fire Alarm System	Block 7 (Whole Building)	Conforms with FSD Requirements	23/11/2023	22/11/2024
15	Fire Detection System	Block 7 (Whole Building)	Conforms with FSD Requirements	23/11/2023	22/11/2024
16	Fire Hydrant / Hose Reel System	Block 7 (Whole Building)	Conforms with FSD Requirements	23/11/2023	22/11/2024
28	Sprinkler System	Block 7 (Whole Building)	Conforms with FSD Requirements	23/11/2023	22/11/2024



Serial Number

Name of Client 顧客姓名



FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS

消防(裝置及設備)規例

(Regulation 9(1))

(第九條(1)款)

CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

消防裝置及設備證書

FSD Ref.:

消防處檔號

Serial Number

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Transitional Housing Development (Block 8), No. 71 Kam Sheung Road, Kam Tin, Yuen Long, NT



Type of Building 樓宇類型:

 Industrial 工業 Commercial 商業 Domestic 住宅 Composite 綜合 Licensed premises 持牌處所 Institutional 社團**Part 1 Annual Maintenance ONLY**

第一部 只適用於年檢事項

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Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)
11	Emergency Lighting = 120 Nos. (F1B = 105 Nos. F2B = 15 Nos.)	Block 8 (Whole Building)	Conforms with FSD Requirements	22/11/2023	21/11/2024
12	Exit Sign = 15 Nos.	Block 8 (Whole Building)	Conforms with FSD Requirements	22/11/2023	21/11/2024

Part 2 第二部 Installation / Modification / Repair / Inspection works 裝置/改裝/修理/檢查工作

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Nature of Work Carried out 完成之工作內容	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)

Part 3 第三部 Defects 損壞事項

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Outstanding Defects 未修缺點	Comment on Defects 缺點評述

Remark 備註

Authorized Signature: 授權人簽署

Name: 姓名

Ng Kwok Po

FSD/RC No.: 消防處註冊號碼

Company Name: 公司名稱

Alliance Contracting Co. Ltd

Telephone: 聯絡電話

Date: 日期

30/11/2023

For FSD use only

Inspected

Key-in

Verified

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Serial Number

[Redacted]

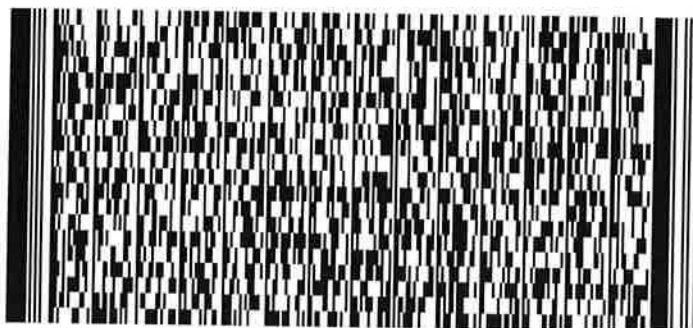
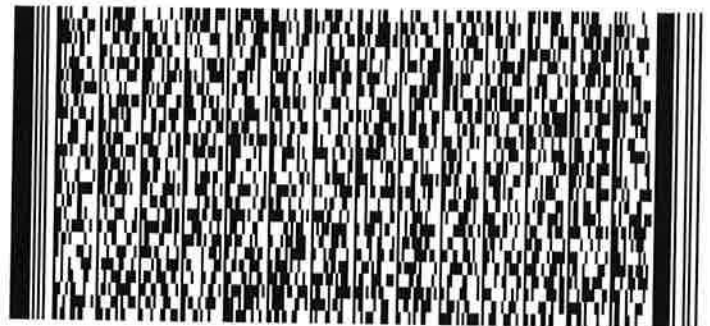
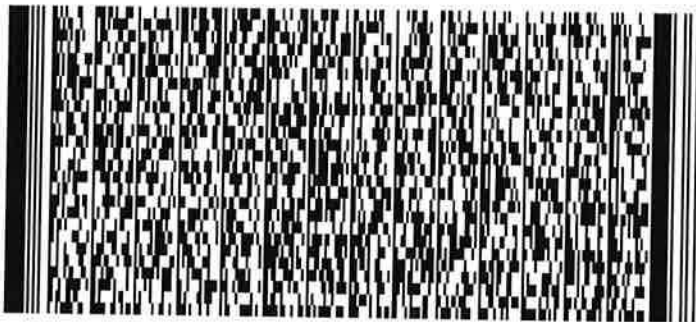
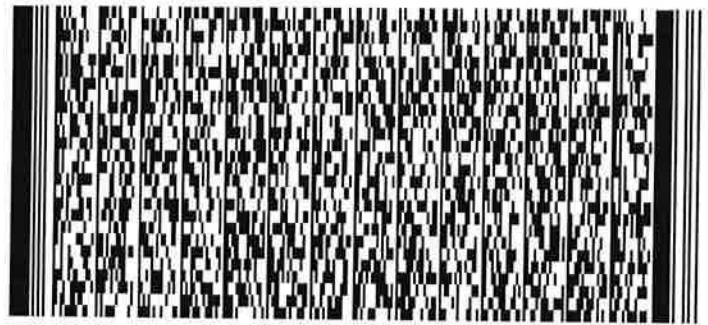
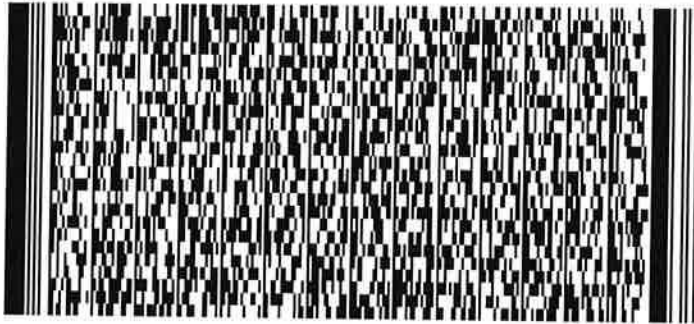
Name of Client 顧客姓名

Pok Oi Hospital

Part 1 Annual Maintenance ONLY
第一部 只適用於年檢事項

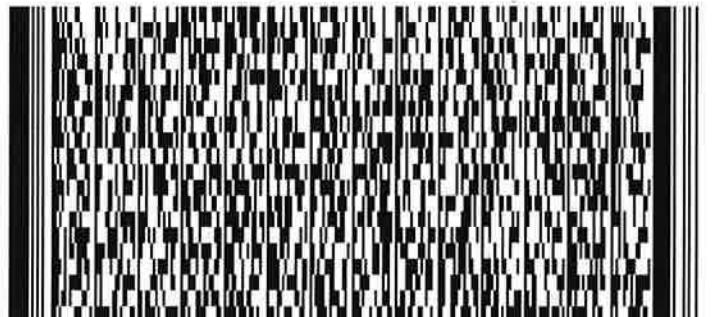
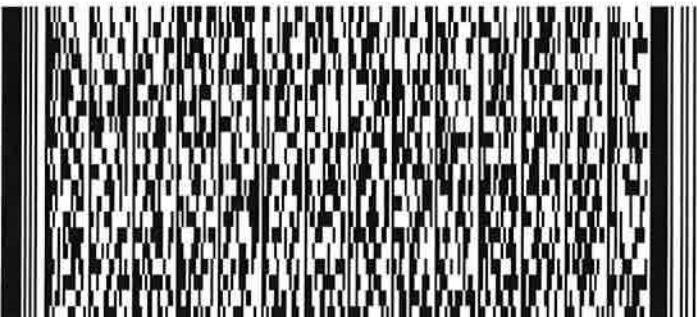
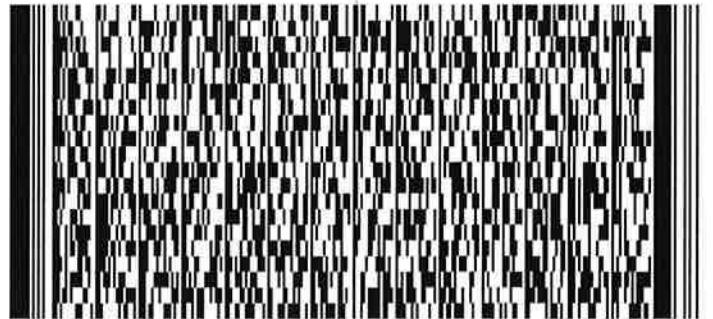
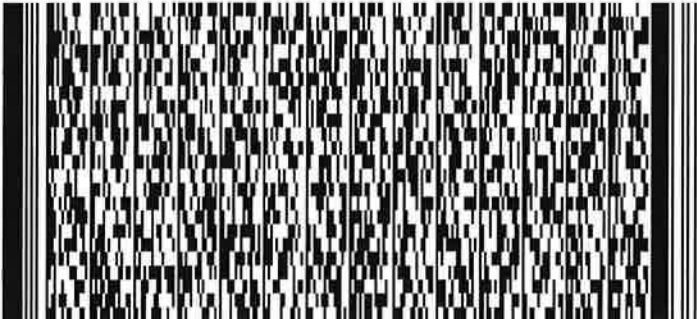
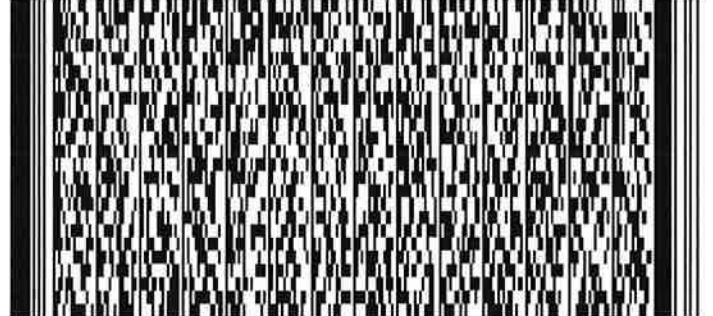
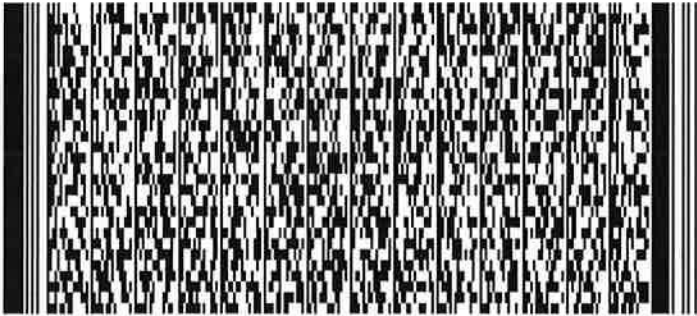
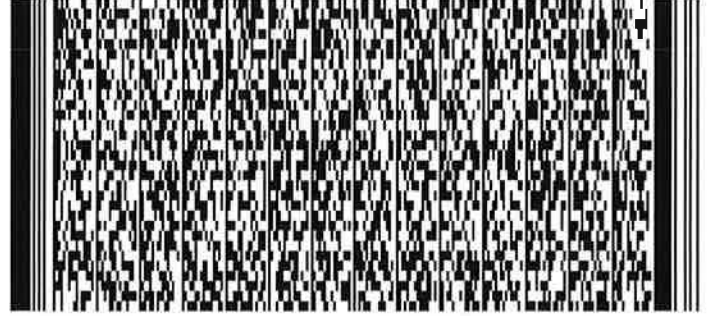
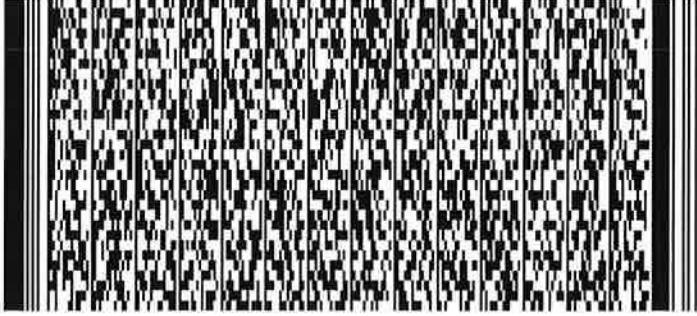
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Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)
13	Fire Alarm System	Block 8 (Whole Building)	Conforms with FSD Requirements	22/11/2023	21/11/2024
15	Fire Detection System	Block 8 (Whole Building)	Conforms with FSD Requirements	22/11/2023	21/11/2024
16	Fire Hydrant / Hose Reel System	Block 8 (Whole Building)	Conforms with FSD Requirements	22/11/2023	21/11/2024
28	Sprinkler System	Block 8 (Whole Building)	Conforms with FSD Requirements	22/11/2023	21/11/2024



Serial Number

Name of Client 顧客姓名



FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS
消防 (裝置及設備) 規例
(Regulation 9(1))
(第九條(1)款)

CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT
消防裝置及設備證書

FSD Ref.:
消防處檔號

Serial Number

Name of Client 顧客姓名

Address 地址



Type of Building 樓宇類型: Industrial 工業 Commercial 商業 Domestic 住宅 Composite 綜合 Licensed premises 持牌處所 Institutional 社團

Part 1 Annual Maintenance ONLY
第一部 只適用於年檢事項

In accordance with Regulation 8(b) of the Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)
11	Emergency Lighting = 122 Nos. (F1B = 101 Nos. F2B = 21 Nos.)	Block 9 (Whole Building)	Conforms with FSD Requirements	22/11/2023	21/11/2024
12	Exit Sign = 21 Nos.	Block 9 (Whole Building)	Conforms with FSD Requirements	22/11/2023	21/11/2024

Part 2 第二部 Installation / Modification / Repair / Inspection works 裝置/改裝/修理/檢查工作

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Nature of Work Carried out 完成之工作內容	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)
15	Fire Detection System	Block 9 (G/F Corridor near Room 1041 and near ST1)	Replaced of Defective Smoke Detector = 2 Nos.	Conforms with FSD Requirements	22/11/2023

Part 3 第三部 Defects 損壞事項

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Outstanding Defects 未修缺點	Comment on Defects 缺點評述

Remark 備註

I/We hereby certify that the above installations/equipment have been tested and found to be 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. Defects are listed in Part 3.

本人藉此證明以上之消防裝置及設備經試驗, 證明性能良好, 符合消防處處長不時公佈之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的規格, 損壞事項列於第三部。

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This certificate should be displayed at prominent location of the building or premises for FSD's inspection if any annual maintenance work is involved.

