

BY HAND AND BY EMAIL  
(tpbsubmission@pland.gov.hk)  
Our Ref : POH1/DM/2564/260190L  
15 May 2026

Town Planning Board  
15/F North Point Government Offices  
333 Java Road  
North Point, Hong Kong



Attention: Secretary of Town Planning Board

Dear Sir/Madam,

**Section 16 Application for Temporary Transitional Housing Development for a Period of 3 Years at Lots 472 (Part), 587 RP (Part), 591, 592, 600 (Part), 1276 (Part), 1277 RP, 1318, 1321, 1322, 1324, 1325 S.A & S.B-E, 1326, 1327, 1328, 1329, 1330, 1331, 1332, 1333, 1334, 1335 S.A, 1335 RP, 1336 RP, 1337 RP (Part), 1338 (Part), 1339 (Part), 1340, 1341 (Part), 1342 (Part) and 1343 RP (Part) in D.D. 106 and Adjoining Government Land at Kong Ha Wai, Kam Tin, Yuen Long (Renewal of Planning Approval under Application No. A/YL-KTS/960)**

**A/YL-KTS/1126 – SUBMISSION OF FURTHER INFORMATION 2**

We are writing with respect to the submission of the captioned application and are pleased to submit herewith Further Information (FI) 2 with regard to that application as per comment received from Fire Services Department as follows: -

*“The applicant should provide full set of **valid** F.S. 251(s) covering all the FSIs implemented on the application site for our further consideration”.*

Please kindly find four hard copies of the latest F.S. 251s as attached in **Attachment 1** for your necessary action.

Should you have any queries, please do not hesitate to contact Miss Samantha YUNG, Town Planner at URBIS Limited by phone at [REDACTED] or via email [REDACTED]

Yours faithfully  
For and on behalf of URBIS Limited

**David Morkel**  
MRTPI MHKIP MHKIUD RPP  
Director

DM/SY/af

Encl.



**Attachment 1**

Latest F.S. 251s

## 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

10430 004738

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

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



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             | 應急照明系統           | 全座            | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |
| 12             | 出口指示牌            | 全座            | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |

**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 |
|----------------|------------------|--|--------------------------|-------------------------|
| 13             | 火警警報系統           | G/F走廊 L1-48,<br>G/F ELV L1-55          | 消防掣手(2套)失效               | 須更換                     |
| 13             | 火警警報系統           | 1/F 2001 HR L1-110,<br>1/F ST-1 L1-111 | 消防掣手(2套)失效               | 須更換                     |

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

Cheung Chi Shueng, Tom

FSD/RC No.:

消防處註冊號碼

RC1 / 0430 RC2 / 0596

Company Name:

公司名稱

ACME Engineering Limited

Telephone:

聯絡電話

Date:

日期

27/06/2025

For FSD use only

Inspected

Key-in

Verified



Serial Number

10430 004738

Name of Client 顧客姓名

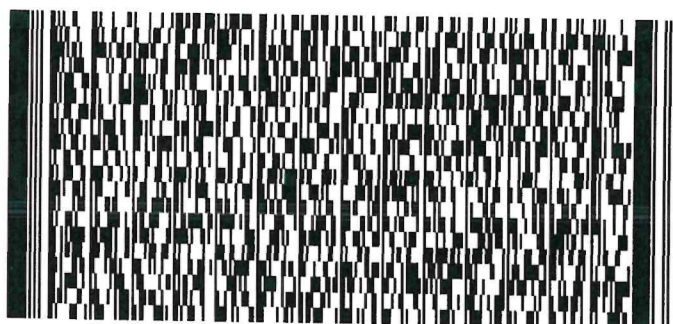
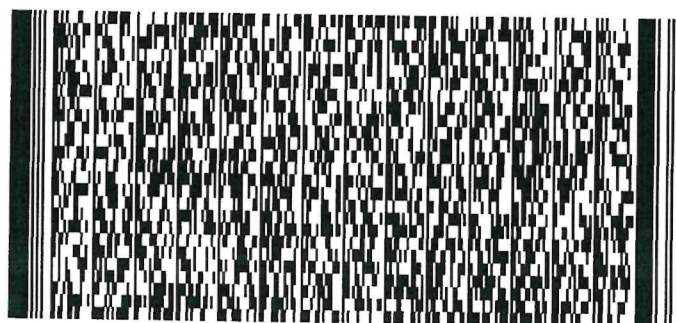
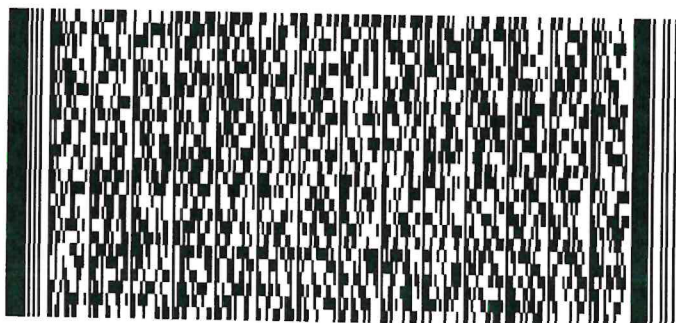
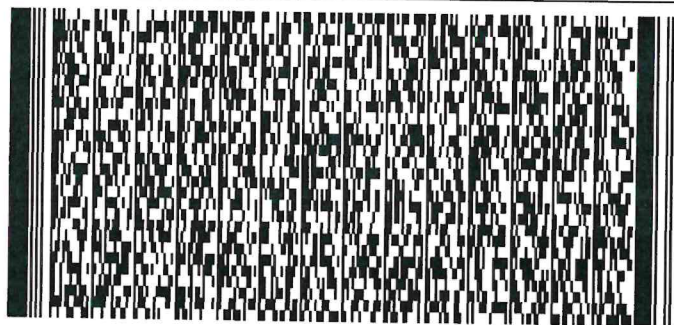
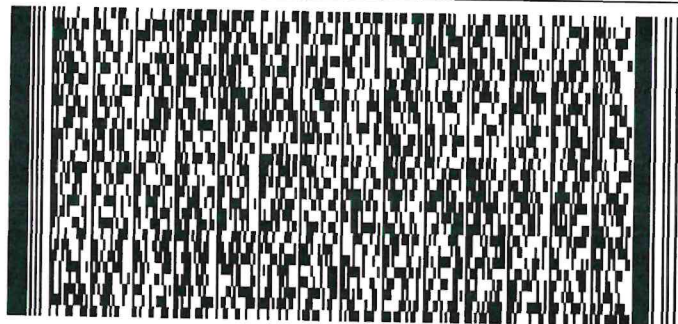
Pok Oi Hospital

**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             | 火警警報系統           | 全座            | 未符合消防處規定 (損壞事項見第三部份)      | 27/06/2025                        | 26/06/2026                       |
| 15             | 火警偵測系統           | 全座            | 未符合消防處規定 (損壞事項見第三部份)      | 27/06/2025                        | 26/06/2026                       |
| 16             | 消防栓/喉轆系統         | 全座            | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |
| 28             | 花灑系統             | 全座            | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |
|                |                  |               |                           |                                   |                                  |



Serial Number

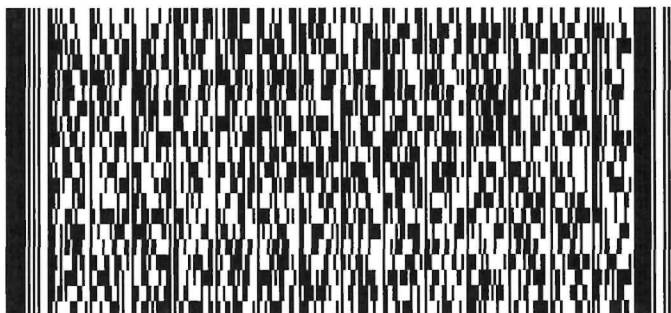
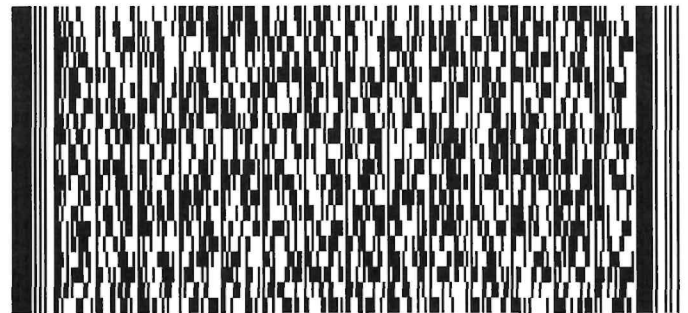
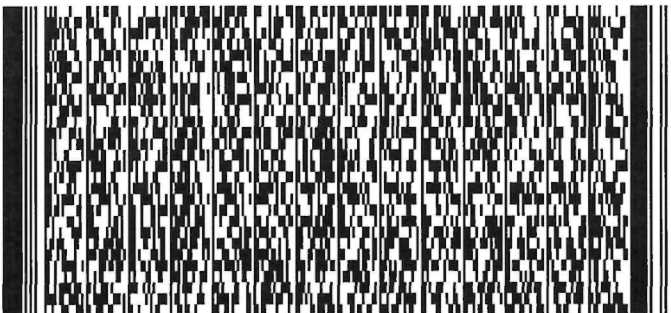
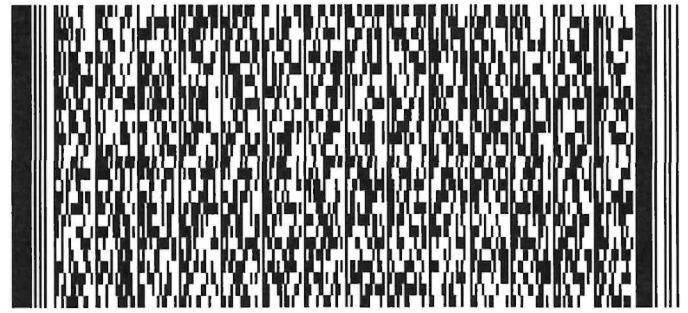
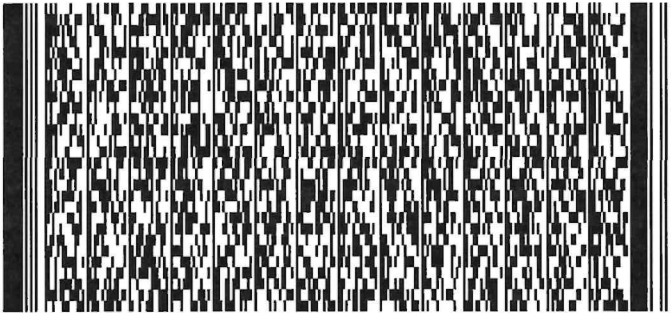
10430004738

Name of Client 顧客姓名

Pok Oi Hospital

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             | 火警偵測系統           | G/F 1001 L1-160,<br>G/F 電壓房旁 L1-159, | 煙霧感應器(2套)失效              | 須更換                     |
| 15             | 火警偵測系統           | 1/F 2029 L1-103                      | 煙霧感應器(1套)失效              | 須更換                     |
| 15             | 火警偵測系統           | 1/F 2007 L1-67                       | 煙霧感應器連發聲底座(1套)失效         | 須更換                     |
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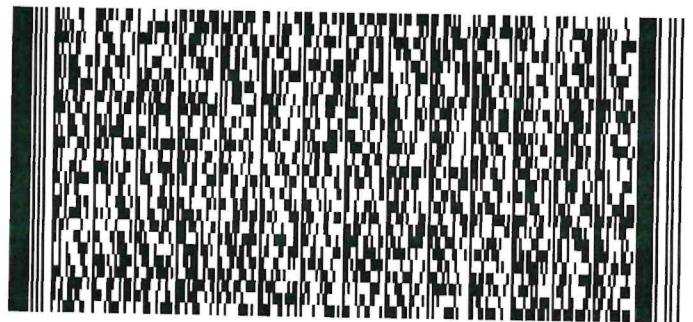
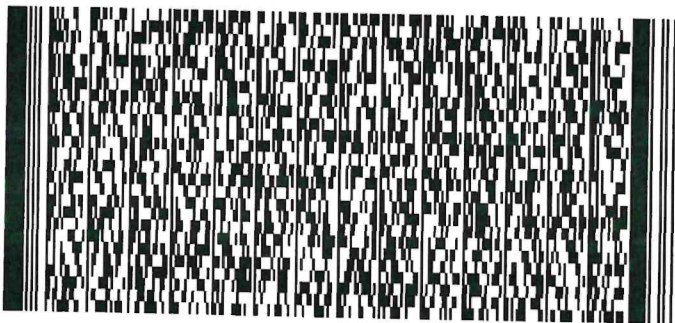
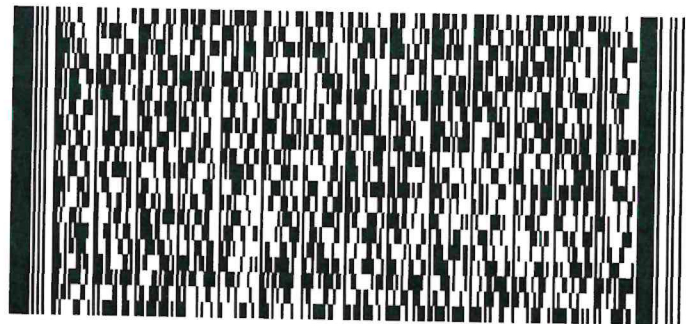
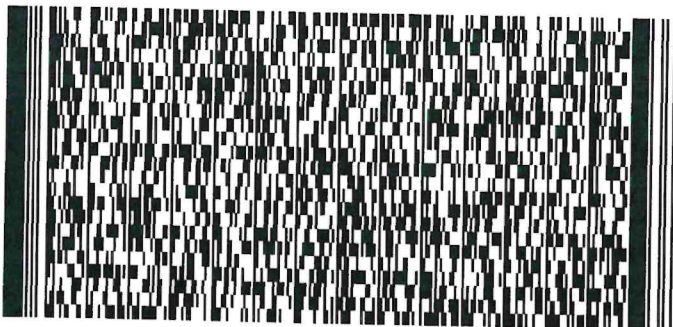
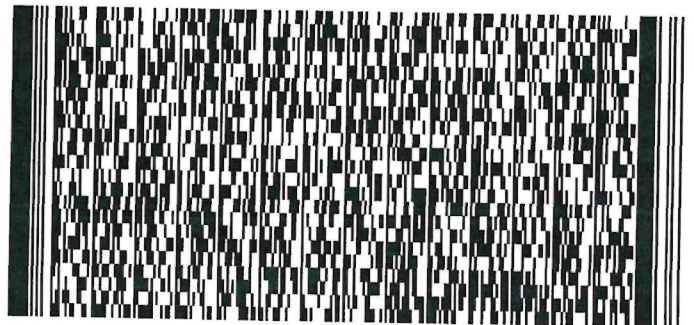
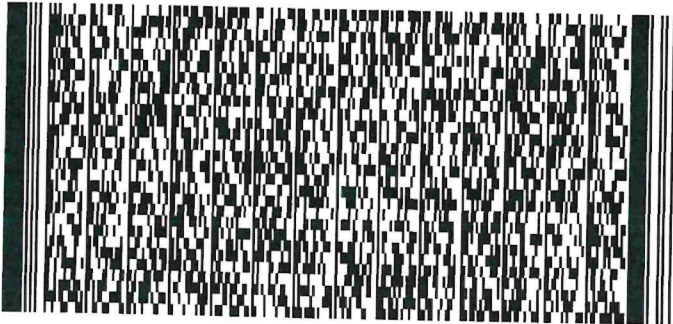
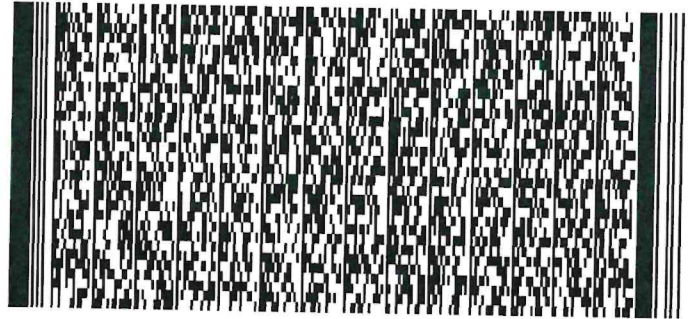
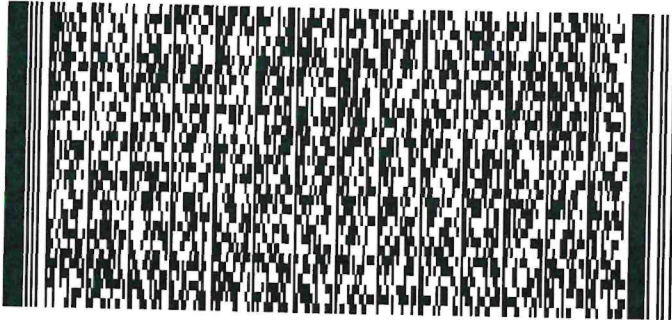


Serial Number

10430004738

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

10430 004739

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Block 2, 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

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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 |
|----------------|------------------|---|--------------------------|-------------------------|
| 13             | 火警警報系統           | 2024旁,<br>3/F 4033 L4-123,<br>3/F 4042 L4-124           | 消防掙手(3套)失效               | 須更換                     |
| 15             | 火警偵測系統           | 3/F 4006 L4-111,<br>3/F 4014 L4-112,<br>3/F 4020 L4-113 | 煙霧感應器(3套)失效              | 須更換                     |

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.

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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

Cheung Chi Shueng, Tom

FSD/RC No.:

消防處註冊號碼

RC1 / 0430 RC2 / 0596

Company Name:

公司名稱

ACME Engineering Limited

Telephone:

聯絡電話

Date:

日期

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For FSD use only

Inspected

Key-in

Verified



Serial Number

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Name of Client 顧客姓名

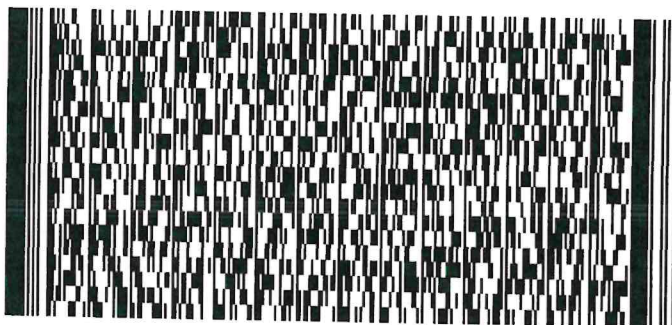
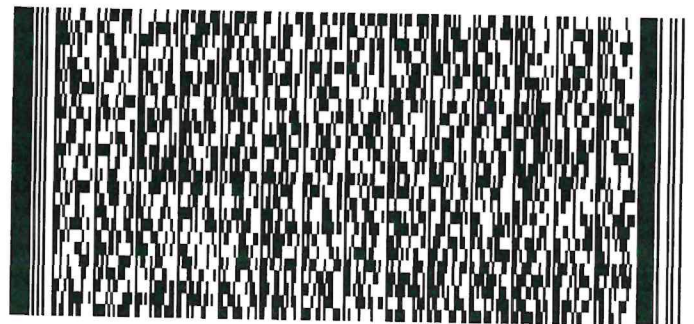
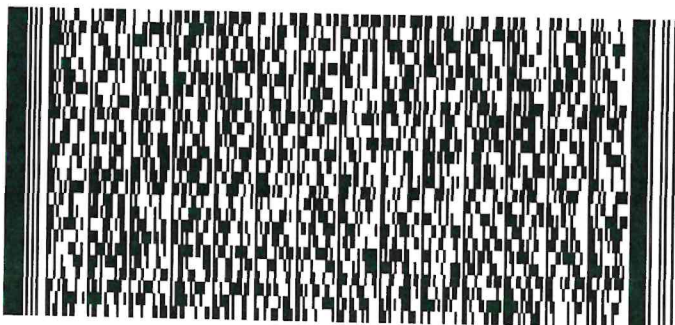
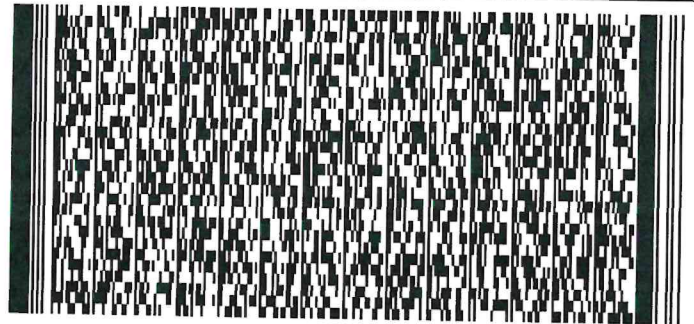
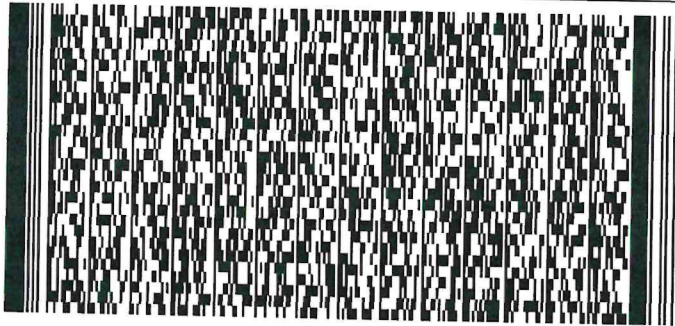
Pok Oi Hospital