Authorized Signature:

Name:

FSD/RC No.:

Company Name:

Telephone:

Date:



For FSD use only

Inspected

Key-in

Verified



Serial Number

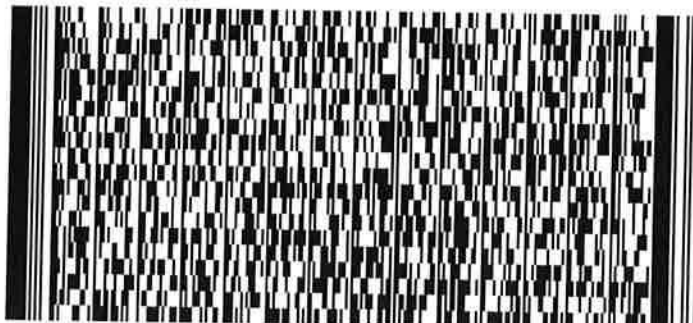
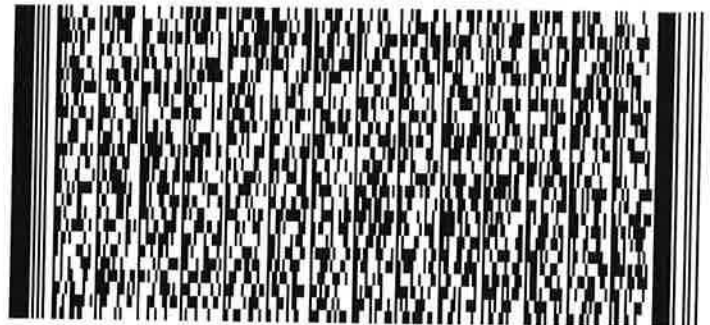
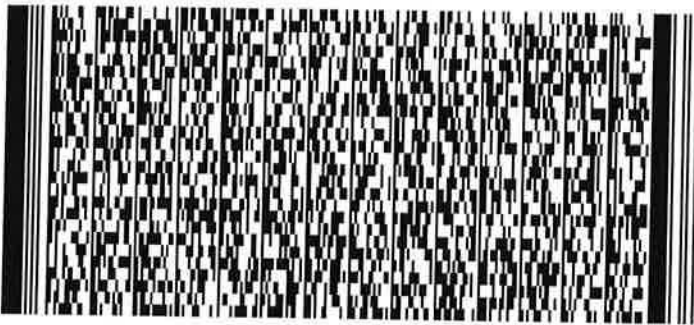
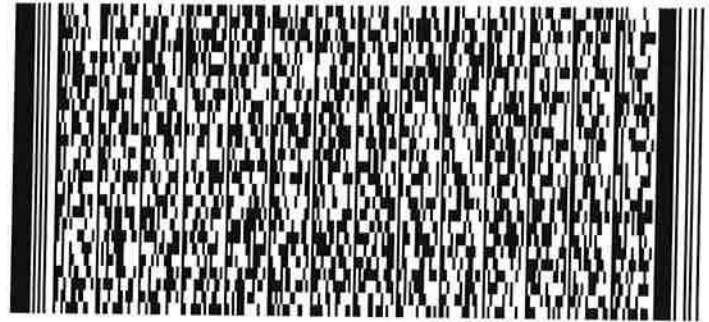
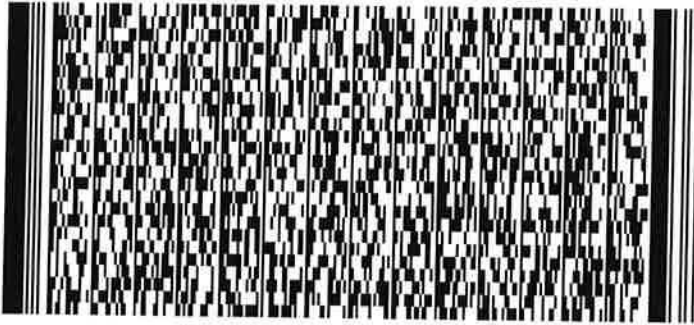
Name of Client 顧客姓名

Pok Oi Hospital

Part 1 Annual Maintenance ONLY
第一部 只適用於年檢事項

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Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)
13	Fire Alarm System	Block 9 (Whole Building)	Conforms with FSD Requirements	22/11/2023	21/11/2024
15	Fire Detection System	Block 9 (Whole Building)	Conforms with FSD Requirements	22/11/2023	21/11/2024
16	Fire Hydrant / Hose Reel System	Block 9 (Whole Building)	Conforms with FSD Requirements	22/11/2023	21/11/2024
28	Sprinkler System	Block 9 (Whole Building)	Conforms with FSD Requirements	22/11/2023	21/11/2024

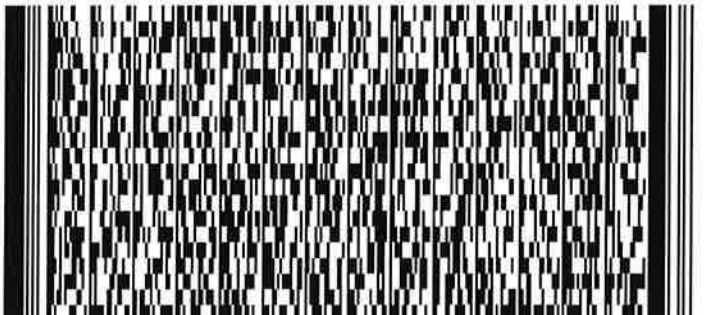
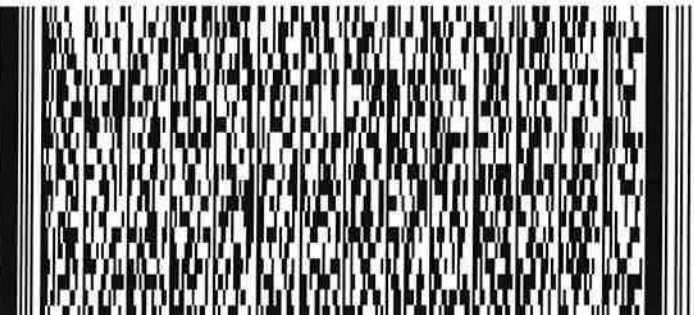
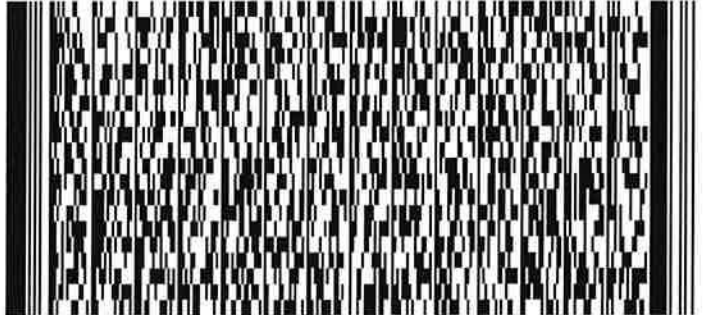
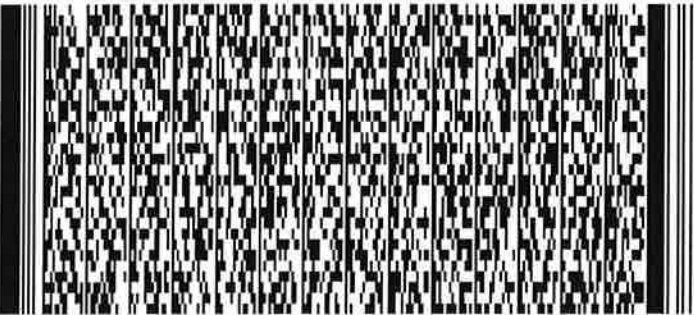
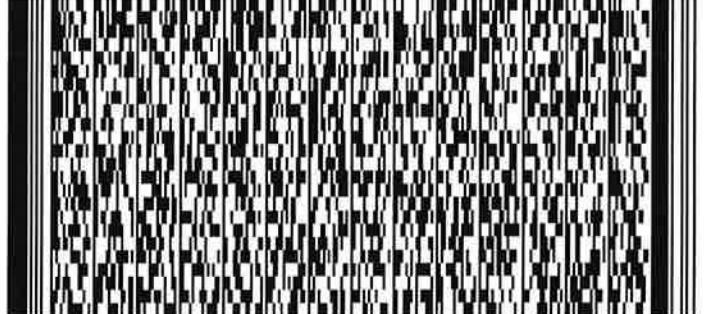
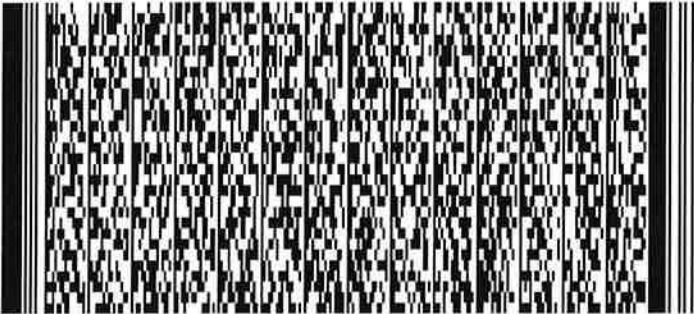
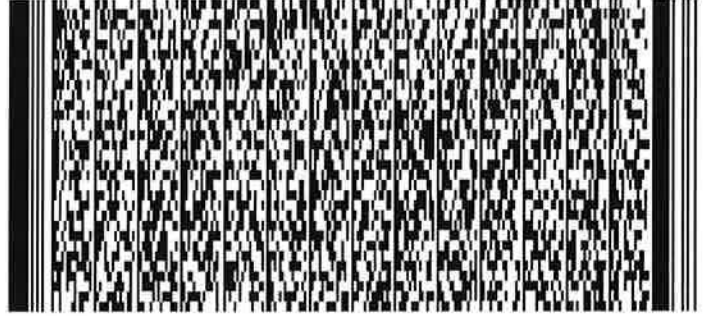
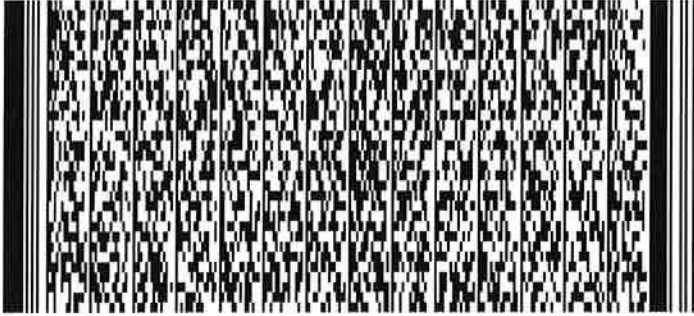


Serial Number

[Redacted]

Name of Client 顧客姓名

Pok Oi Hospital



FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS

消防(裝置及設備)規例

(Regulation 9(1))

(第九條(1)款)

CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

消防裝置及設備證書

FSD Ref.:

Serial Number

Name of Client 顧客姓名

Address 地址



Type of Building 樓宇類型: Industrial 工業 Commercial 商業 Domestic 住宅 Composite 綜合 Licensed premises 持牌處所 Institutional 社團

Part 1 Annual Maintenance ONLY

In accordance with Regulation 8(b) of the Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

第一部 只適用於年檢事項

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)
11	Emergency Lighting = 12 Nos. (F1B = 8 Nos. F2B = 4 Nos.)	Sewage Treatment Plant 2 (G/F) at Phase 2	Conforms with FSD Requirements	22/11/2023	21/11/2024
12	Exit Sign = 2 Nos.	Sewage Treatment Plant 2 (G/F) at Phase 2	Conforms with FSD Requirements	22/11/2023	21/11/2024

Part 2 第二部 Installation / Modification / Repair / Inspection works 裝置/改裝/修理/檢查工作

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Nature of Work Carried out 完成之工作內容	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)

Part 3 第三部 Defects 損壞事項

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Outstanding Defects 未修缺點	Comment on Defects 缺點評述

Remark 備註

I/We hereby certify that the above installations/equipment have been tested and found to be 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. Defects are listed in Part 3.

本人藉此證明以上之消防裝置及設備經試驗, 證明性能良好, 符合消防處處長不時公佈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的規格, 損壞事項列於第三部。

如證書涉及年檢事項, 應張貼於大廈或處所當眼處以供消防處人員查核
 This certificate should be displayed at prominent location of the building or premises for FSD's inspection if any annual maintenance work is involved.

Authorized Signature:
 授權人簽署
 Name:
 姓名
 FSD/RC No.:
 消防處註冊號碼
 Company Name:
 公司名稱
 Telephone:
 聯絡電話
 Date:
 日期



For FSD use only
 Inspected
 Key-in
 Verified



Serial Number

[Redacted Serial Number]

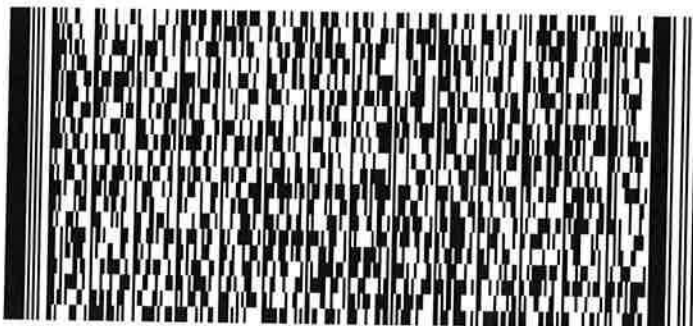
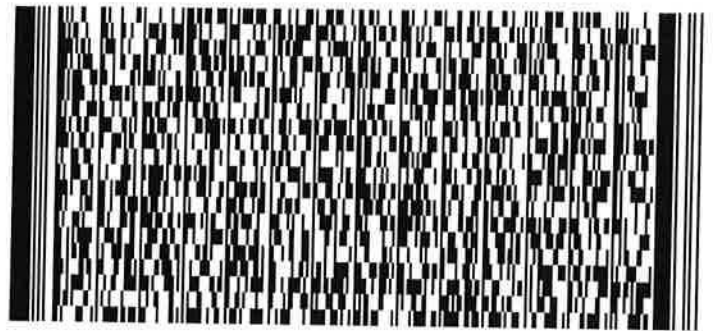
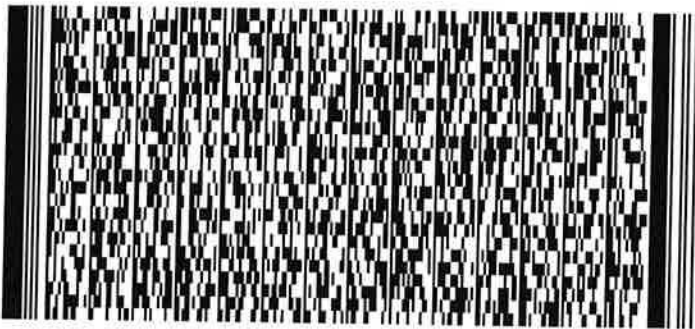
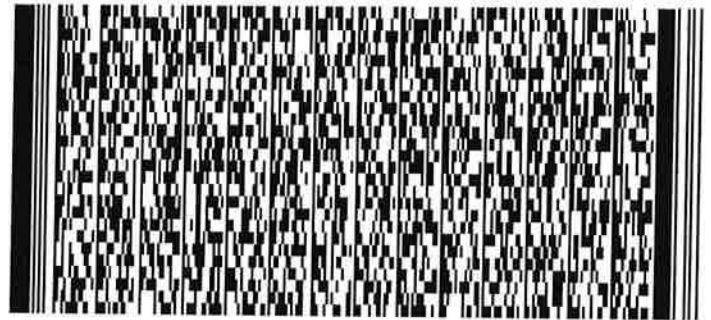
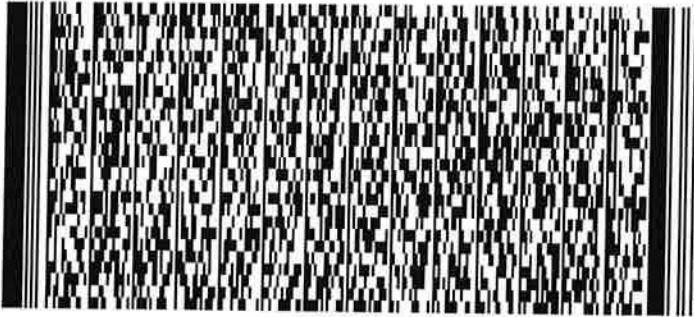
Name of Client 顧客姓名