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|                |                  |               |                           |                                   |                                  |



Serial Number

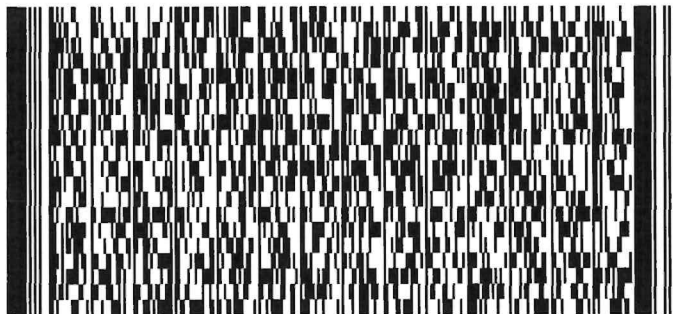
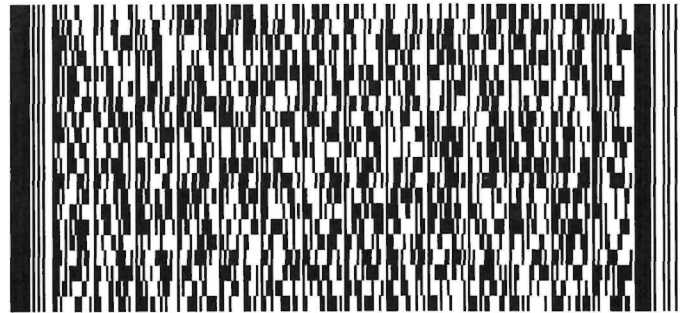
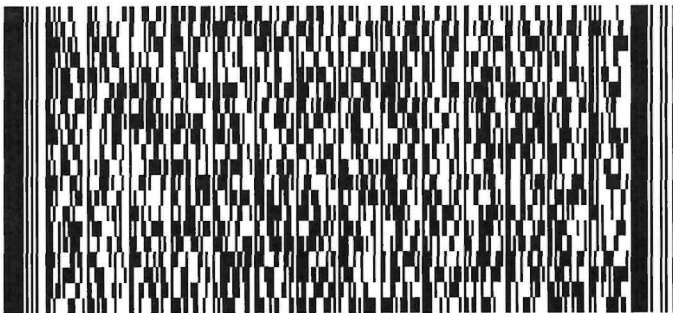
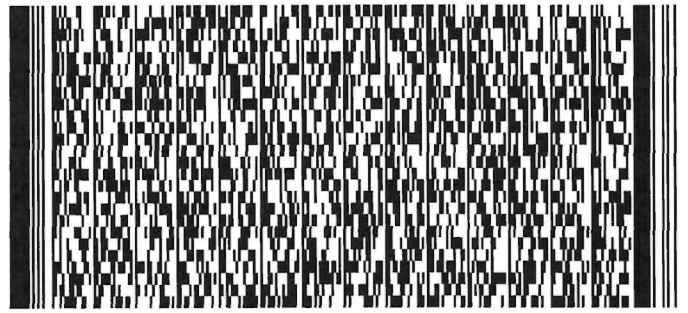
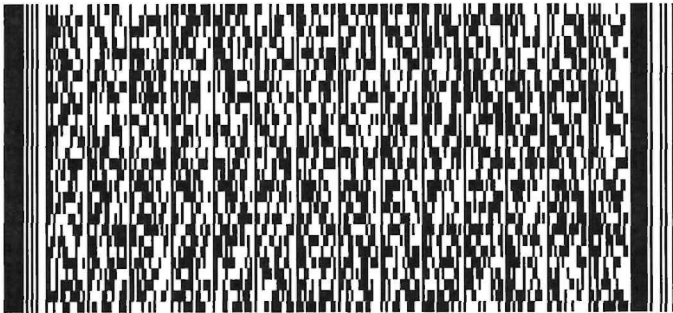
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|----------------|------------------|---|--------------------------|-------------------------|
| 15             | 火警偵測系統           | 3/F 4028 L4-114,<br>3/F 4032 L4-115,<br>3/F 4037 L4-116 | 煙霧感應器(3套)失效              | 須更換                     |
| 15             | 火警偵測系統           | 3/F 4041 L4-117,<br>3/F 4044 L4-118                     | 煙霧感應器(2套)失效              | 須更換                     |
|                |                  |   |                          |                         |
|                |                  |   |                          |                         |
|                |                  |   |                          |                         |

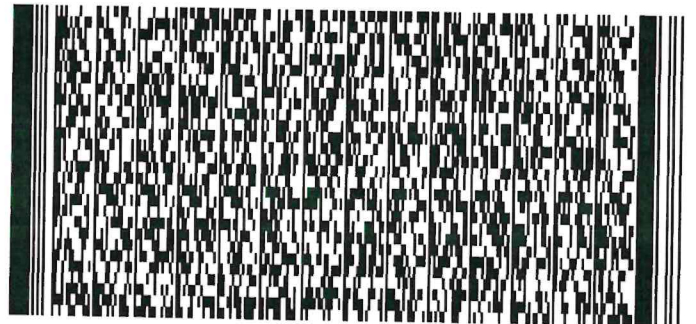
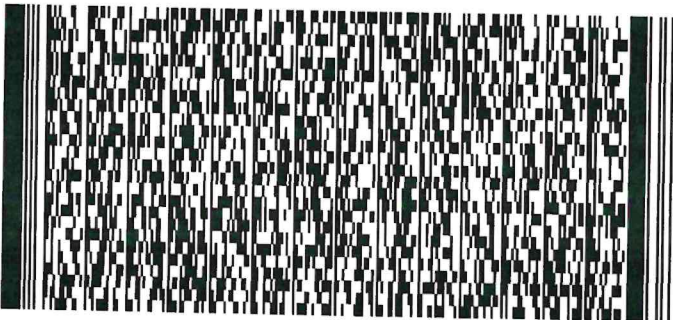
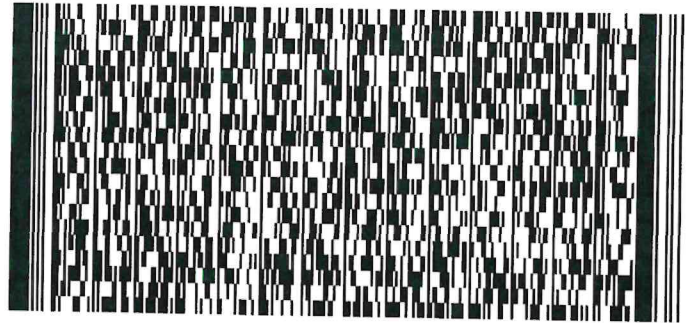
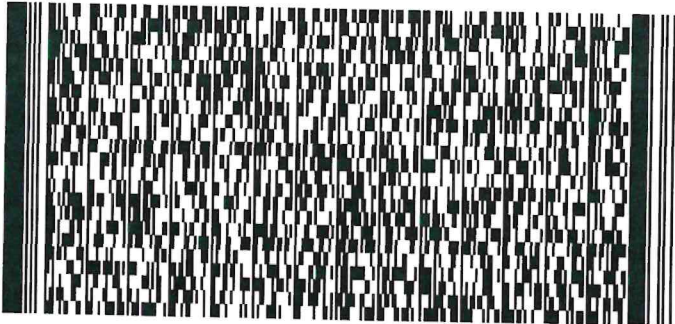
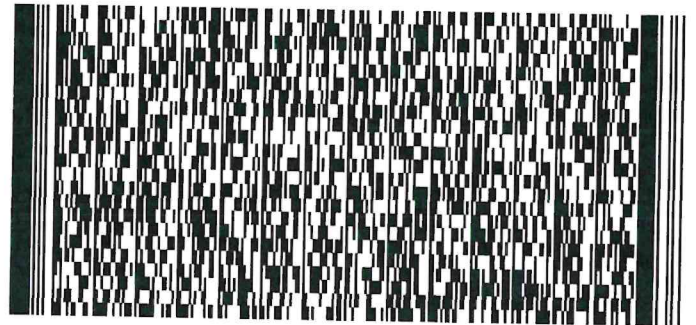
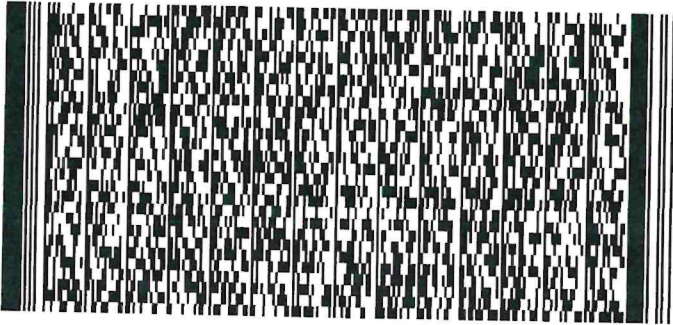
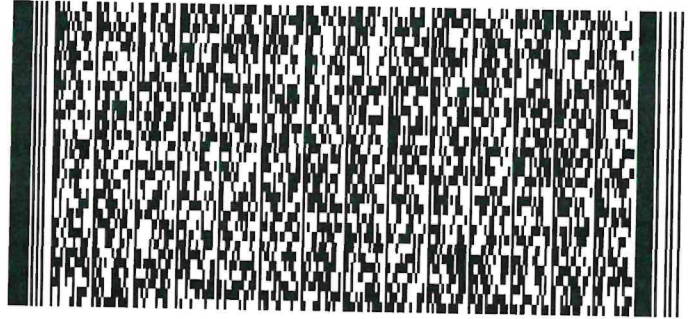
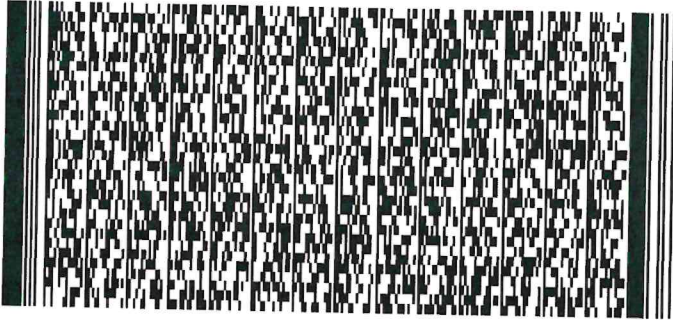


Serial Number

10430 004739

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  
10430 004740

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Block 3, 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) |
|----------------|------------------|---------------|---------------------------|-----------------------------------|----------------------------------|
| 11             | 應急照明系統           | 全座            | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |
| 12             | 出口指示牌            | 全座            | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |

**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 |
|----------------|------------------|-------------------------------------|--------------------------|-------------------------|
| 13             | 火警警報系統           | G/F ST3 L5-70,<br>G/F 1018 L5-072   | 消防掣手(2套)失效               | 須更換                     |
| 13             | 火警警報系統           | 3/F 4011 L6-141,<br>3/F 4010 L6-140 | 消防掣手(2套)失效               | 須更換                     |

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:

Name: 姓名

Cheung Chi Shueng, Tom

FSD/RC No.: 消防處註冊號碼

RC1 / 0430 RC2 / 0596

Company Name: 公司名稱

ACME Engineering Limited

Telephone: 聯絡電話

Date: 日期

27/06/2025

For FSD use only

Inspected

Key-in

Verified



Serial Number

10430 004740

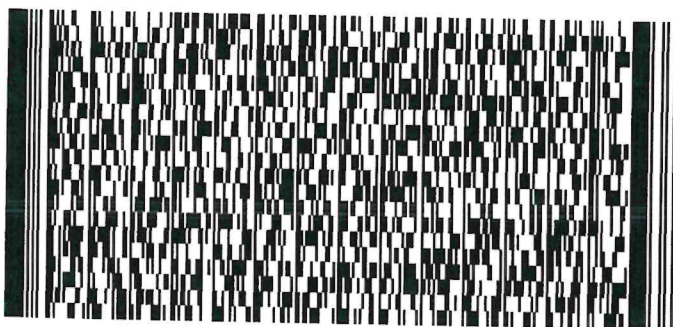
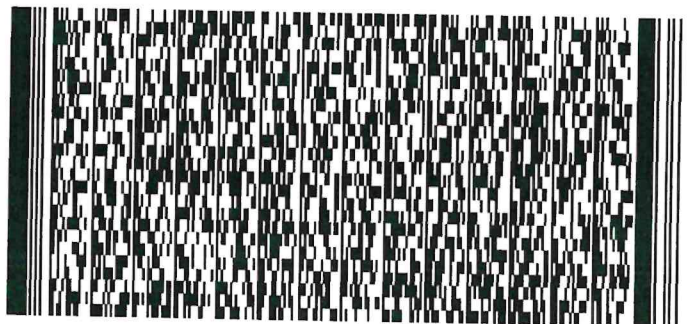
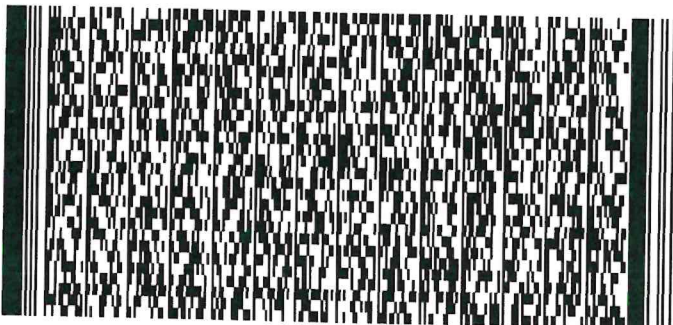
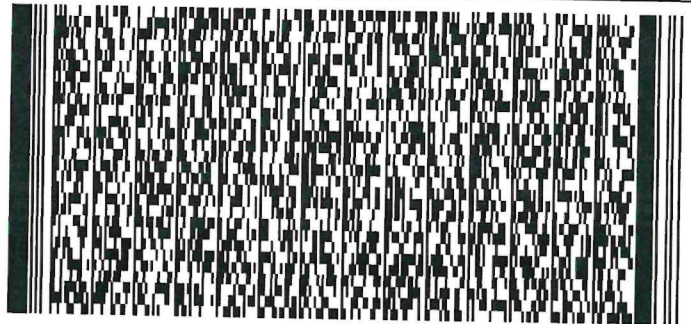
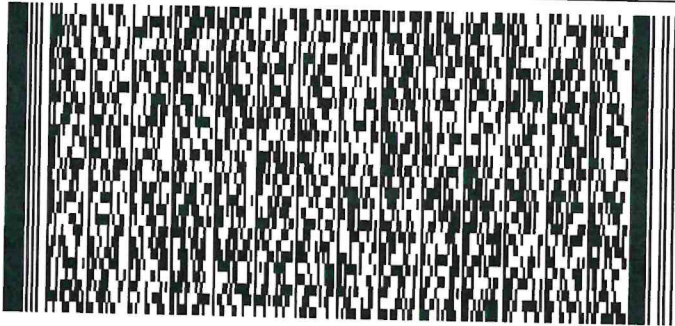
Name of Client 顧客姓名

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             | 火警警報系統           | 全座            | 未符合消防處規定<br>(損壞事項見第三部份)   | 27/06/2025                        | 26/06/2026                       |
| 15             | 火警偵測系統           | 全座            | 未符合消防處規定<br>(損壞事項見第三部份)   | 27/06/2025                        | 26/06/2026                       |
| 16             | 消防栓/喉轆系統         | 全座            | 未符合消防處規定<br>(損壞事項見第三部份)   | 27/06/2025                        | 26/06/2026                       |
| 28             | 花灑系統             | 全座            | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |
|                |                  |               |                           |                                   |                                  |



Serial Number

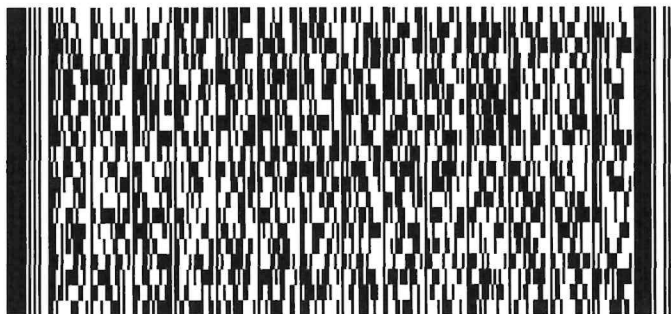
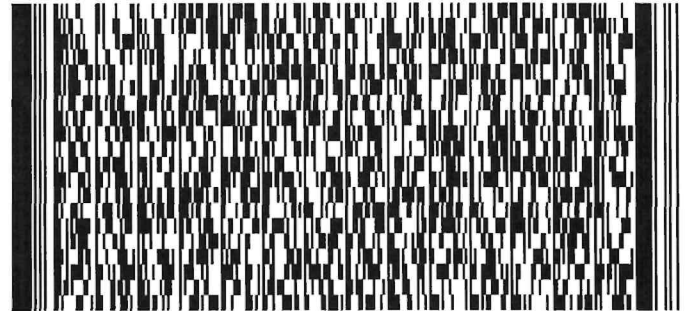
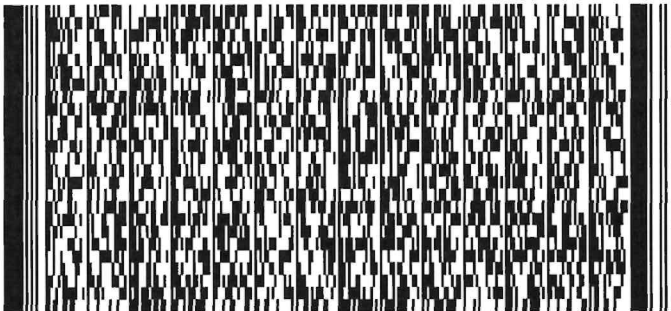
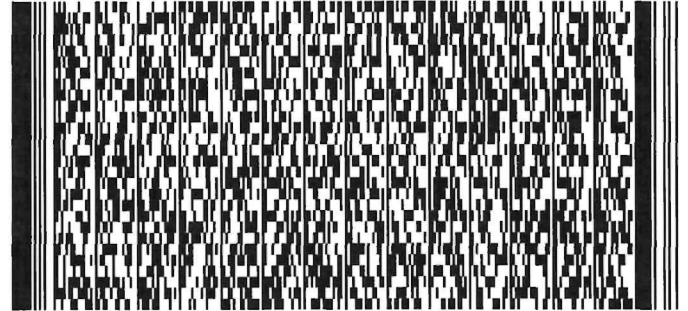
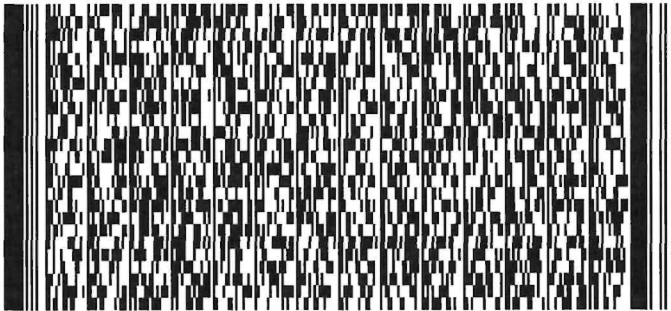
10430004740