Pok Oi Hospital

Part 1 Annual Maintenance ONLY
第一部 只適用於年檢事項

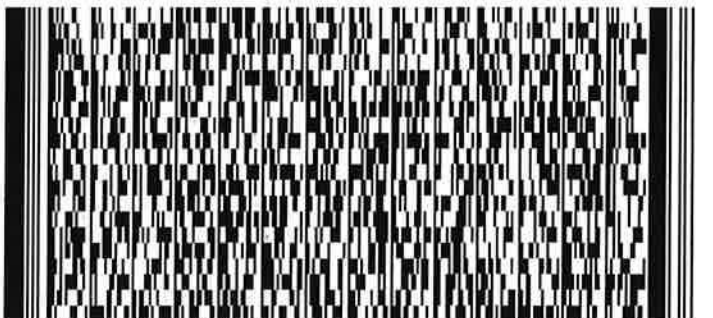
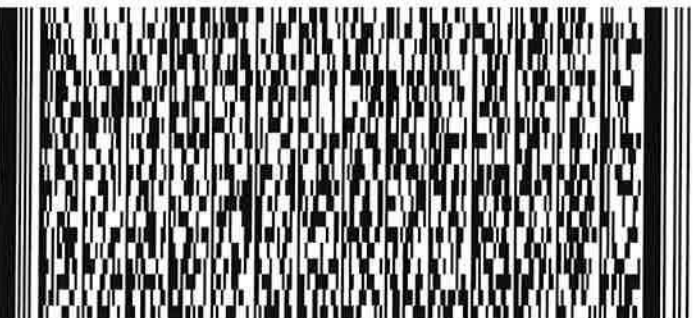
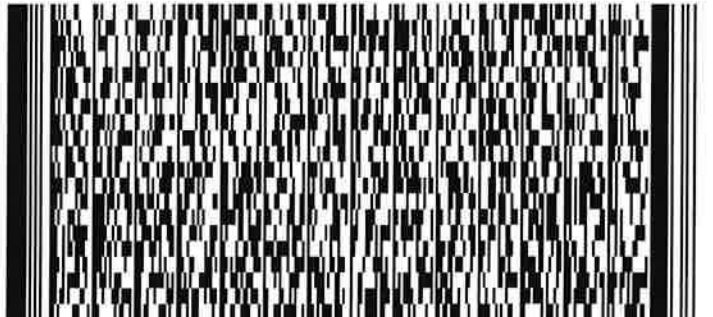
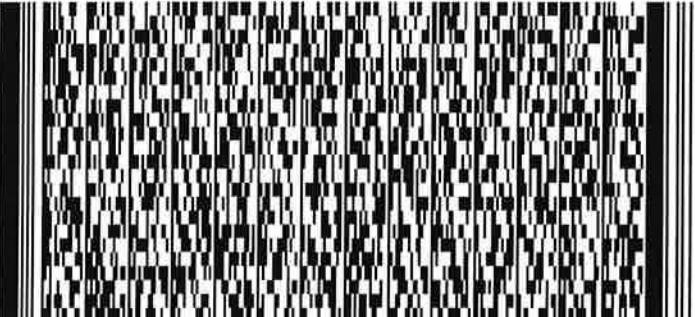
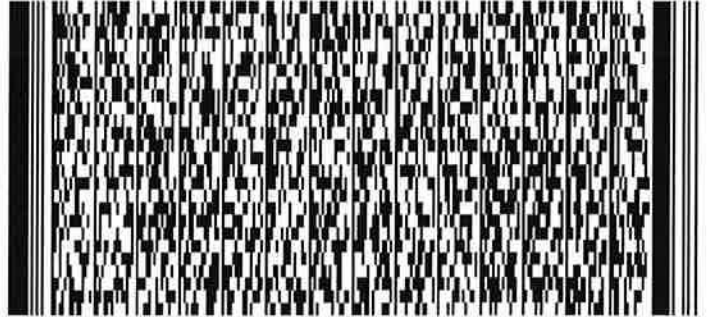
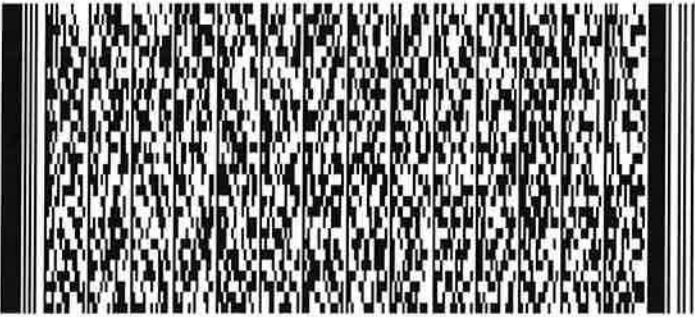
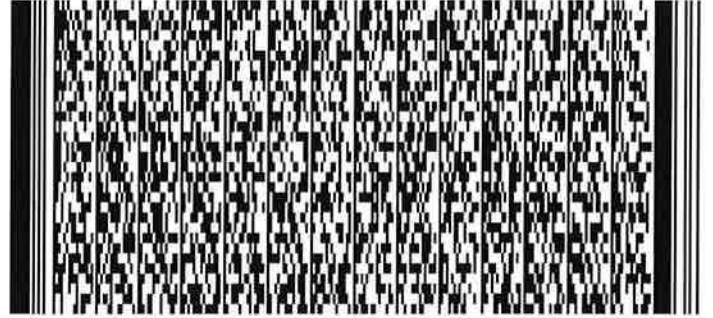
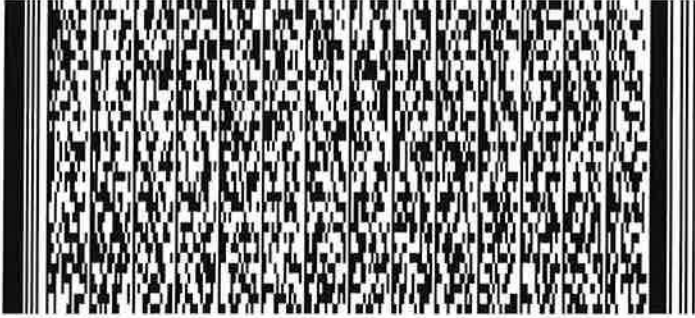
In accordance with Regulation 8(b) of the Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)
13	Fire Alarm System	Sewage Treatment Plant 2 (G/F) at Phase 2	Conforms with FSD Requirements	22/11/2023	21/11/2024
15	Fire Detection System	Sewage Treatment Plant 2 (G/F) at Phase 2	Conforms with FSD Requirements	22/11/2023	21/11/2024
34	Street Fire Hydrant System	G/F EVA = 7 Nos.	Conforms with FSD Requirements	22/11/2023	21/11/2024



Serial Number

Name of Client 顧客姓名



FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS

消防(裝置及設備)規例

(Regulation 9(1))

(第九條(1)款)

CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

消防裝置及設備證書

FSD Ref.:

消防處檔號

Serial Number

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Transitional Housing Development (Block 1), No. 71 Kam Sheung Road, Kam Tin, Yuen Long, NT



Type of Building 樓宇類型:

 Industrial 工業 Commercial 商業 Domestic 住宅 Composite 綜合 Licensed premises 持牌處所 Institutional 社團**Part 1 Annual Maintenance ONLY****第一部 只適用於年檢事項**

In accordance with Regulation 8(b) of the Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)

Part 2 第二部 Installation / Modification / Repair / Inspection works 裝置/改裝/修理/檢查工作

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Nature of Work Carried out 完成之工作內容	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)
15	Fire Detection System	Block 1, G/F, Corridor	Replaced Defective Smoke Detector at Corridor = 1 No.	Conforms with FSD Requirements	26/10/2023

Part 3 第三部 Defects 損壞事項

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Outstanding Defects 未修缺點	Comment on Defects 缺點評述

Remark 備註

I/We hereby certify that the above installations/equipment have been tested and found to be 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. Defects are listed in Part 3.

本人藉此證明以上之消防裝置及設備經試驗, 證明性能良好, 符合消防處處長不時公佈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的規格, 損壞事項列於第三部。

如證書涉及年檢事項, 應張貼於大廈或**處所當眼處以供消防處人員查核****This certificate should be displayed at prominent location of the building or premises for FSD's inspection if any annual maintenance work is involved.**

Authorized Signature: 受權人簽署

Name: 姓名

Ng Kwok Po

FSD/RC No.: 消防處註冊號碼

Company Name: 公司名稱

Alliance Contracting Co. Ltd

Telephone: 聯絡電話

Date: 日期

26/10/2023



For FSD use only

Inspected

Key-in

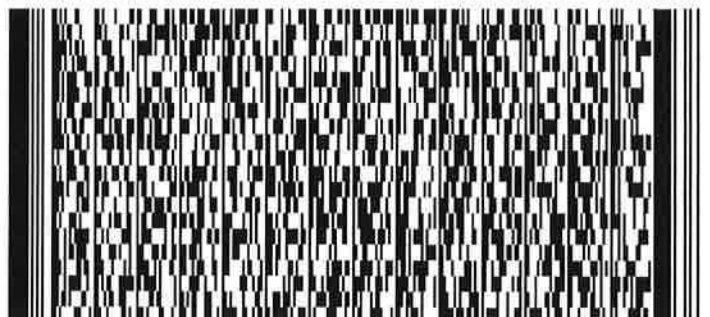
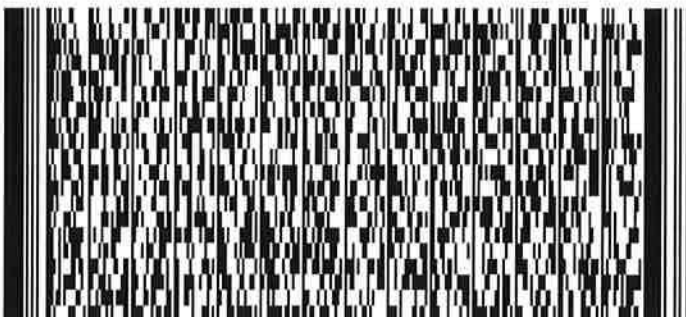
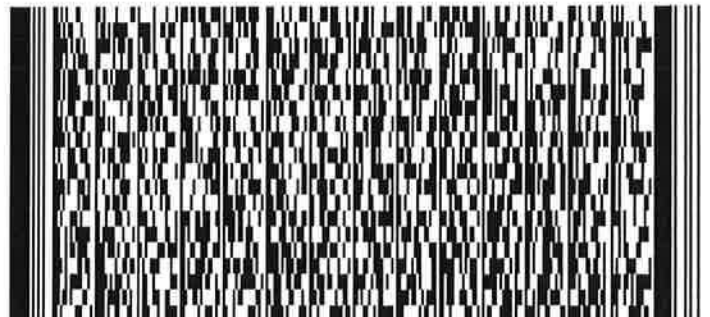
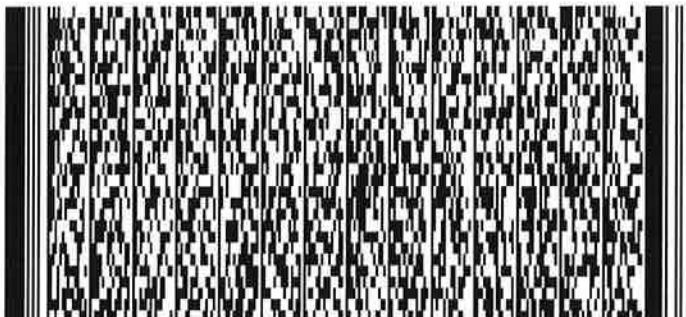
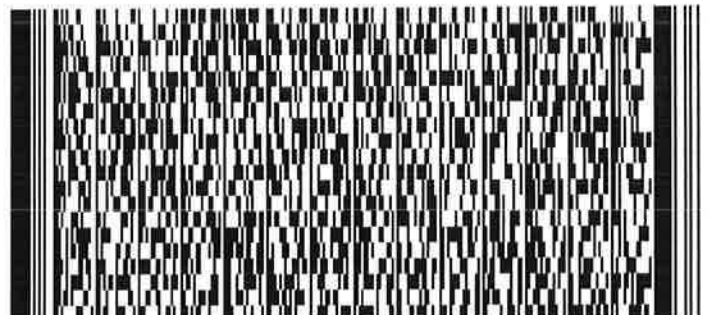
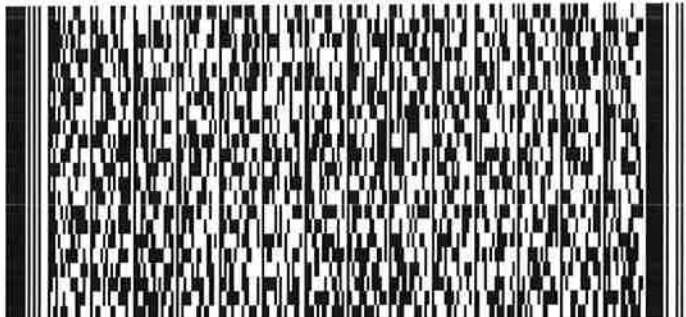
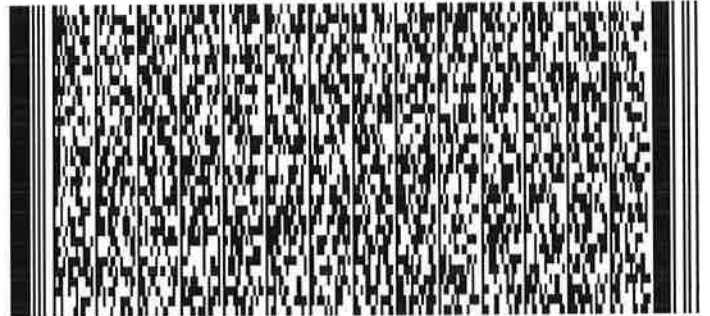
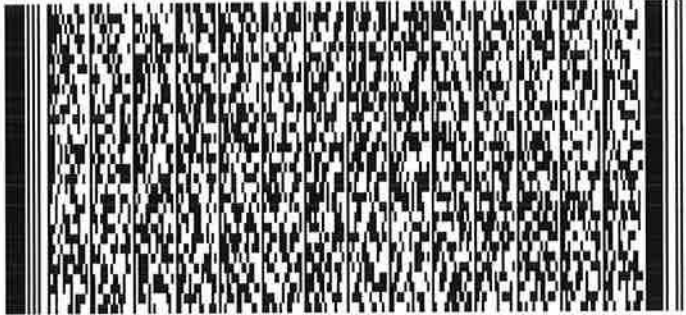
Verified



Serial Number

Name of Client 顧客姓名

Pok Oi Hospital



FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS
消防(裝置及設備)規例
(Regulation 9(1))
(第九條(1)款)

FSD Ref.:
消防處編號

Serial Number

CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT
消防裝置及設備證書

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Transitional Housing Development (Block 1), No. 71 Kam Sheung Road, Kam Tin, Yuen Long, NT



Type of Building 樓宇類型: Industrial 工業 Commercial 商業 Domestic 住宅 Composite 綜合 Licensed premises 持牌處所 Institutional 社團

Part 1 Annual Maintenance ONLY
第一部 只適用於年檢事項

In accordance with Regulation 8(b) of the Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)
15	Fire Detection System	G/F, Room No. 1005 and 1015	Conforms with FSD Requirements	26/10/2023	25/10/2024
15	Fire Detection System	3/F, Room No. 4020, 4022 and 4043	Conforms with FSD Requirements	26/10/2023	25/10/2024

Part 2 第二部 Installation / Modification / Repair / Inspection works 裝置/改裝/修理/檢查工作

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Nature of Work Carried out 完成之工作內容	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)
15	Fire Detection System	G/F, Room No. 1005	Replaced Defective Sounder Base Smoke Detector at Room No. 1005 = 1 No.	Conforms with FSD Requirements	26/10/2023

Part 3 第三部 Defects 損壞事項

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Outstanding Defects 未修缺點	Comment on Defects 缺點評述

Remark 備註
The Defect Rectification Works and Completion of Outstanding Annual Maintenance for The Rooms on Previous FS251 Ref. No.: 10403230298 issued on 07 June 2023.

I/We hereby certify that the above installations/equipment have been tested and found to be 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. Defects are listed in Part 3.

本人藉此證明以上之消防裝置及設備經試驗, 證明性能良好, 符合消防處處長不時公佈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的規格, 損壞事項列於第三部。

如證書涉及年檢事項, 應張貼於大廈或處所當眼處以供消防處人員查核

This certificate should be displayed at prominent location of the building or premises for FSD's inspection if any annual maintenance work is involved.