Name of Client 顧客姓名

Pok Oi Hospital

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             | 火警偵測系統           | G/F 1018 L5-52                      | 煙霧感應器(1套)失效              | 須更換                     |
| 15             | 火警偵測系統           | 2/F 3029 L6-029,<br>2/F 3005 L6-005 | 煙霧感應器連發聲底座(2套)失效         | 須更換                     |
| 16             | 消防栓/喉轆系統         | 消防泵房                                | 2吋回缸閘(1套)故障              | 須更換                     |
|                |                  |                                     |                          |                         |
|                |                  |                                     |                          |                         |

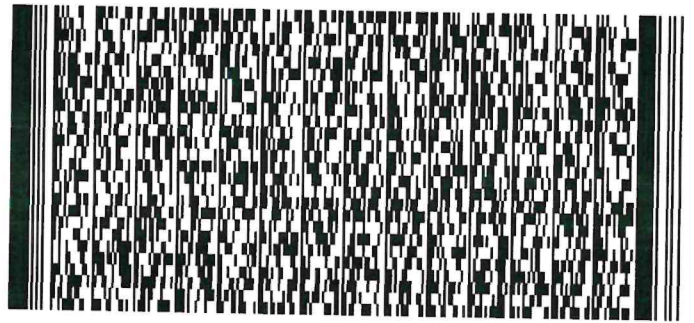
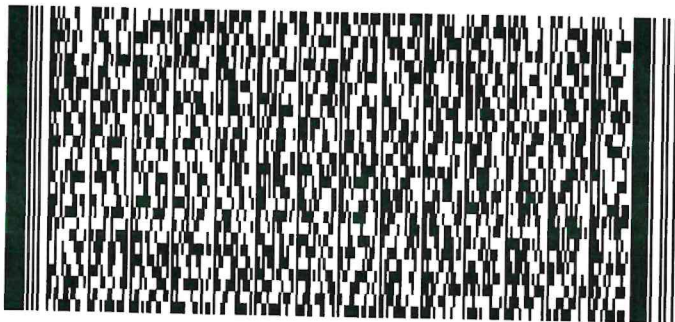
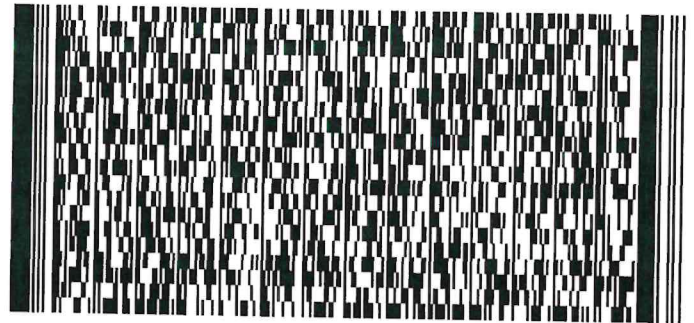
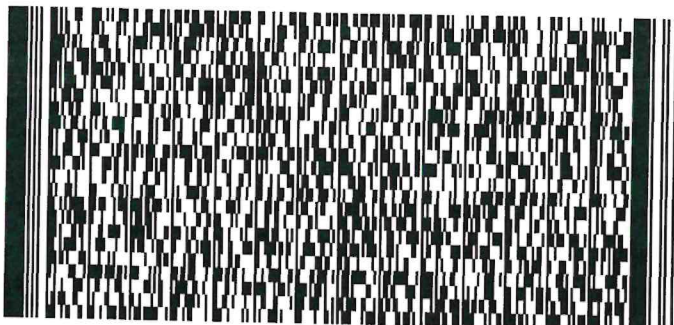
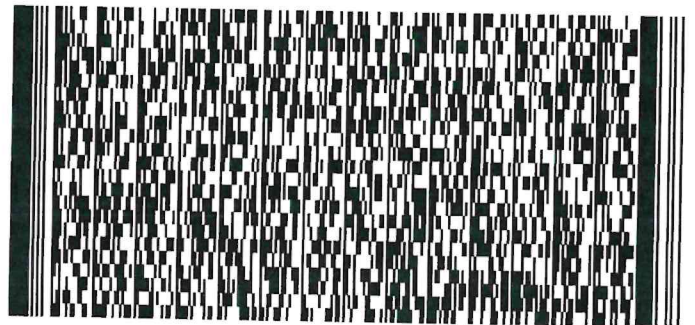
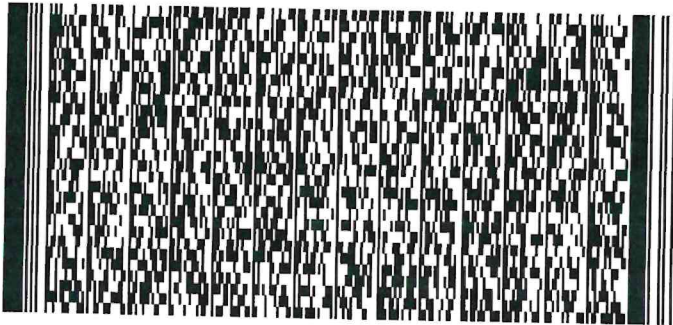
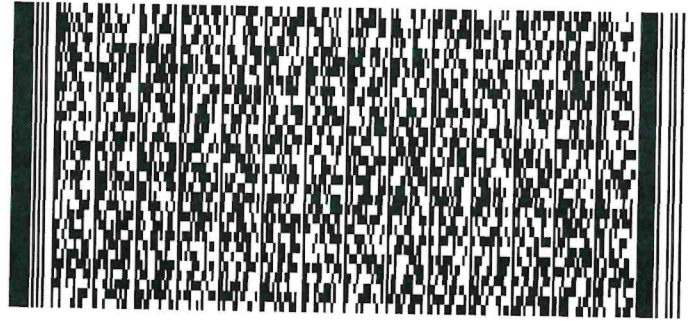
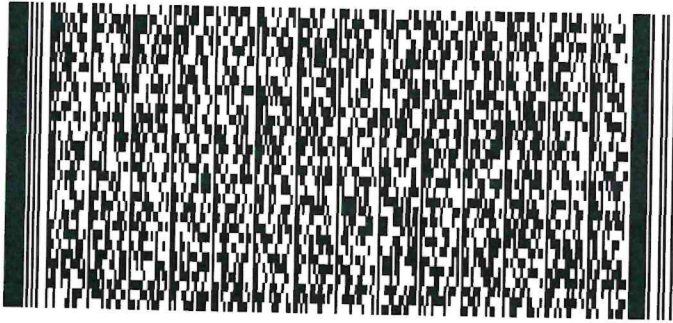


Serial Number

10430 004740

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

10430 004741

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Block 5, 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) |
|----------------|------------------|---------------|---------------------------|-----------------------------------|----------------------------------|
| 11             | 應急照明系統           | 全座            | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |
| 12             | 出口指示牌            | 全座            | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |

**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 |
|----------------|------------------|--|--------------------------|-------------------------|
| 13             | 火警警報系統           | 1/F ST1 L8-103,<br>1/F ST2 L8-104,<br>2/F ST3 L9-107 | 消防掙手(3套)失效               | 須更換                     |
| 15             | 火警偵測系統           | 1/F 2067 L8-091,<br>1/F 2064 L8-090                  | 煙霧感應器(2套)失效              | 須更換                     |

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:

Name: 姓名

Cheung Chi Shueng, Tom

FSD/RC No.: 消防處註冊號碼

RC1 / 0430 RC2 / 0596

Company Name: 公司名稱

ACME Engineering Limited

Telephone: 聯絡電話

Date: 日期

27/06/2025

For FSD use only

Inspected

Key-in

Verified



Serial Number

10430 004741

Name of Client 顧客姓名

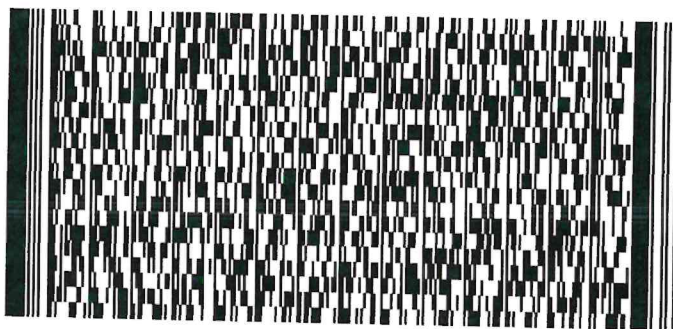
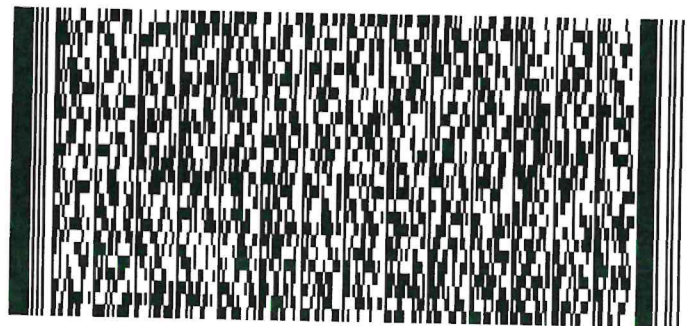
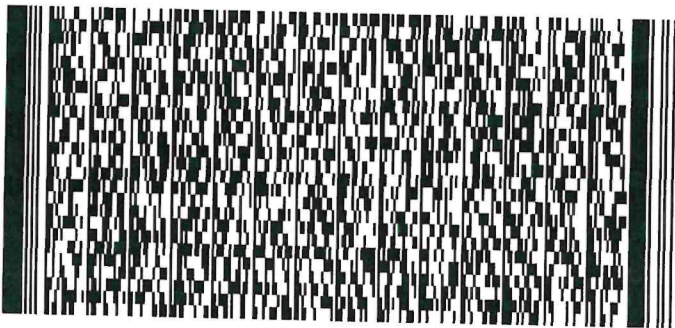
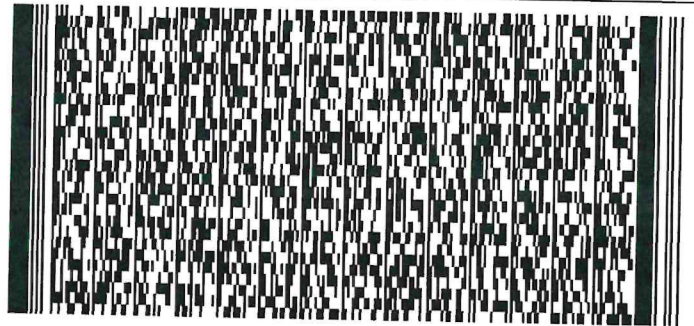
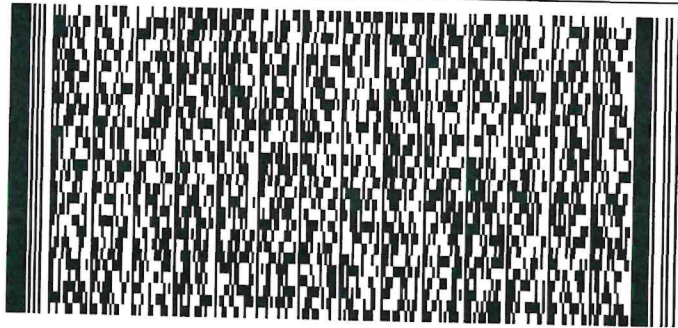
Pok Oi Hospital

**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             | 火警警報系統           | 全座            | 未符合消防處規定<br>(損壞事項見第三部份)   | 27/06/2025                        | 26/06/2026                       |
| 15             | 火警偵測系統           | 全座            | 未符合消防處規定<br>(損壞事項見第三部份)   | 27/06/2025                        | 26/06/2026                       |
| 16             | 消防栓/喉轆系統         | 全座            | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |
| 28             | 花灑系統             | 全座            | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |
|                |                  |               |                           |                                   |                                  |



Serial Number

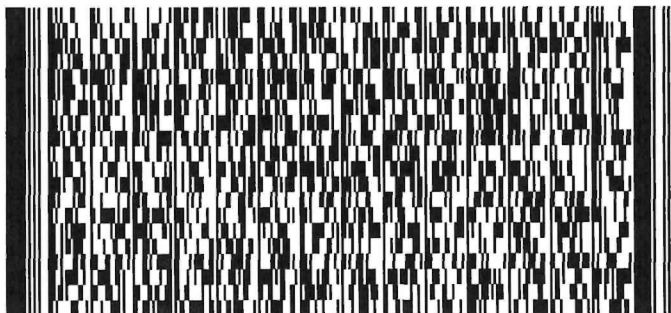
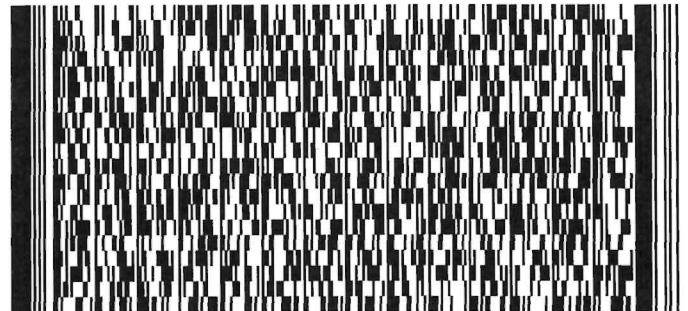
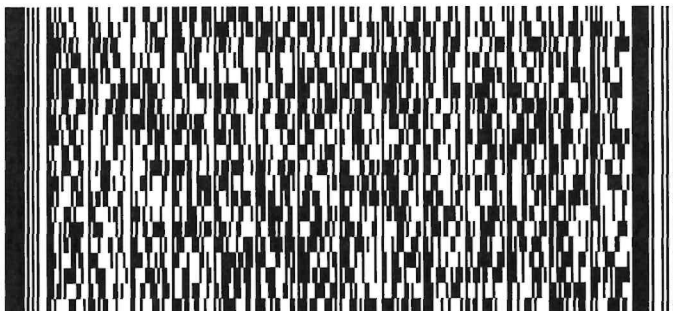
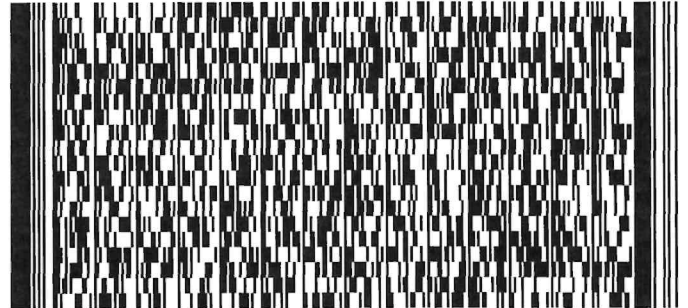
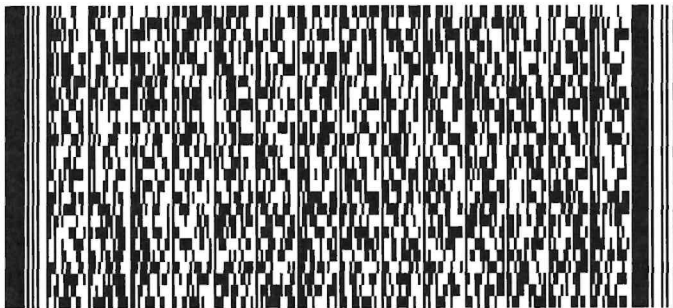
10430004741

Name of Client 顧客姓名

Pok Oi Hospital

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             | 火警偵測系統           | 1/F 2050 L8-088,<br>1/F 2044 L8-087 | 煙霧感應器(2套)失效              | 須更換                     |
|                |                  |                                     |                          |                         |
|                |                  |                                     |                          |                         |
|                |                  |                                     |                          |                         |
|                |                  |                                     |                          |                         |

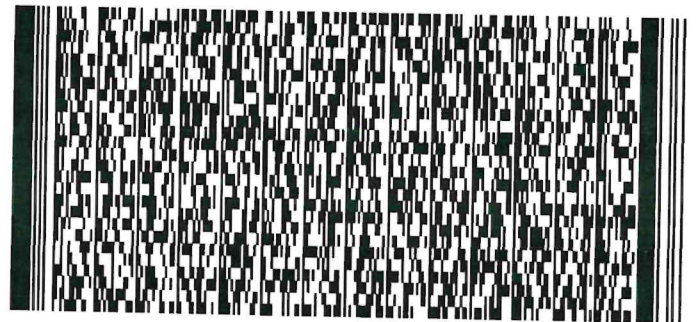
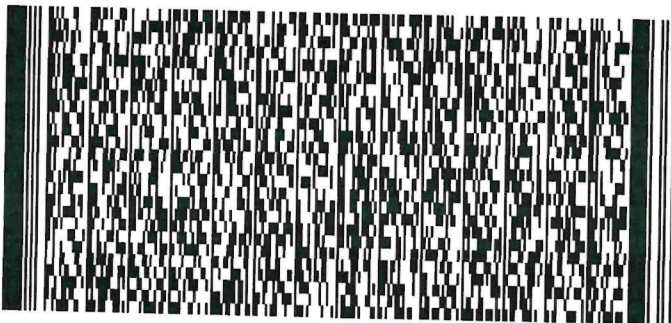
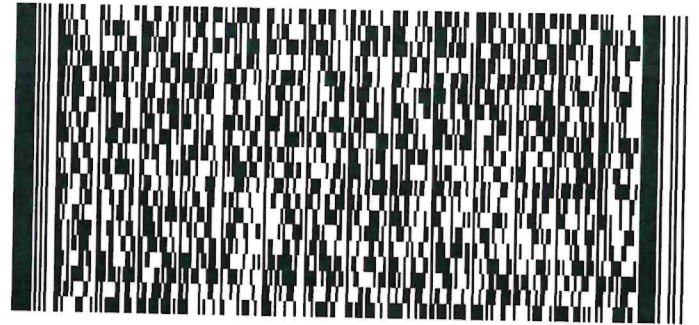
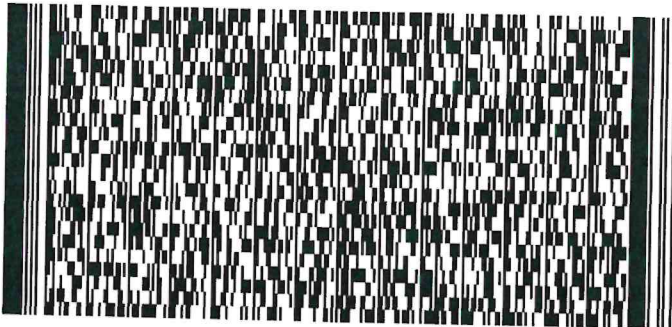
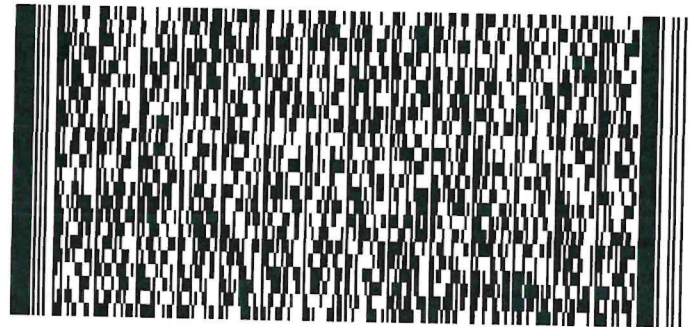
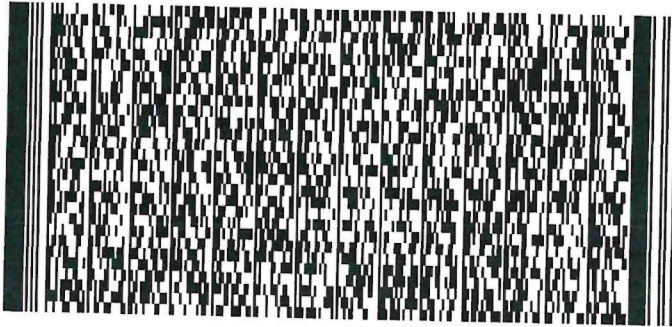
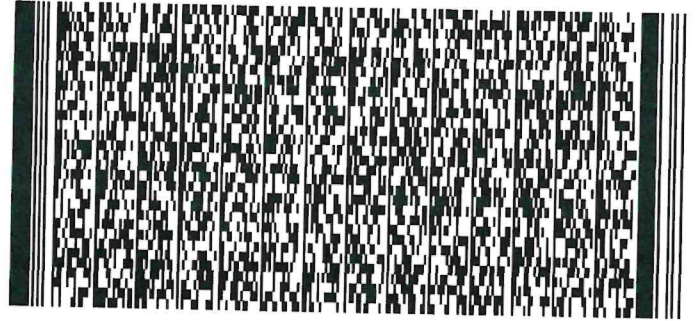
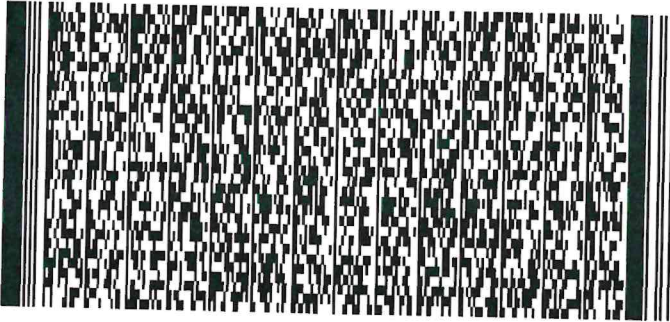