Authorized Signature: 受權人簽署

Name: 姓名

Ng Kwok Po

FSD/RC No.: 消防處註冊號碼

Company Name: 公司名稱

Alliance Contracting Co. Ltd

Telephone: 聯絡電話

Date: 日期

26/10/2023



For FSD use only

Inspected

Key-in

Verified



Serial Number

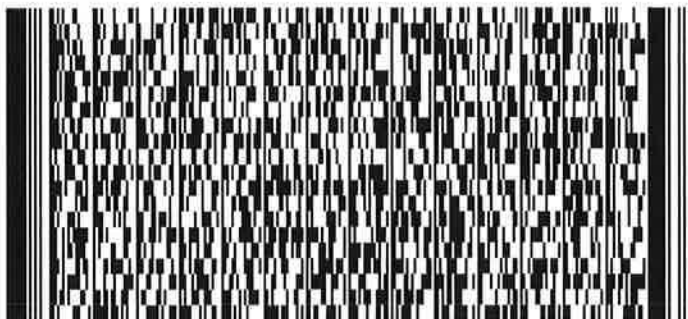
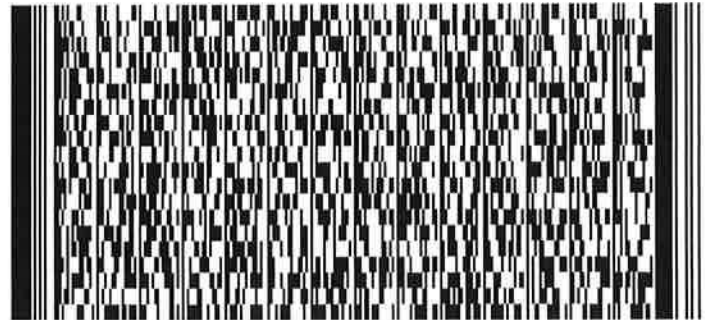
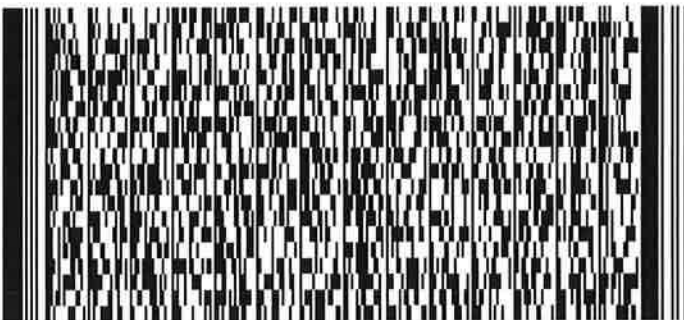
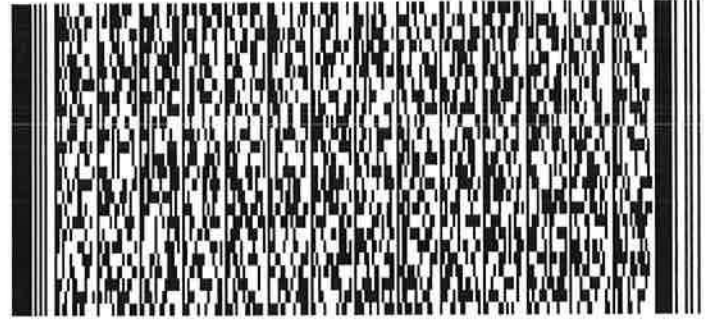
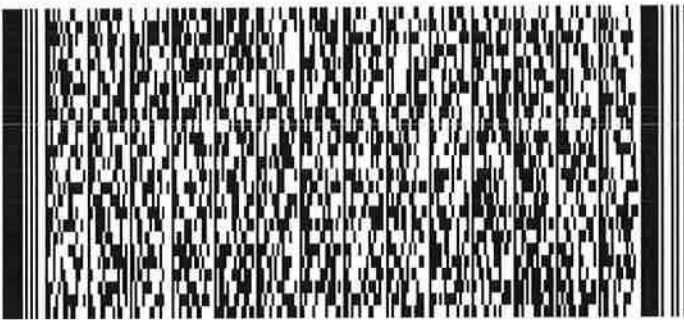
Name of Client 顧客姓名

Pok Oi Hospital

Part 1 Annual Maintenance ONLY
第一部 只適用於年檢事項

In accordance with Regulation 8(b) of the Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

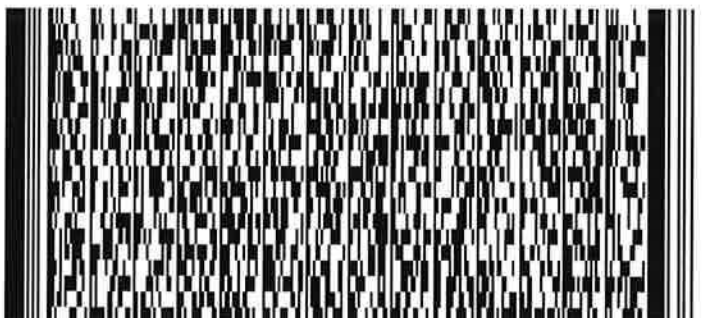
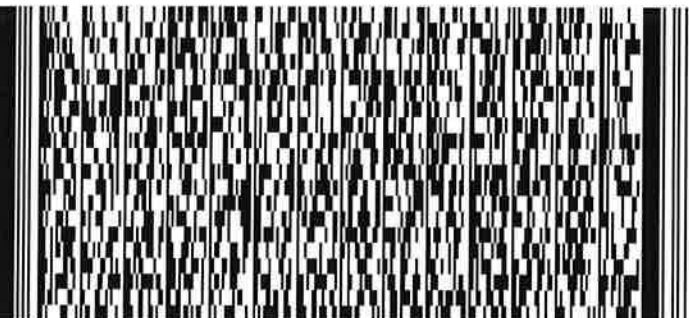
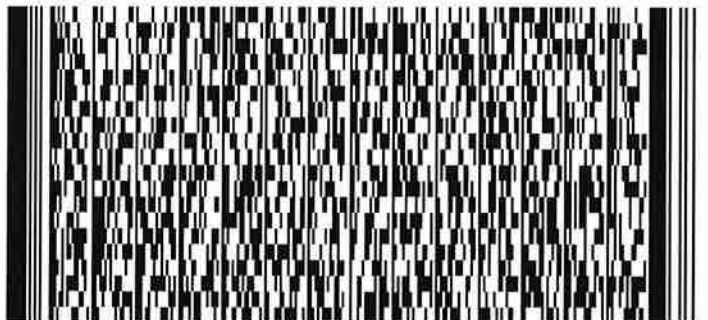
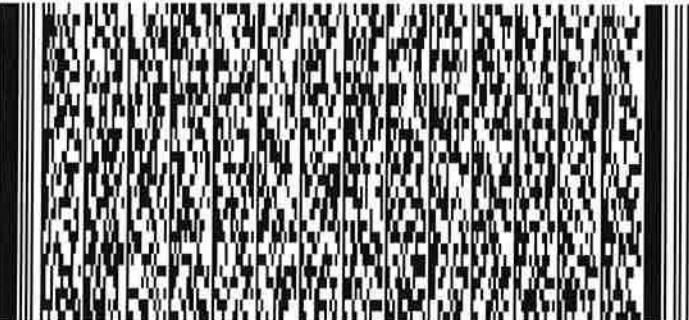
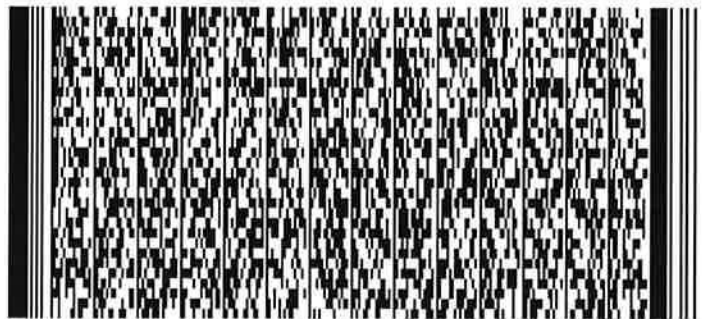
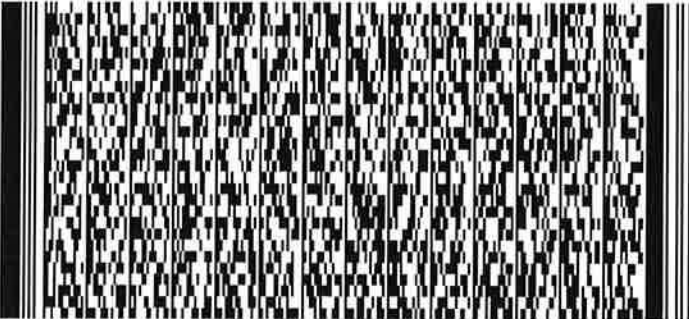
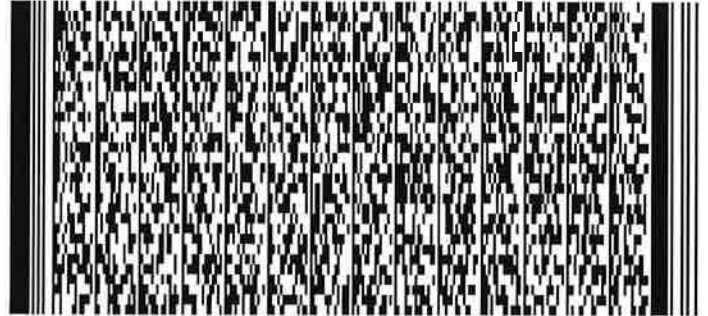
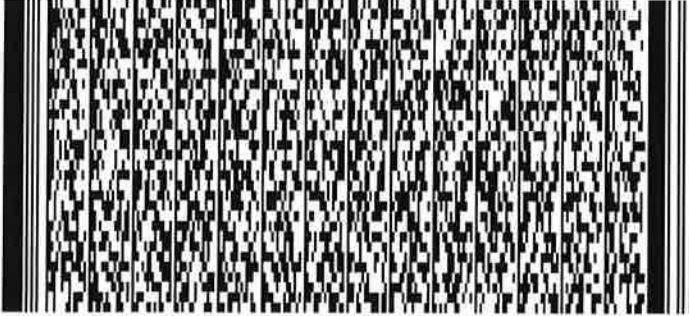
Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)
28	Sprinkler System	G/F, Room No. 1015	Conforms with FSD Requirements	26/10/2023	25/10/2024
28	Sprinkler System	3/F, Room No. 4020, 4022 and 4043	Conforms with FSD Requirements	26/10/2023	25/10/2024



Serial Number

Name of Client 顧客姓名

Pok Oi Hospital



FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS

消防(裝置及設備)規例

(Regulation 9(1))

(第九條(1)款)

CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

消防裝置及設備證書

FSD Ref.:

消防處檔號

Serial Number

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Transitional Housing Development (Block 2), No. 71 Kam Sheung Road, Kam Tin, Yuen Long, NT



Type of Building 樓宇類型:

 Industrial 工業 Commercial 商業 Domestic 住宅 Composite 綜合 Licensed premises 持牌處所 Institutional 社團**Part 1 Annual Maintenance ONLY****第一部 只適用於年檢事項**

In accordance with Regulation 8(b) of the Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)
15	Fire Detection System	G/F, Room No. 1025, 1029 and 1034	Conforms with FSD Requirements	26/10/2023	25/10/2024
15	Fire Detection System	1/F, Room No. 2012, 2042 and 2038	Conforms with FSD Requirements	26/10/2023	25/10/2024

Part 2 第二部 Installation / Modification / Repair / Inspection works 裝置/改裝/修理/檢查工作

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Nature of Work Carried out 完成之工作內容	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)
15	Fire Detection System	G/F, Room No. 1034	Replaced Defective Sounder Base Smoke Detector at Room No. 1034 = 1 No.	Conforms with FSD Requirements	26/10/2023
15	Fire Detection System	1/F, Room No. 2042	Newly Installed Sounder Base Smoke Detector at Room 2042 due to missing	Conforms with FSD Requirements	26/10/2023

Part 3 第三部 Defects 損壞事項

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Outstanding Defects 未修缺點	Comment on Defects 缺點評述

Remark 備註

The Defect Rectification Works and Completion of Outstanding Annual Maintenance for The Rooms on Previous FS251 Ref. No.: 10403230299 issued on 07 June 2023.

I/We hereby certify that the above installations/equipment have been tested and found to be 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. Defects are listed in Part 3.

本人藉此證明以上之消防裝置及設備經試驗, 證明性能良好, 符合消防處處長不時公佈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的規格, 損壞事項列於第三部。

如證書涉及年檢事項, 應張貼於大廈或處所當眼處以供消防處人員查核

This certificate should be displayed at prominent location of the building or premises for FSD's inspection if any annual maintenance work is involved.

Authorized Signature: 受權人簽署

Name: 姓名

Ng Kwok Po

FSD/RC No.: 消防處註冊號碼

Company Name: 公司名稱

Alliance Contracting Co. Ltd

Telephone: 聯絡電話

Date: 日期

26/10/2023



For FSD use only

Inspected

Key-in

Verified



Serial Number

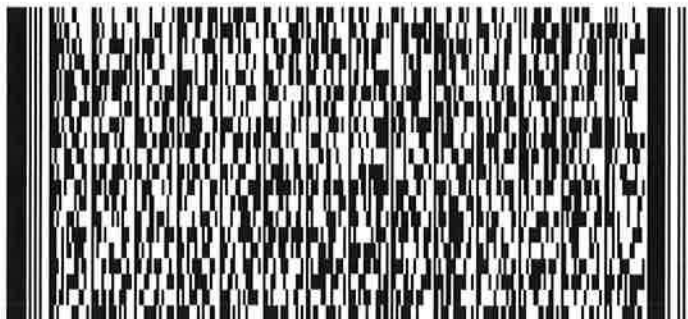
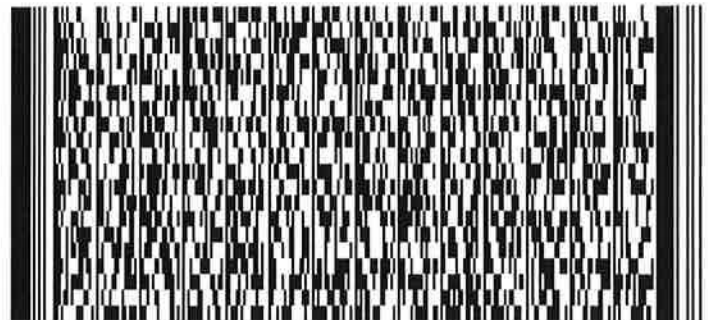
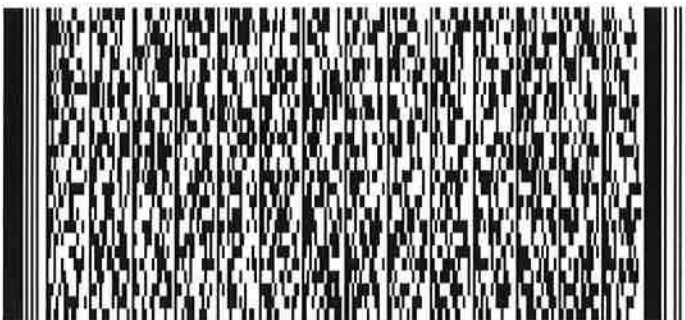
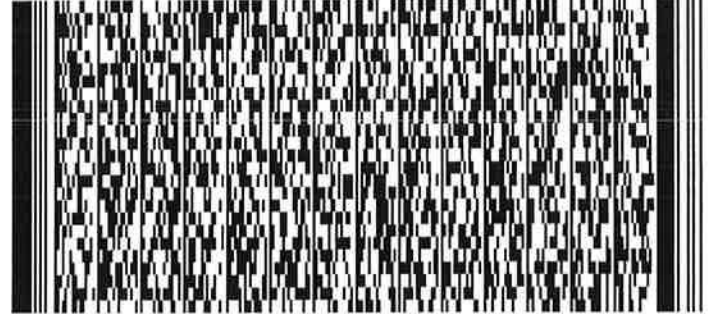
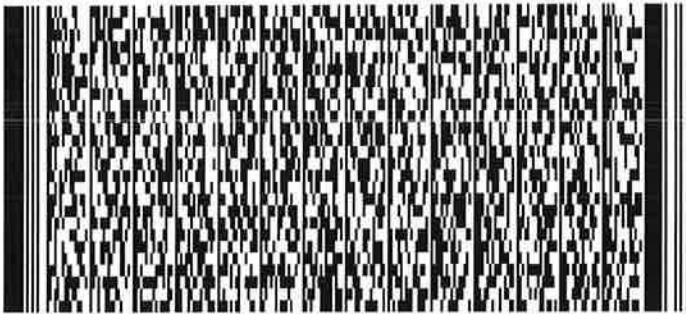
Name of Client 顧客姓名

Pok Oi Hospital

Part 1 Annual Maintenance ONLY
第一部 只適用於年檢事項

In accordance with Regulation 8(b) of the Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