Serial Number

10430004741

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  
10430 004742

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Amenity Block 1, 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             | 火警警報系統           | 全座            | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |
| 15             | 火警偵測系統           | 全座            | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |

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:

Name: 姓名

Cheung Chi Shueng, Tom

FSD/RC No.: 消防處註冊號碼

RC1 / 0430 RC2 / 0596

Company Name: 公司名稱

ACME Engineering Limited

Telephone: 聯絡電話

Date: 日期

27/06/2025

For FSD use only

Inspected

Key-in

Verified



Serial Number

10430004742

Name of Client 顧客姓名

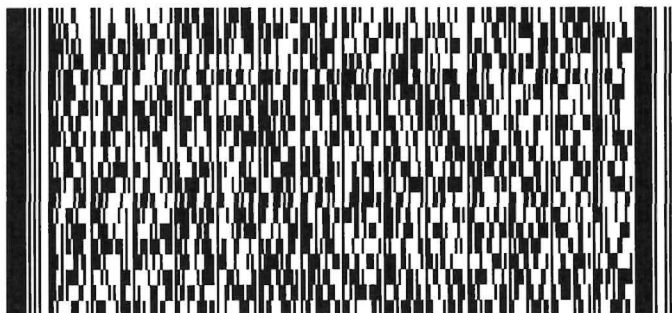
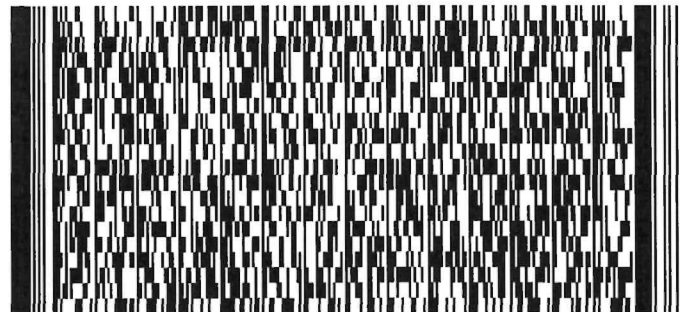
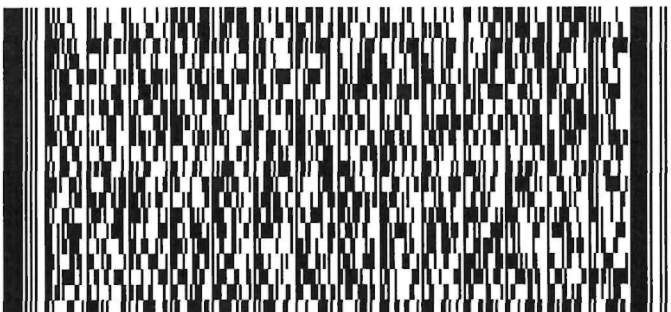
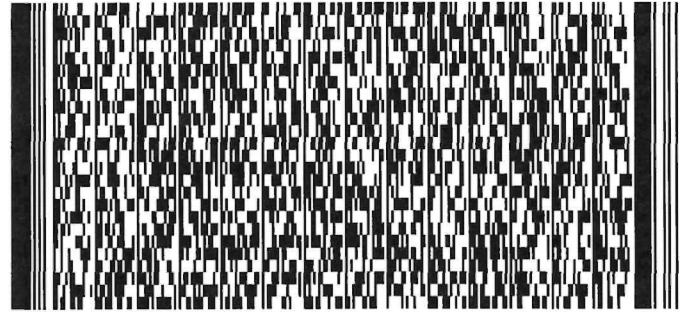
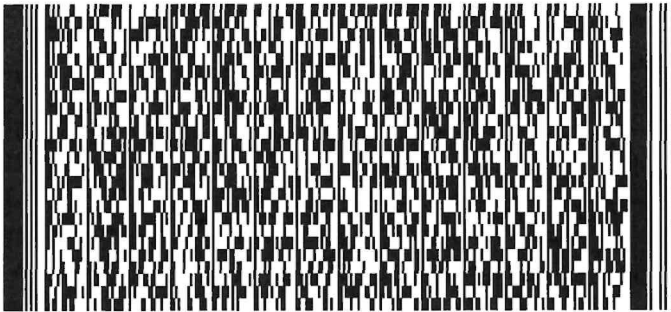
Pok Oi Hospital

**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             | 消防栓/喉轆系統         | 全座            | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |
| 28             | 花灑系統             | 全座            | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |
|                |                  |               |                           |                                   |                                  |
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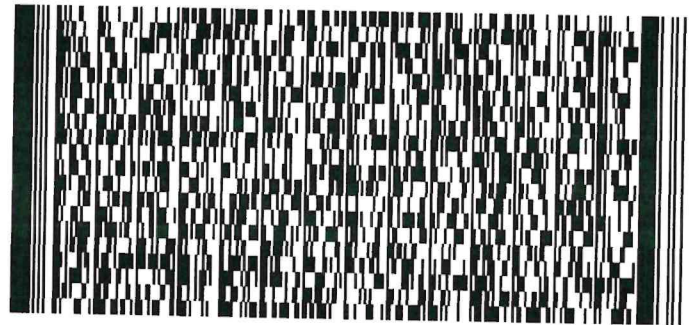
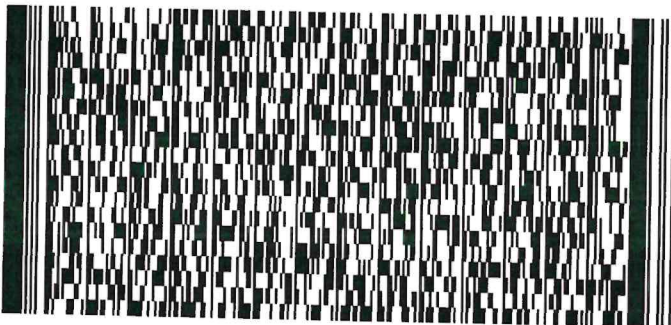
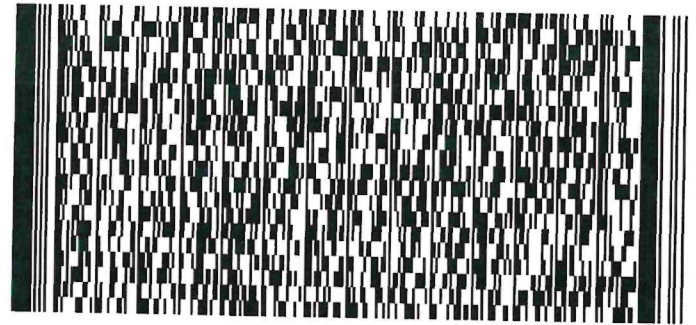
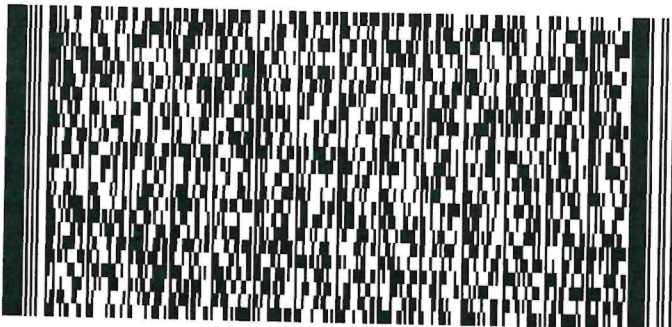
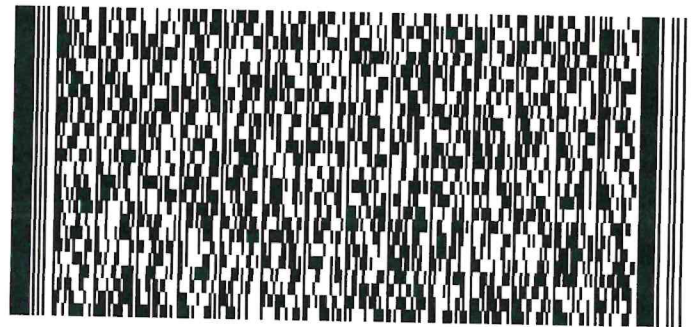
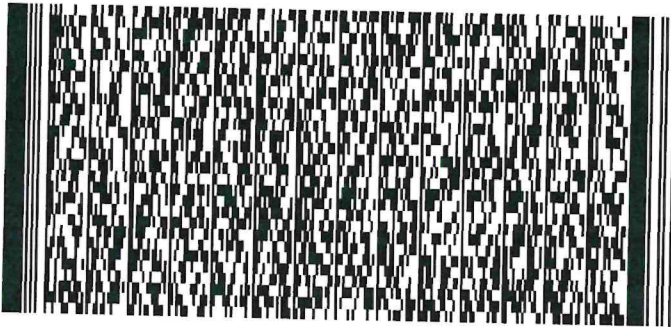
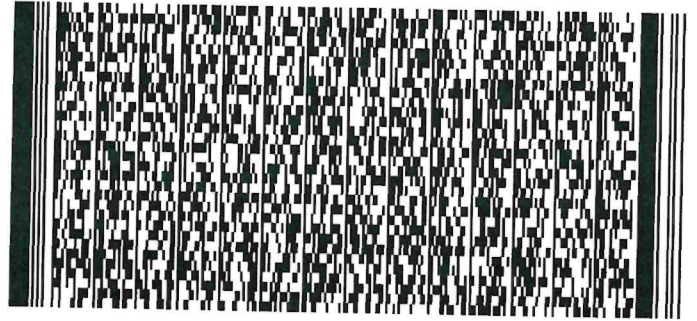
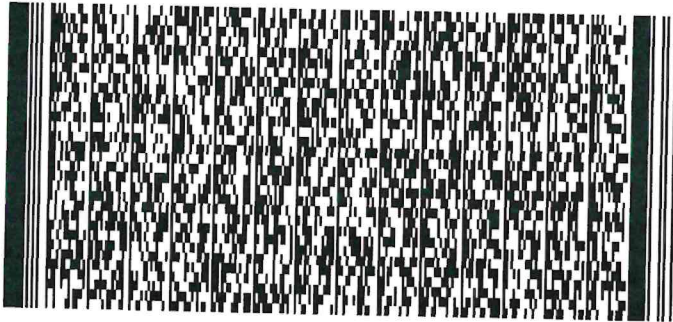