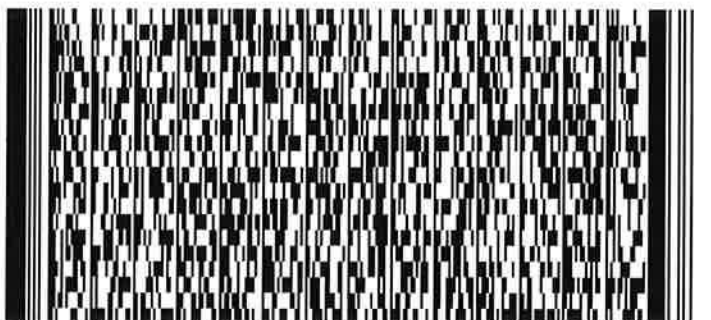
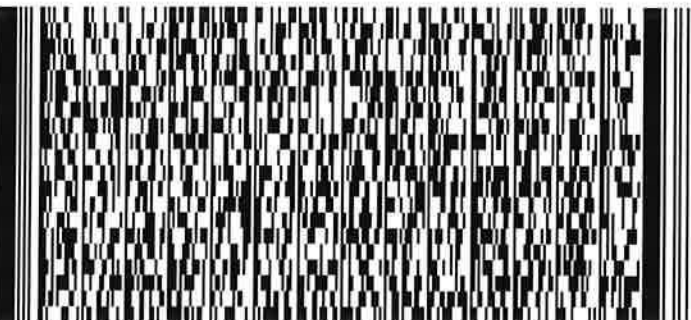
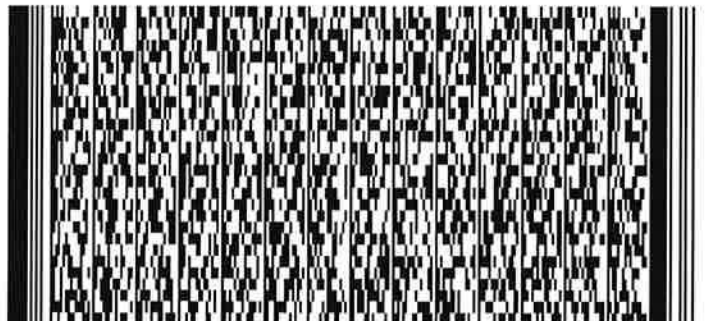
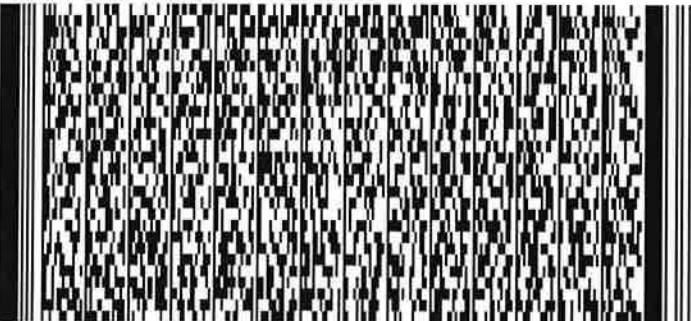
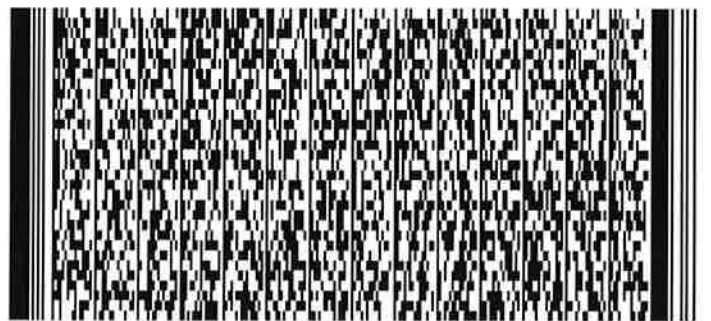
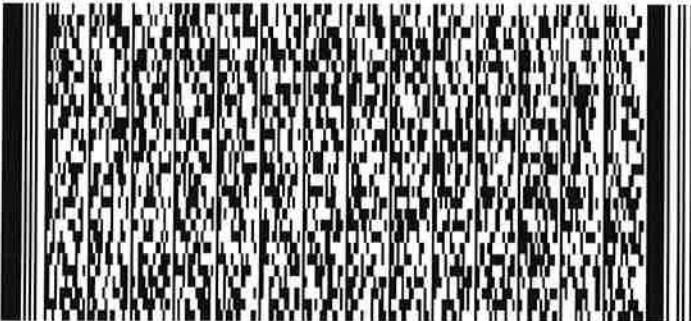
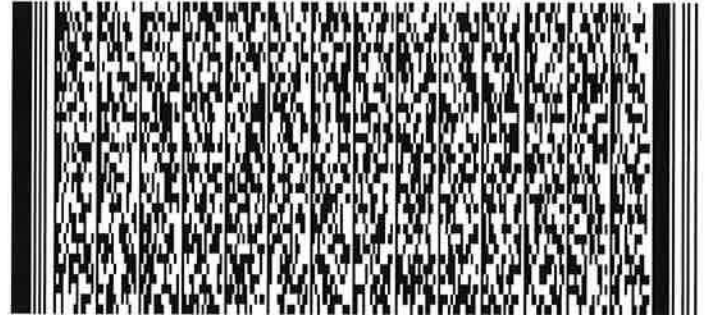
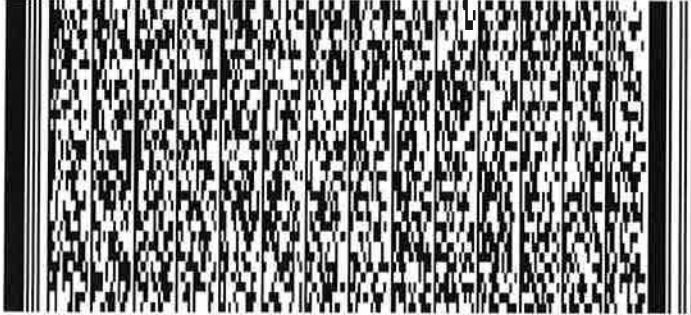
Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)
15	Fire Detection System	2/F, Room No. 3007, 3008 and 3024	Conforms with FSD Requirements	26/10/2023	25/10/2024
28	Sprinkler System	1/F, Room No. 2012	Conforms with FSD Requirements	26/10/2023	25/10/2024
23	Sprinkler System	2/F, Room No. 3024	Conforms with FSD Requirements	26/10/2023	25/10/2024



Serial Number

Name of Client 顧客姓名

Pok Oi Hospital



FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS

消防(裝置及設備)規例

(Regulation 9(1))

(第九條(1)款)

CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

消防裝置及設備證書

FSD Ref.:

消防處檔號

Serial Number

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Transitional Housing Development (Block 3), No. 71 Kam Sheung Road, Kam Tin, Yuen Long, NT



Type of Building 樓宇類型:

Industrial 工業

Commercial 商業

Domestic 住宅

Composite 綜合

Licensed premises 持牌處所

Institutional 社團

Part 1 Annual Maintenance ONLY**第一部 只適用於年檢事項**

In accordance with Regulation 8(b) of the Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)

Part 2 第二部 Installation / Modification / Repair / Inspection works 裝置/改裝/修理/檢查工作

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Nature of Work Carried out 完成之工作內容	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)
15	Fire Detection System	Block 3 (2/F, Room 3027 to Room 3047)	Found Out One Defective Smoke Detector at (Room 3029) and Replaced It	Conforms with FSD Requirements	05/09/2023
15	Fire Detection System	Block 3 (2/F, Room 3027 to Room 3047)	煙霧頭訊號維修完成, 正常操作	Conforms with FSD Requirements	05/09/2023

Part 3 第三部 Defects 損壞事項

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Outstanding Defects 未修缺點	Comment on Defects 缺點評述

Remark 備註

The Defect Rectification Work of Previous FS251 Ref. No.: 10403230436 issued on 07 Sept 2023

I/We hereby certify that the above installations/equipment have been tested and found to be 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. Defects are listed in Part 3.

本人藉此證明以上之消防裝置及設備經試驗, 證明性能良好, 符合消防處處長不時公佈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的規格, 損壞事項列於第三部。

如證書涉及年檢事項, 應張貼於大廈或處所當眼處以供消防處人員查核

This certificate should be displayed at prominent location of the building or premises for FSD's inspection if any annual maintenance work is involved.

Authorized Signature: 受權人簽署

Name: 姓名

Ng Kwok Po

FSD/RC No.: 消防處註冊號碼

Company Name: 公司名稱

Alliance Contracting Co. Ltd

Telephone: 聯絡電話

Date: 日期

07/09/2023



For FSD use only

Inspected

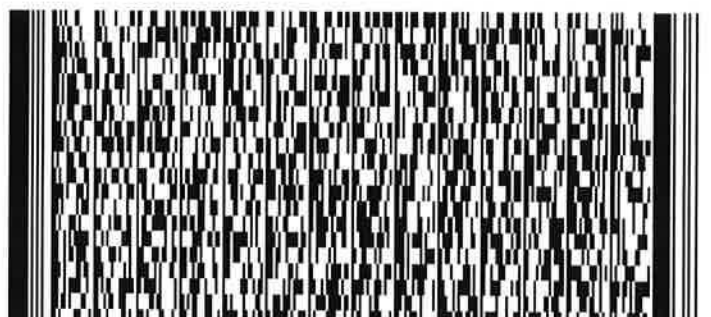
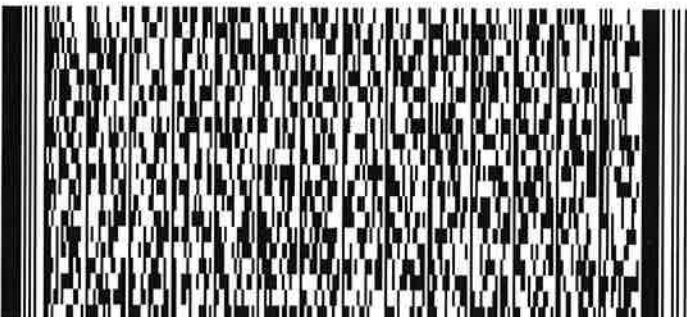
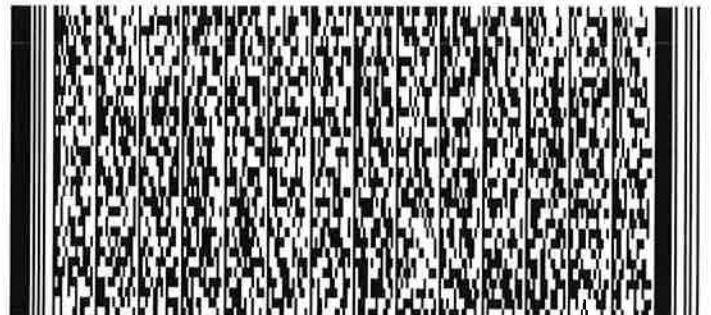
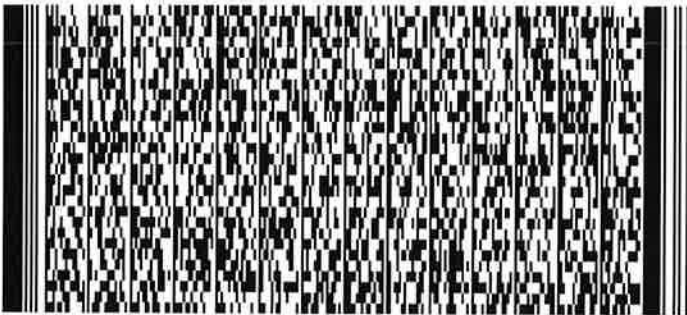
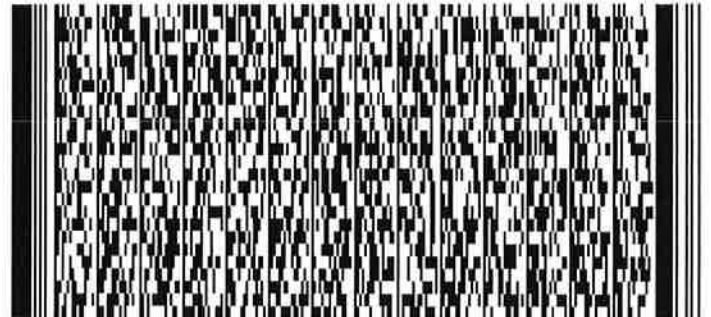
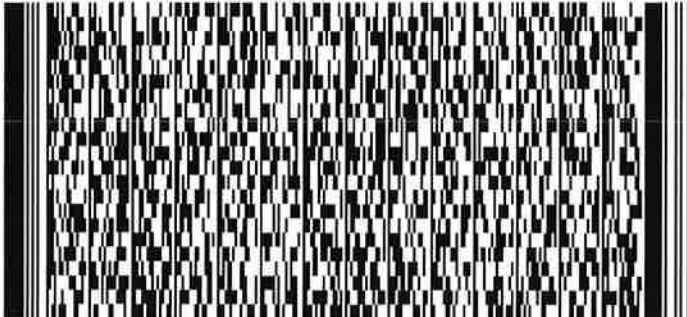
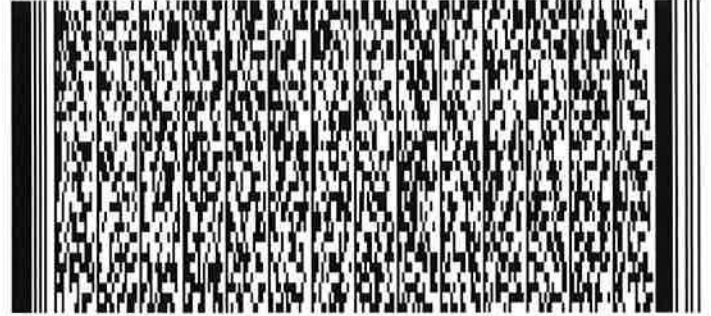
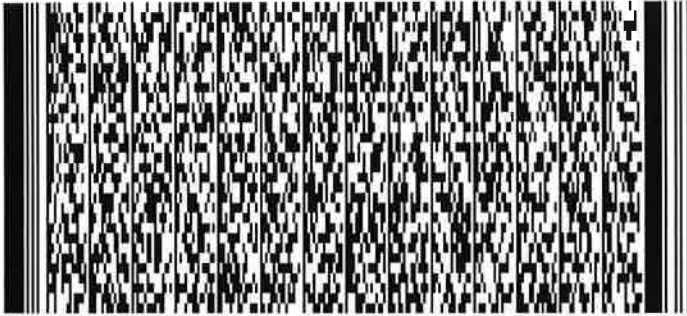
Key-in

Verified



Serial Number

Name of Client 顧客姓名



FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS

消防(裝置及設備)規例

(Regulation 9(1))

(第九條(1)款)

CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

消防裝置及設備證書

FSD Ref.:

消防處檔號

Serial Number

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Transitional Housing Development (Block 3), No. 71 Kam Sheung Road, Kam Tin, Yuen Long, NT



Type of Building 樓宇類型:



Industrial 工業



Commercial 商業



Domestic 住宅



Composite 綜合



Licensed premises 持牌處所



Institutional 社團

Part 1 Annual Maintenance

ONLY

第一部 只適用於年檢事項

In accordance with Regulation 8(b) of the Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)
15	Fire Detection System	Block 3 (Refer to Annex Form)	Conforms with FSD Requirements	05/09/2023	04/09/2024
28	Sprinkler System	Block 3 (Refer to Annex Form)	Conforms with FSD Requirements	05/09/2023	04/09/2024

Part 2 第二部 Installation / Modification / Repair / Inspection works 裝置/改裝/修理/檢查工作

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Nature of Work Carried out 完成之工作內容	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)

Part 3 第三部 Defects 損壞事項

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Outstanding Defects 未修缺點	Comment on Defects 缺點評述

Remark 備註

Refer to Previous FS251 Ref. No.: 10403230436 issued on 07 Sept 2023 (Completion of Outstanding Annual Maintenance Work)

I/We hereby certify that the above installations/equipment have been tested and found to be 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. Defects are listed in Part 3.

本人藉此證明以上之消防裝置及設備經試驗, 證明性能良好, 符合消防處處長不時公佈之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的規格, 損壞事項列於第三部。

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This certificate should be displayed at prominent location of the building or premises for FSD's inspection if any annual maintenance work is involved.

Authorized

Signature:

受權人簽署

Name:

姓名

Ng Kwok Po

FSD/RC No.:

消防處註冊號碼

Company Name:

公司名稱

Alliance Contracting Co. Ltd

Telephone:

聯絡電話

Date:

日期

07/09/2023



For FSD use only

Inspected

Key-in

Verified

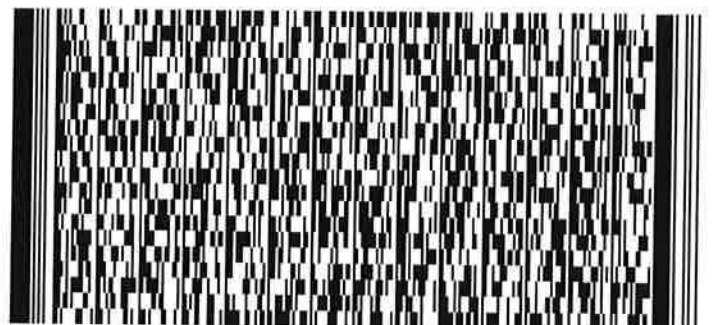
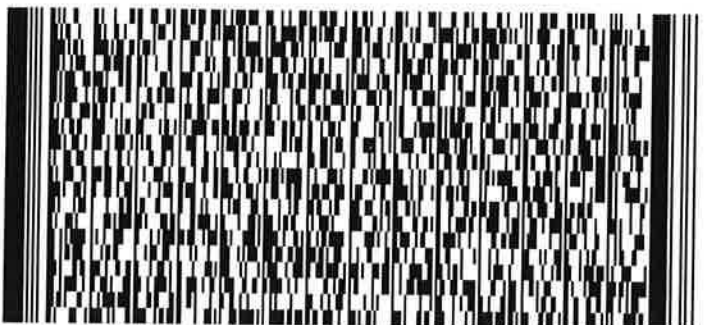
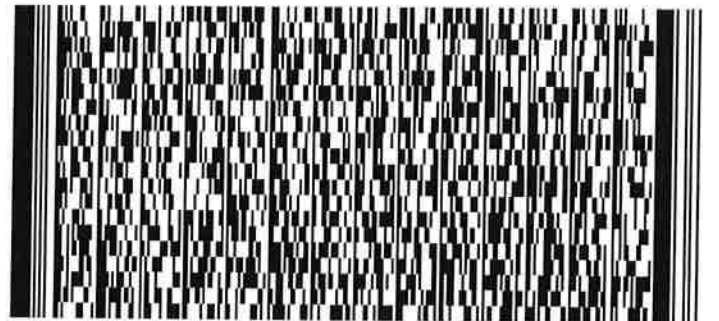
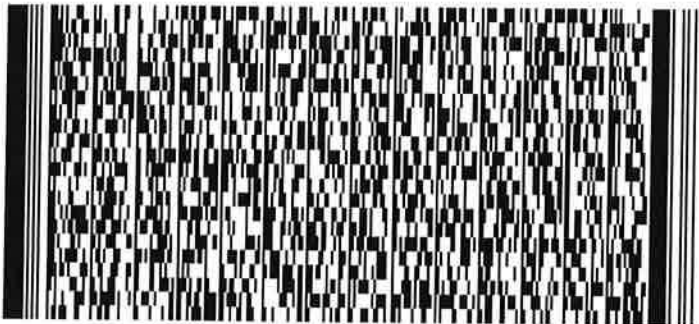
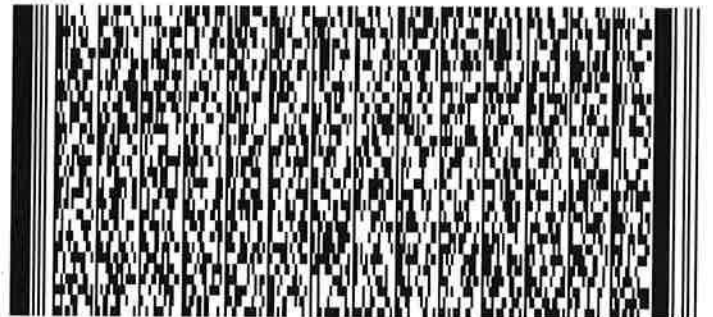
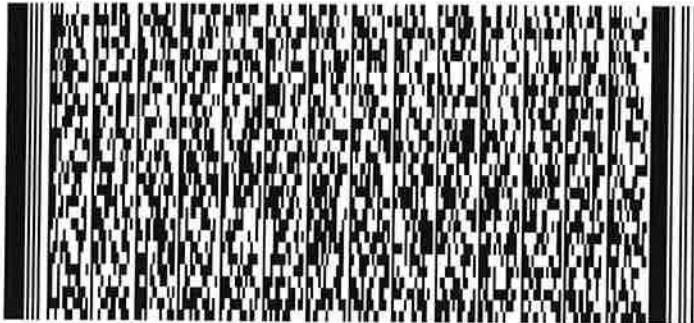
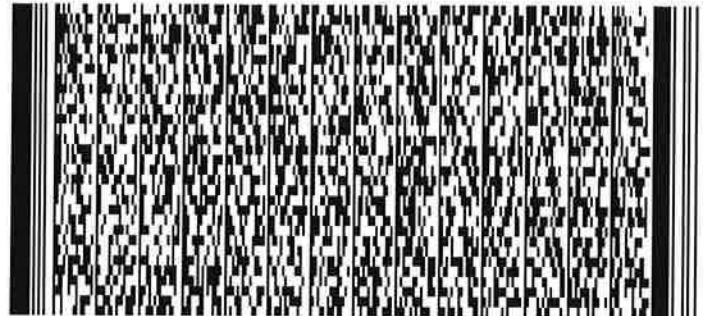
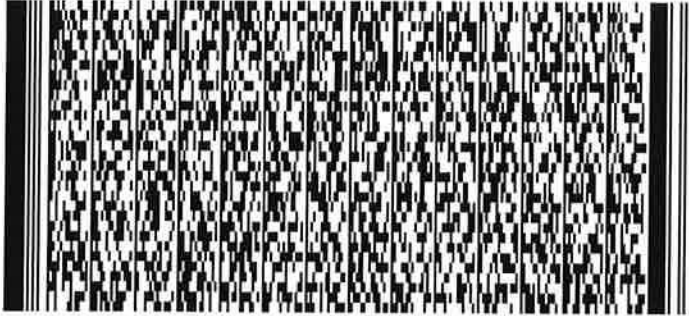


Serial Number

[Redacted]

Name of Client 顧客姓名

Pok Oi Hospital



Ref. No.: 10403230438

Date : 7 September 2023

ANNEX FORM

Client : Pok Oi Hospital

Address : Transitional Housing Development (Block 3)

No. 71 Kam Sheung Road, Kam Tin, Yuen Long, N.T.

Annual Maintenance Work at Open Kitchen for the Following Rooms : -

項目	層數, 房間號碼	Fire Detection System	Sprinkler System
1	G/F, Room 1004	完成測試煙霧頭正常操作	完成檢查花灑頭符合消防處規定
2	G/F, Room 1019	完成測試煙霧頭正常操作	完成檢查花灑頭符合消防處規定
3	G/F, Room 1027	完成測試煙霧頭正常操作	完成檢查花灑頭符合消防處規定
4	G/F, Room 1031	完成測試煙霧頭正常操作	完成檢查花灑頭符合消防處規定
5	1/F, Room 2042	完成測試煙霧頭正常操作	完成檢查花灑頭符合消防處規定



FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS

消防 (裝置及設備) 規例

(Regulation 9(1))

(第九條(1)款)

CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

消防裝置及設備證書

FSD Ref.:

消防處檔號

Serial Number

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Transitional Housing Development (Block 5), No. 71 Kam Sheung Road, Kam Tin, Yuen Long, NT



Type of Building 樓宇類型:

Industrial 工業

Commercial 商業

Domestic 住宅

Composite 綜合

Licensed premises 持牌處所

Institutional 社團

Part 1 Annual Maintenance ONLY

第一部 只適用於年檢事項

In accordance with Regulation 8(b) of the Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)

Part 2 第二部 Installation / Modification / Repair / Inspection works 裝置/改裝/修理/檢查工作

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Nature of Work Carried out 完成之工作內容	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)
15	Fire Detection System	Block 5, 1/F, Room No. 2067	Replaced Defective Sounder Base Smoke Detector at Room No. 2067 = 1 No.	Conforms with FSD Requirements	26/10/2023
13	Fire Alarm System (MFA)	Block 5, 1/F, Corridor	Replaced Defective Manual Call Point = 1 No.	Conforms with FSD Requirements	26/10/2023

Part 3 第三部 Defects 損壞事項

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Outstanding Defects 未修缺點	Comment on Defects 缺點評述

Remark 備註

I/We hereby certify that the above installations/equipment have been tested and found to be 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. Defects are listed in Part 3.

本人藉此證明以上之消防裝置及設備經試驗, 證明性能良好, 符合消防處處長不時公佈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的規格, 損壞事項列於第三部。

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This certificate should be displayed at prominent location of the building or premises for FSD's inspection if any annual maintenance work is involved.

Authorized Signature: 受權人簽署

Name: 姓名

Ng Kwok Ro

FSD/RC No.: 消防處註冊號碼

Company Name: 公司名稱

Alliance Contracting Co. Ltd

Telephone: 聯絡電話

Date: 日期

26/10/2023



For FSD use only

Inspected

Key-in

Verified

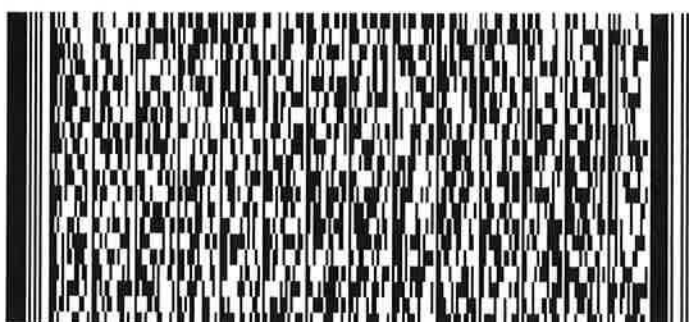
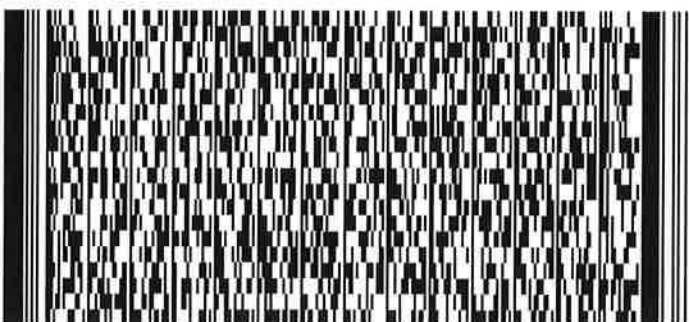
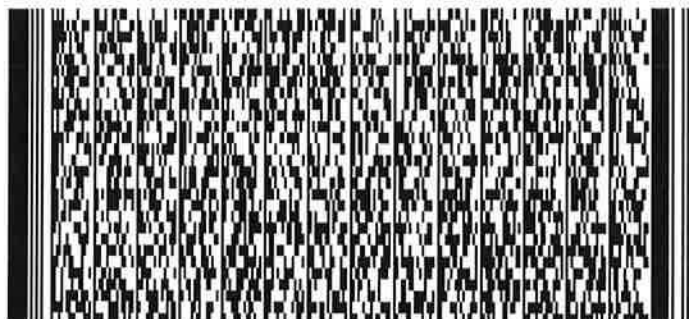
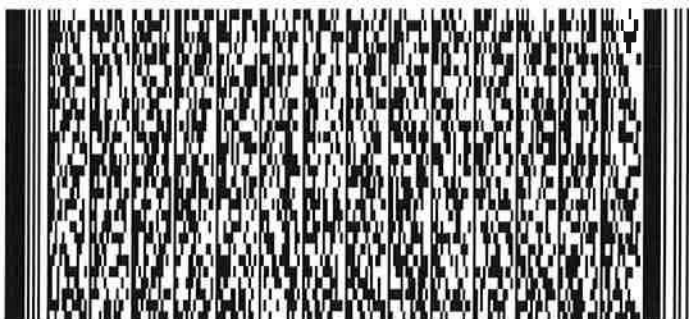
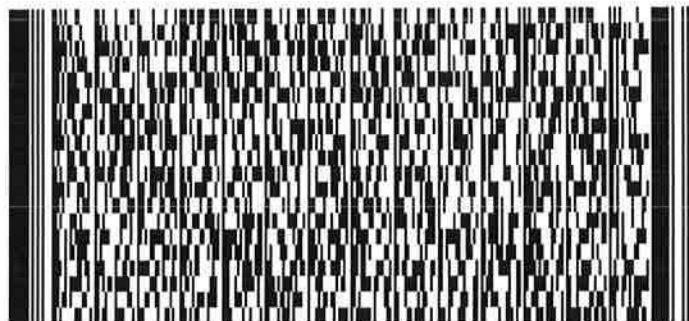
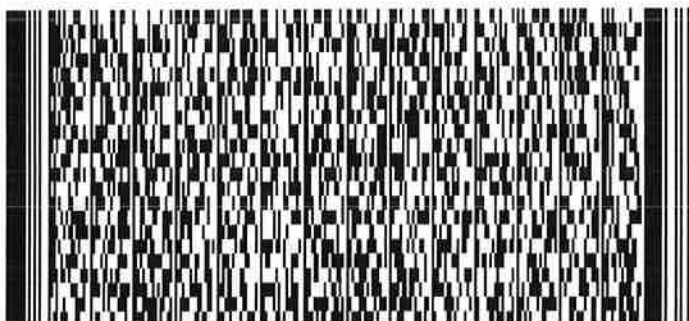
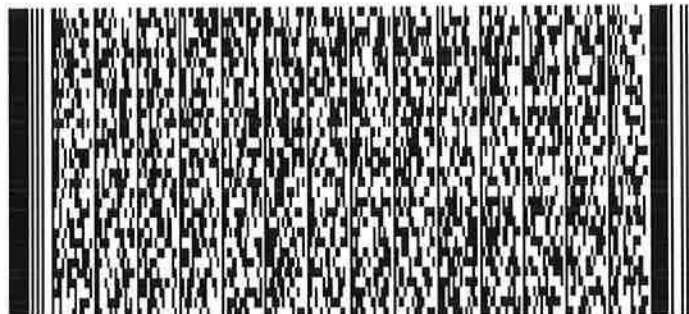
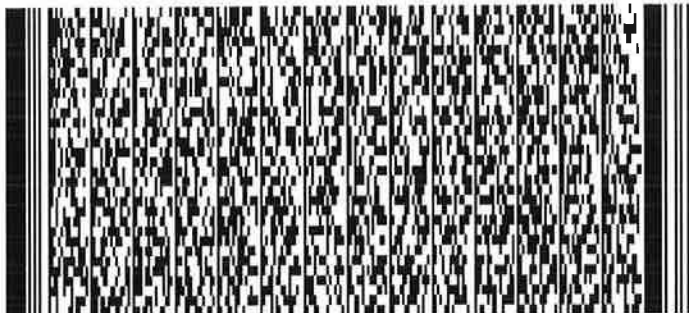


Serial Number

[Redacted]

Name of Client 顧客姓名

Pok Oi Hospital



FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS
消防 (裝置及設備) 規例
(Regulation 9(1))
(第九條(1)款)

CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT
消防裝置及設備證書

FSD Ref.:
消防處檔號

Serial Number

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Transitional Housing Development (Block 5), No. 71 Kam Sheung Road, Kam Tin, Yuen Long, NT



Type of Building 樓宇類型: Industrial 工業 Commercial 商業 Domestic 住宅 Composite 綜合 Licensed premises 持牌處所 Institutional 社團

Part 1 Annual Maintenance ONLY
第一部 只適用於年檢事項

In accordance with Regulation 8(b) of the Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)
15	Fire Detection System	1/F, Room No. 2039 and 2065	Conforms with FSD Requirements	26/10/2023	25/10/2024
15	Fire Detection System	2/F, Room No. 3001, 3020, 3045 and 3051	Conforms with FSD Requirements	26/10/2023	25/10/2024

Part 2 第二部 Installation / Modification / Repair / Inspection works 裝置/改裝/修理/檢查工作

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Nature of Work Carried out 完成之工作內容	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)
15	Fire Detection System	1/F, Room No. 2065	Newly Installed Sounder Base Smoke Detector at Room No. 2065 due to missing = 1 No.	Conforms with FSD Requirements	26/10/2023
15	Fire Detection System	3/F, Room Nos. 4042 to 4071	Rectified Circuit Fault	Conforms with FSD Requirements	26/10/2023

Part 3 第三部 Defects 損壞事項

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Outstanding Defects 未修缺點	Comment on Defects 缺點評述

Remark 備註
The Defect Rectification Works and Completion of Outstanding Annual Maintenance for The Rooms on Previous FS251 Ref. No.: 10403230301 issued on 07 June 2023.

I/We hereby certify that the above installations/equipment have been tested and found to be 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. Defects are listed in Part 3.

本人藉此證明以上之消防裝置及設備經試驗, 證明性能良好, 符合消防處處長不時公佈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的規格, 損壞事項列於第三部。

如證書涉及年檢事項, 應張貼於大廈或處所當眼處以供消防處人員查核

This certificate should be displayed at prominent location of the building or premises for FSD's inspection if any annual maintenance work is involved.

Authorized Signature:
受權人簽署

Name: Ng Kwok Po
姓名

FSD/RC No.:
消防處註冊號碼

Company Name: Alliance Contracting Co. Ltd
公司名稱

Telephone:
聯絡電話

Date: 26/10/2023
日期



For FSD use only

Inspected

Key-in

Verified



Serial Number

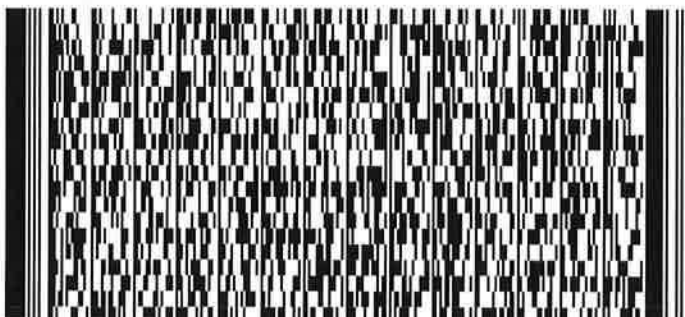
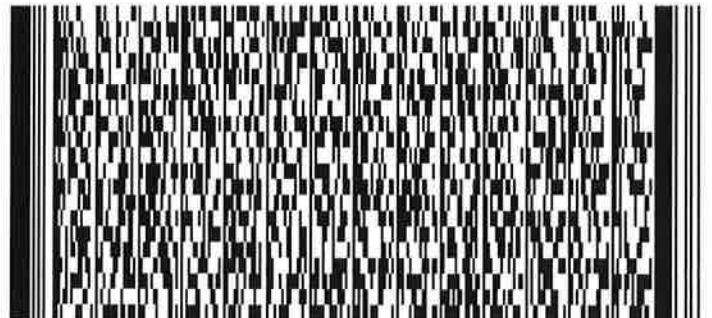
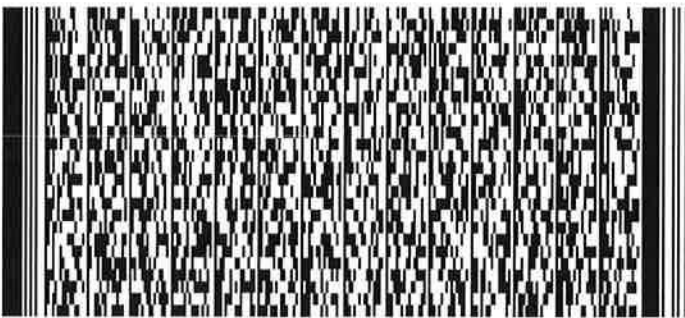
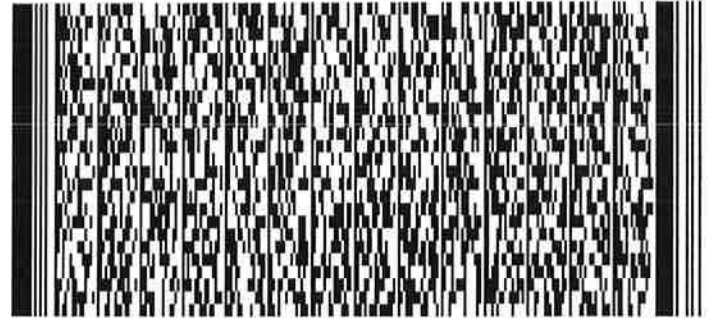
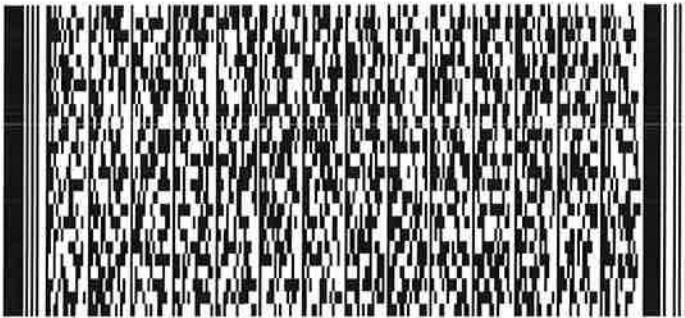
Name of Client 顧客姓名

Pok Oi Hospital

Part 1 Annual Maintenance ONLY
第一部 只適用於年檢事項

In accordance with Regulation 8(b) of the Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)
15	Fire Detection System	3/F, Room No. 4006 and 4058	Conforms with FSD Requirements	26/10/2023	25/10/2024
28	Sprinkler System	1/F, Room No. 2039	Conforms with FSD Requirements	26/10/2023	25/10/2024
28	Sprinkler System	2/F, Room No. 3001, 3020, 3045 and 3051	Conforms with FSD Requirements	26/10/2023	25/10/2024

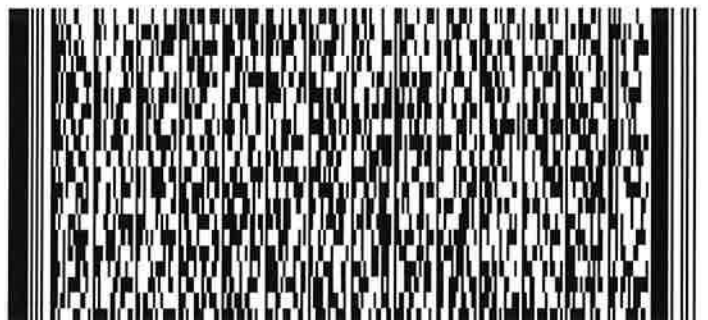
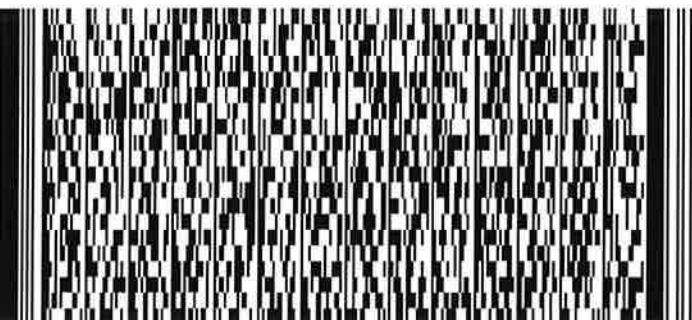
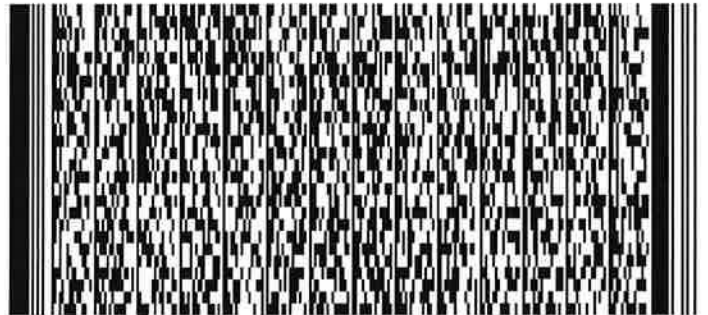
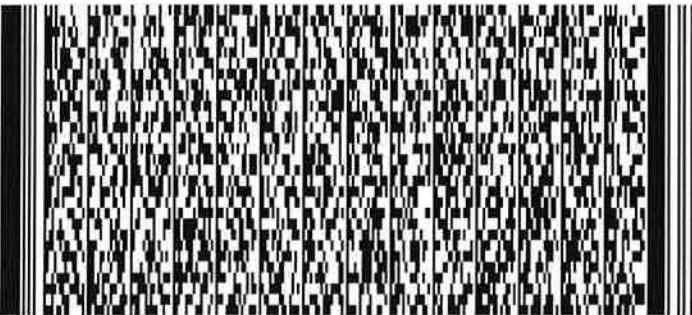
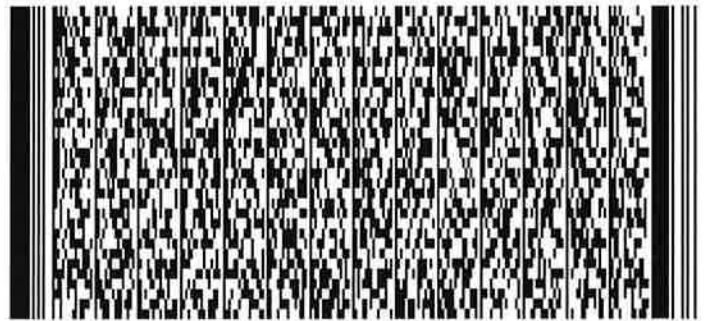
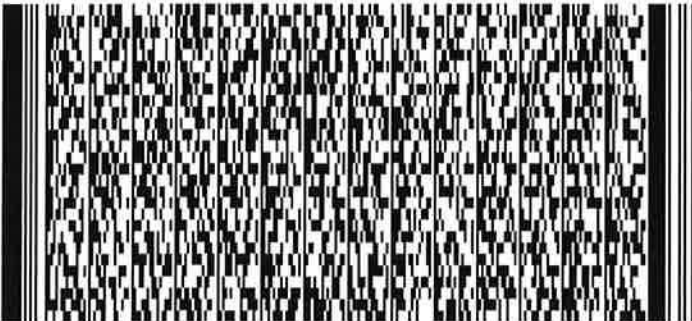
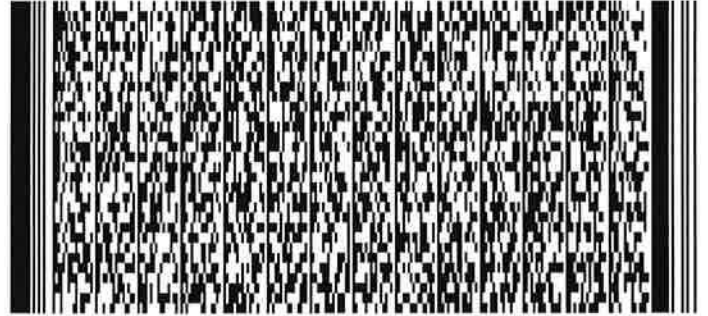
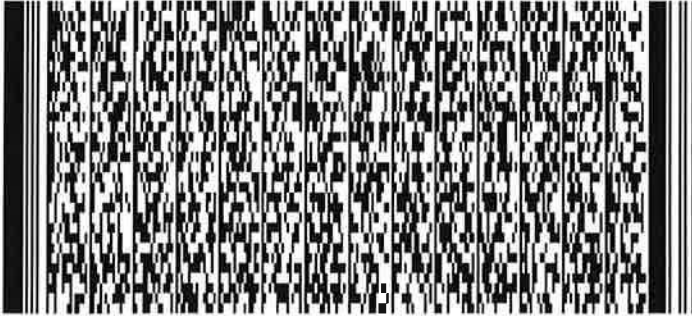


Serial Number

[Redacted]

Name of Client 顧客姓名

Pok Oi Hospital



FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS

消防 (裝置及設備) 規例

(Regulation 9(1))

(第九條(1)款)

CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

消防裝置及設備證書

FSD Ref.:

消防處檔號

Serial Number

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Transitional Housing Development, No. 71 Kam Sheung Road, Kam Tin, Yuen Long, NT



Type of Building 樓宇類型:

Industrial 工業

Commercial 商業

Domestic 住宅

Composite 綜合

Licensed premises 持牌處所

Institutional 社團

Part 1 Annual Maintenance ONLY**第一部 只適用於年檢事項**

In accordance with Regulation 8(b) of the Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)
13	Fire Alarm System (MFA)	Amenity Block 1	Conforms with FSD Requirements	06/06/2023	05/06/2024
15	Fire Detection System	Amenity Block 1	Conforms with FSD Requirements	06/06/2023	05/06/2024

Part 2 第二部 Installation / Modification / Repair / Inspection works 裝置/改裝/修理/檢查工作

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Nature of Work Carried out 完成之工作內容	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)

Part 3 第三部 Defects 損壞事項

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Outstanding Defects 未修缺點	Comment on Defects 缺點評述

Remark 備註

I/We hereby certify that the above installations/equipment have been tested and found to be 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. Defects are listed in Part 3.

本人藉此證明以上之消防裝置及設備經試驗, 證明性能良好, 符合消防處處長不時公佈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的規格, 損壞事項列於第三部。

如證書涉及年檢事項, 應張貼於大廈或處所當眼處以供消防處人員查核

This certificate should be displayed at prominent location of the building or premises for FSD's inspection if any annual maintenance work is involved.

Authorized

Signature:

受權人簽署

Name:

姓名

Ng Kwok Po

FSD/RC No.:

消防處註冊號碼

Company Name:

公司名稱

Alliance Contracting Co. Ltd

Telephone:

聯絡電話

Date:

日期

19/06/2023



For FSD use only

Inspected

Key-in

Verified



Serial Number

Name of Client 顧客姓名

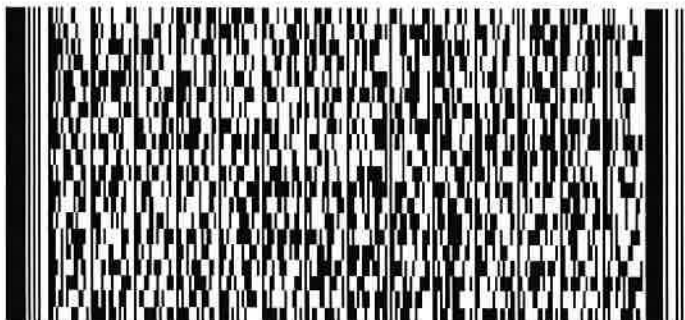
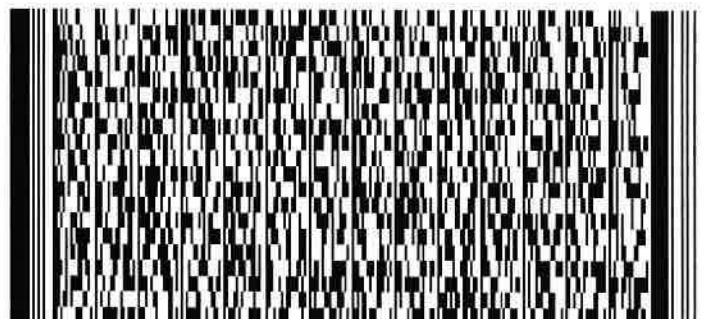
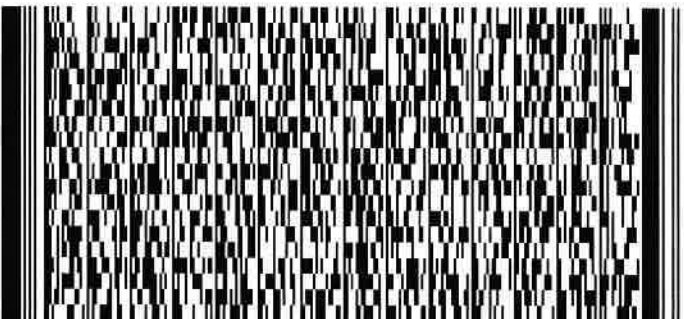
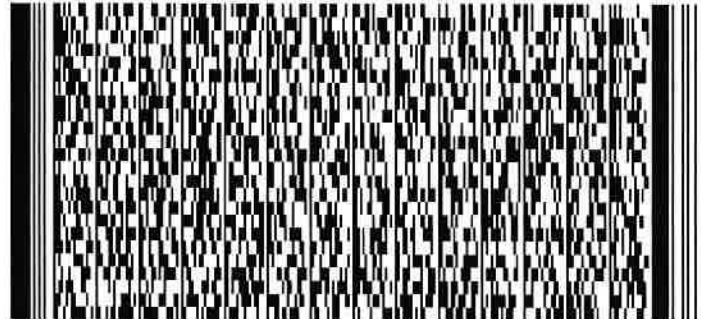
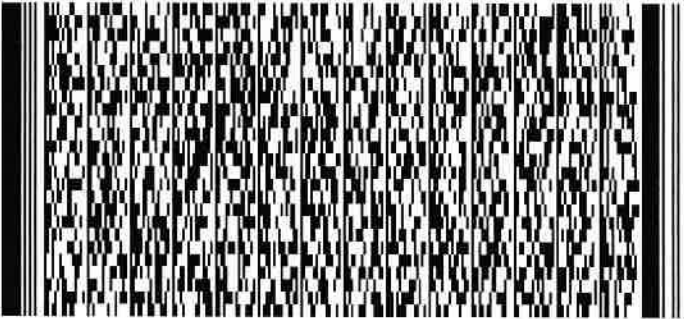
Pok Oi Hospital

Part 1 Annual Maintenance ONLY

第一部 只適用於年檢事項

In accordance with Regulation 8(b) of the Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

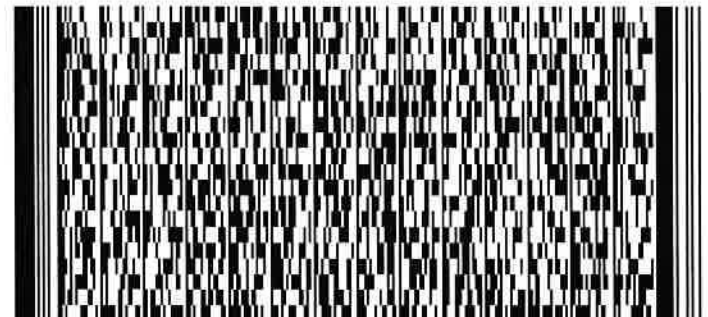
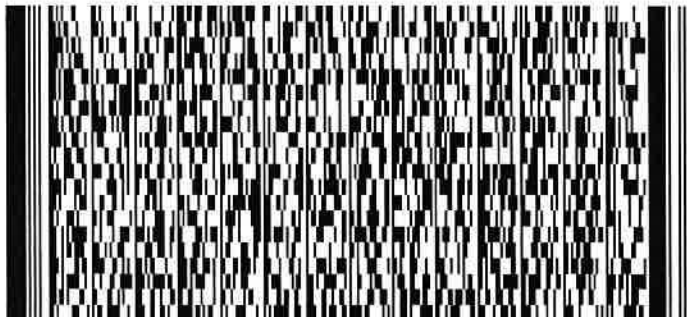
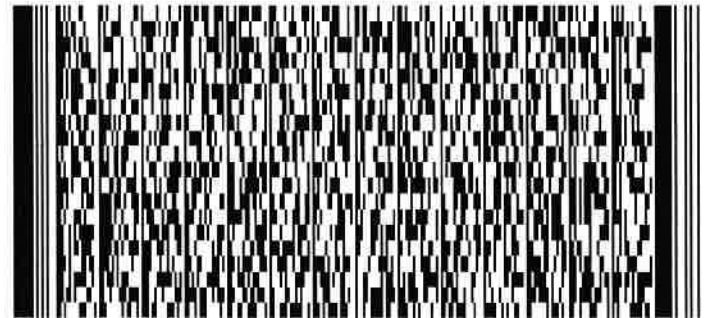
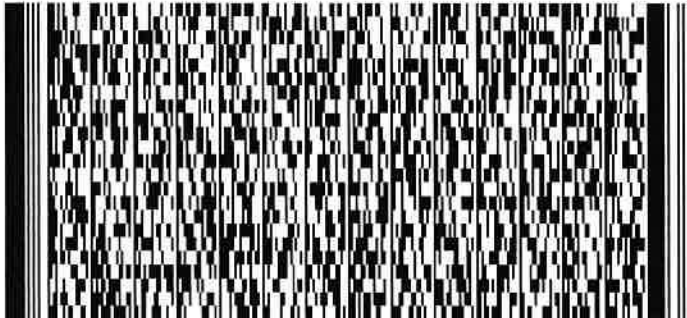
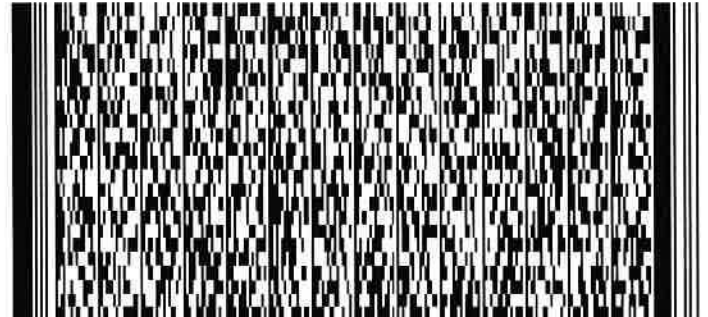
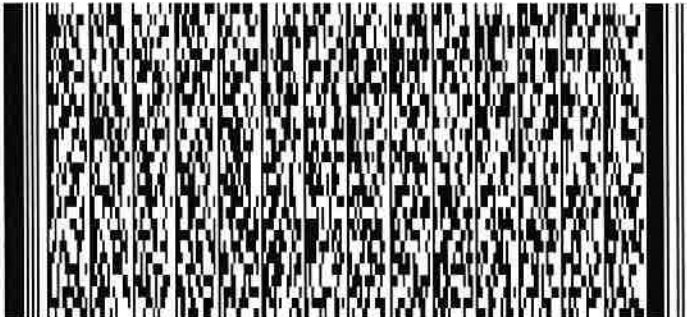
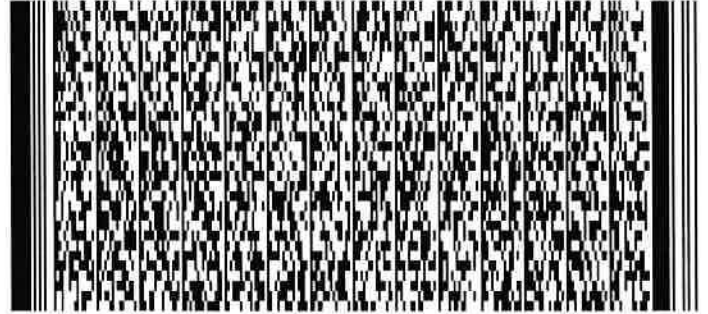
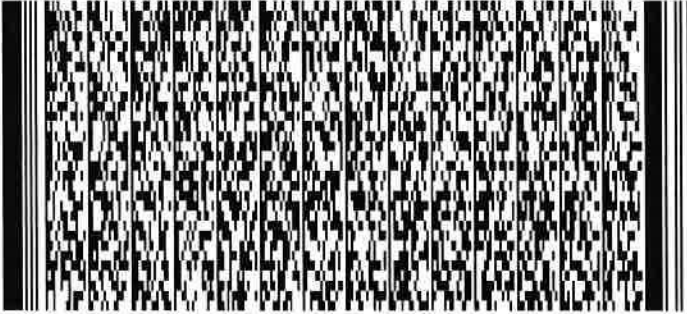
Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)
16	Fire Hydrant / Hose Reel System	Amenity Block 1	Conforms with FSD Requirements	06/06/2023	05/06/2024
28	Sprinkler System	Amenity Block 1	Conforms with FSD Requirements	06/06/2023	05/06/2024



Serial Number

Name of Client 顧客姓名

Pok Oi Hospital



FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS

消防(裝置及設備)規例

(Regulation 9(1))

(第九條(1)款)

CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

消防裝置及設備證書

FSD Ref.:

消防處檔號

Serial Number

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Transitional Housing Development, No. 71 Kam Sheung Road, Kam Tin, Yuen Long, NT



Type of Building 樓宇類型:

 Industrial 工業 Commercial 商業 Domestic 住宅 Composite 綜合 Licensed premises 持牌處所 Institutional 社團**Part 1 Annual Maintenance ONLY****第一部 只適用於年檢事項**

In accordance with Regulation 8(b) of the Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)

Part 2 第二部 Installation / Modification / Repair / Inspection works 裝置/改裝/修理/檢查工作

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Nature of Work Carried out 完成之工作內容	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)
15	Fire Detection System	Amenity Block 2	Replacement of Defective 4in-input module = 1 No.	Conforms with FSD Requirements	05/09/2023

Part 3 第三部 Defects 損壞事項

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Outstanding Defects 未修缺點	Comment on Defects 缺點評述

Remark 備註

The Defect Rectification Works of Previous FS251 Ref. No.: 10403230324 issued on 19 June 2023.

I/We hereby certify that the above installations/equipment have been tested and found to be 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. Defects are listed in Part 3.

本人藉此證明以上之消防裝置及設備經試驗, 證明性能良好, 符合消防處處長不時公佈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的規格, 損壞事項列於第三部。

如證書涉及年檢事項, 應張貼於大廈或處所當眼處以供消防處人員查核

This certificate should be displayed at prominent location of the building or premises for FSD's inspection if any annual maintenance work is involved.

Authorized Signature:

受權人簽署

Name: 姓名

Ng Kwok Po

FSD/RC No.:

消防處註冊號碼

Company Name:

公司名稱

Alliance Contracting Co. Ltd

Telephone:

聯絡電話

Date:

日期

06/09/2023



For FSD use only

Inspected

Inspected

Key-in

Key-in

Verified

Verified

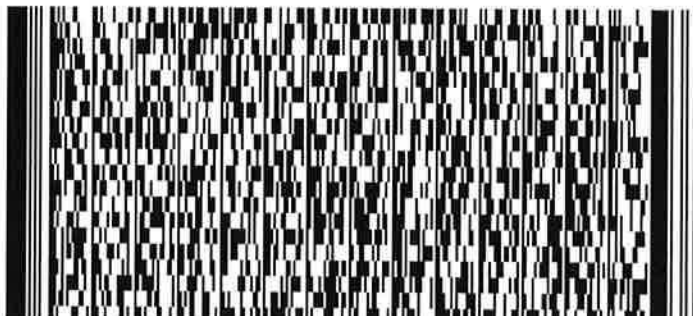
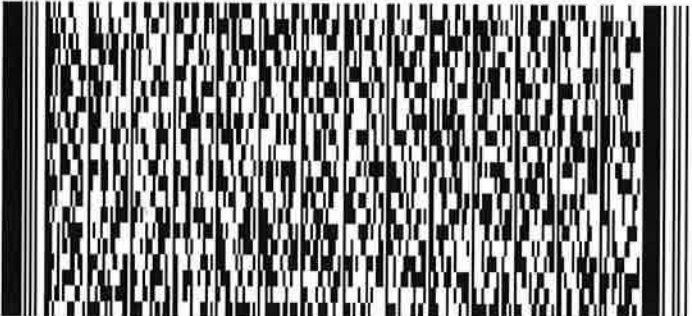
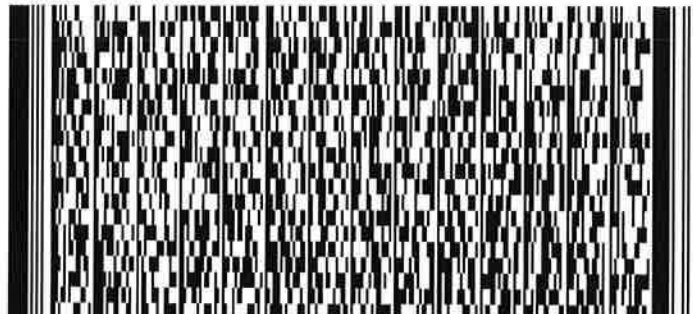
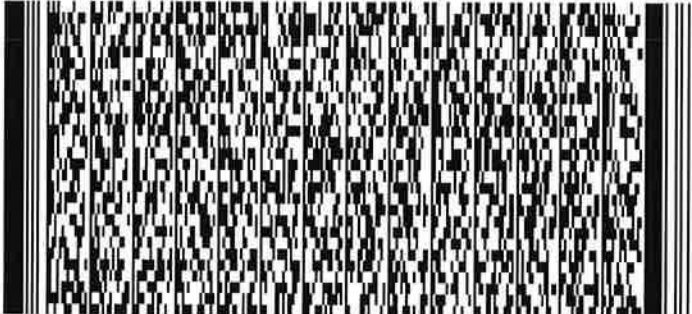
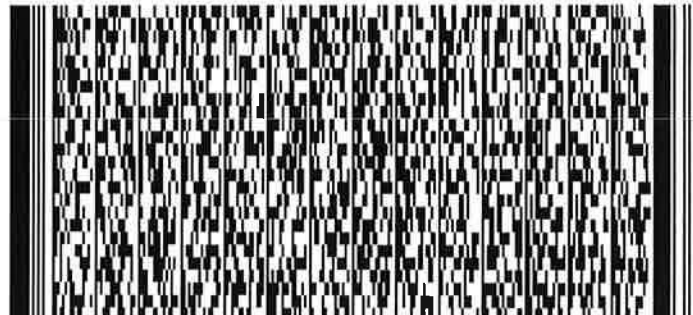
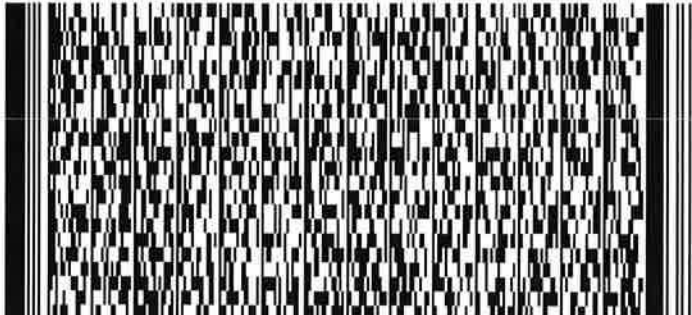
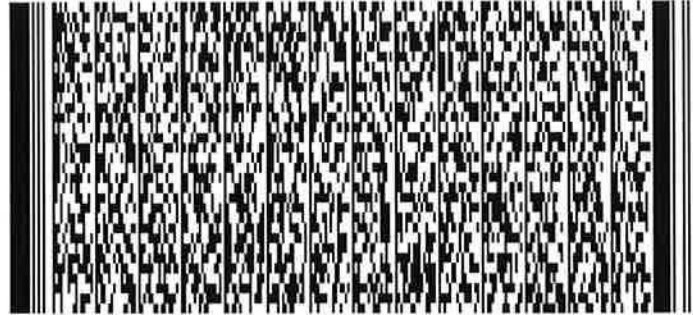
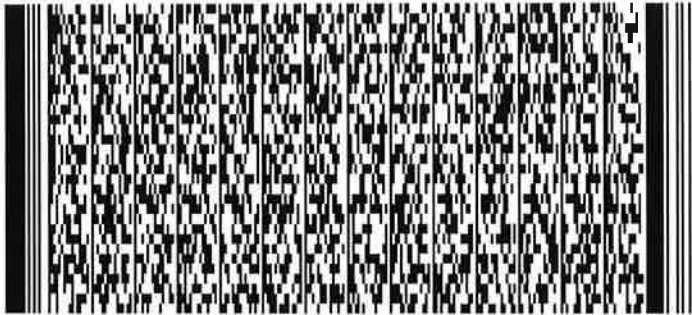


Serial Number

[Redacted]

Name of Client 顧客姓名

Pok Oi Hospital



FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS

消防(裝置及設備)規例

(Regulation 9(1))

(第九條(1)款)

CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

消防裝置及設備證書

FSD Ref.:

消防處檔號

Serial Number

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Transitional Housing Development, No. 71 Kam Sheung Road, Kam Tin, Yuen Long, NT

Type of Building 樓宇類型: Industrial 工業 Commercial 商業 Domestic 住宅 Composite 綜合 Licensed premises 持牌處所 Institutional 社團**Part 1 Annual Maintenance ONLY**

第一部 只適用於年檢事項

In accordance with Regulation 8(b) of the Fire Service (Installations and Equipment) Regulations, the owner of any fire service installation or equipment which is installed in any premises shall have such fire service installation or equipment inspected by a registered contractor at least once in every 12 months. 根據消防(裝置及設備)規例第八條(b)款, 擁有裝置在任何處所內的任何消防裝置或設備的人, 須每12個月由一名註冊承辦商檢查該等消防裝置或設備至少一次。

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)	Next Due Date 下次到期日 (DD/MM/YYYY)

Part 2 第二部 Installation / Modification / Repair / Inspection works 裝置/改裝/修理/檢查工作

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Nature of Work Carried out 完成之工作內容	Comment on Condition 狀況評述	Completion Date 完成日期 (DD/MM/YYYY)
13	Fire Alarm System (MFA)	RS and MRC Room (Phase 1)	Replaced Broken Glass for Manual Call Point = 1 No.	Conforms with FSD Requirements	26/10/2023

Part 3 第三部 Defects 損壞事項

Code 編碼 (1-35)	Type of FSI 裝置類型	Location(s)位置	Outstanding Defects 未修缺點	Comment on Defects 缺點評述

Remark 備註

The Defect Rectification Works of Previous FS251 Ref. No.: 10403230325 issued on 19 June 2023

I/We hereby certify that the above installations/equipment have been tested and found to be 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. Defects are listed in Part 3.

本人藉此證明以上之消防裝置及設備經試驗, 證明性能良好, 符合消防處處長不時公佈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的規格, 損壞事項列於第三部。

如證書涉及年檢事項, 應張貼於大廈或處所當眼處以供消防處人員查核

This certificate should be displayed at prominent location of the building or premises for FSD's inspection if any annual maintenance work is involved.

Authorized

Signature: 授權人簽署

Name: 姓名

Ng Kwok Po

FSD/RC No.: 消防處註冊號碼

Company Name: 公司名稱

Alliance Contracting Co. Ltd

Telephone: 聯絡電話

Date: 日期

26/10/2023



For FSD use only

Inspected

Key-in

Verified



Serial Number

Name of Client 顧客姓名

Pok Oi Hospital