Serial Number

10430004742

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  
10430 004743

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Amenity Block 2, 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

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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             | 火警警報系統           | 全座            | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |
| 15             | 火警偵測系統           | 全座            | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |

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 |
|----------------|------------------|---------------|--------------------------|-------------------------|
| 16             | 消防栓/喉轆系統         | R/F           | 消防補壓泵壓力掣(1套)故障           | 須更換                     |
| 28             | 花灑系統             | 花灑泵房          | 花灑泵旁通掣(1套)失效             | 須更換                     |

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:

Name: Cheung Chi Shueng, Tom

FSD/RC No.: RC1 / 0430 RC2 / 0596  
消防處註冊號碼

Company Name: ACME Engineering Limited  
公司名稱

Telephone:

Date: 27/06/2025  
日期

For FSD use only

Inspected

Key-in

Verified



Serial Number

10430004743

Name of Client 顧客姓名

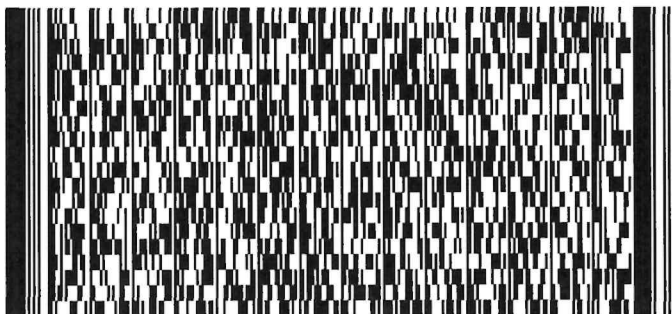
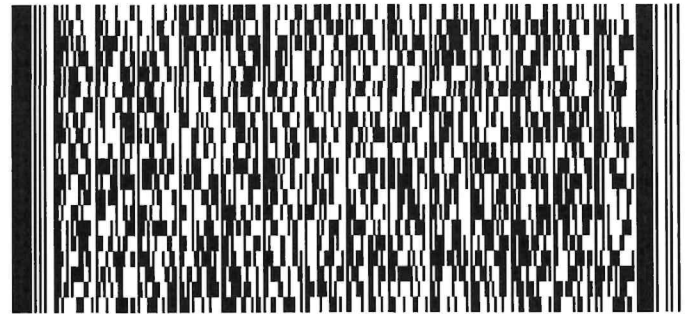
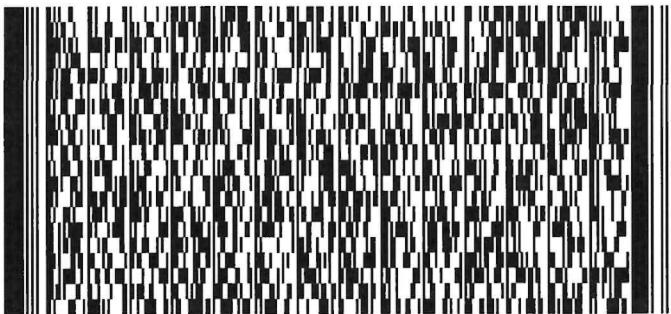
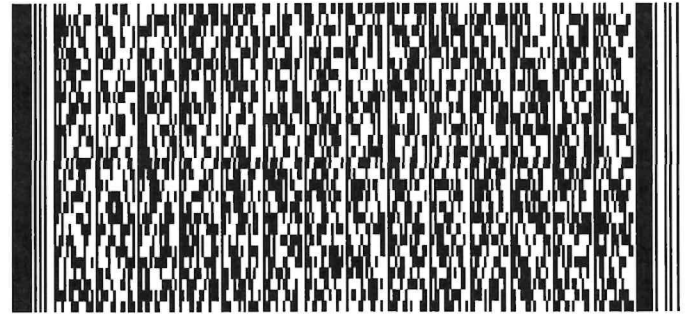
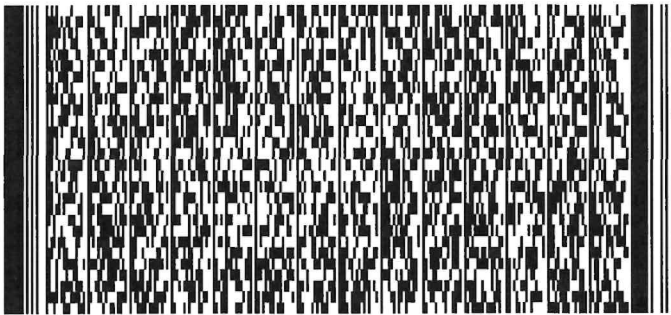
Pok Oi Hospital

**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) |
|----------------|------------------|---------------|---------------------------|-----------------------------------|----------------------------------|
| 16             | 消防栓/喉轆系統         | 全座            | 未符合消防處規定<br>(損壞事項見第三部份)   | 27/06/2025                        | 26/06/2026                       |
| 28             | 花灑系統             | 全座            | 未符合消防處規定<br>(損壞事項見第三部份)   | 27/06/2025                        | 26/06/2026                       |
|                |                  |               |                           |                                   |                                  |
|                |                  |               |                           |                                   |                                  |
|                |                  |               |                           |                                   |                                  |

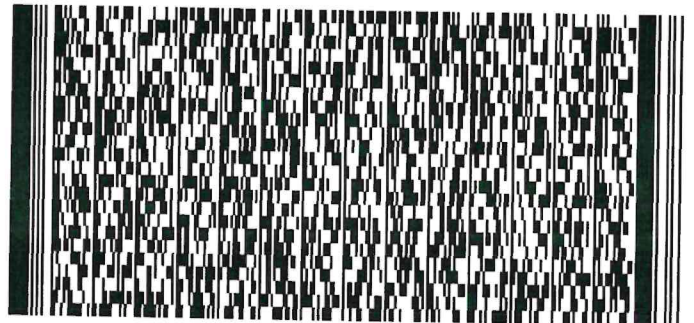
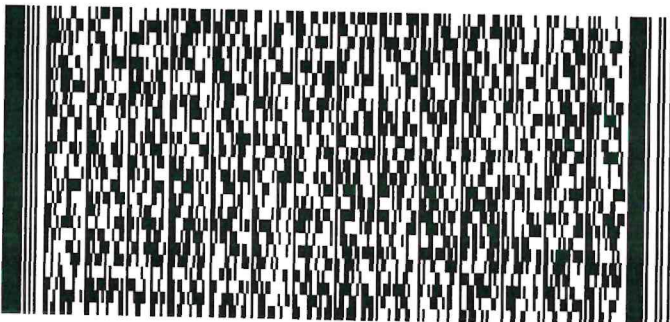
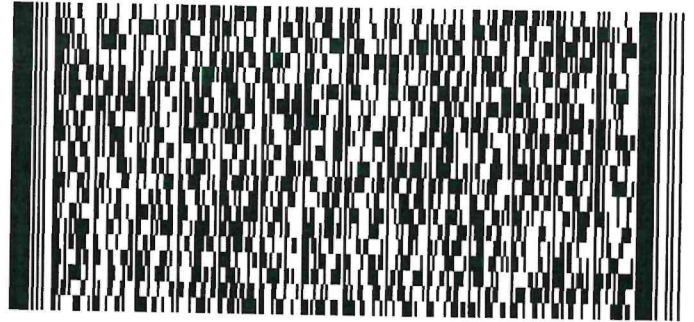
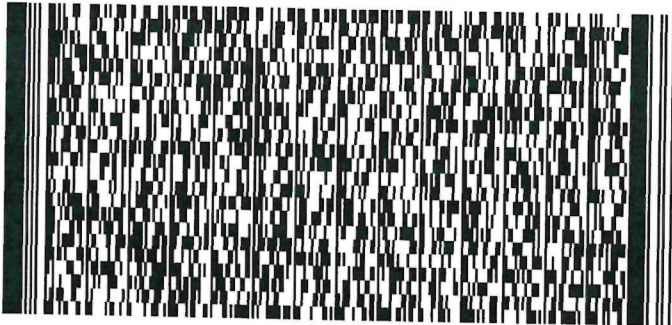
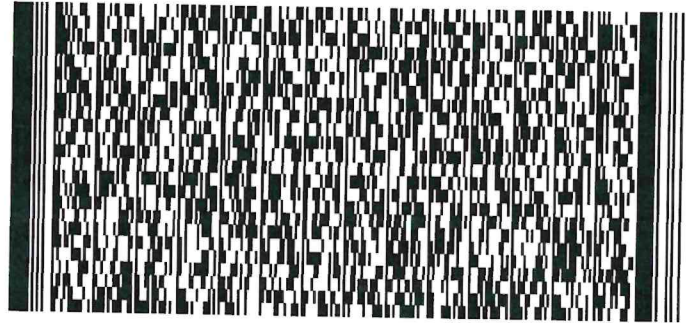
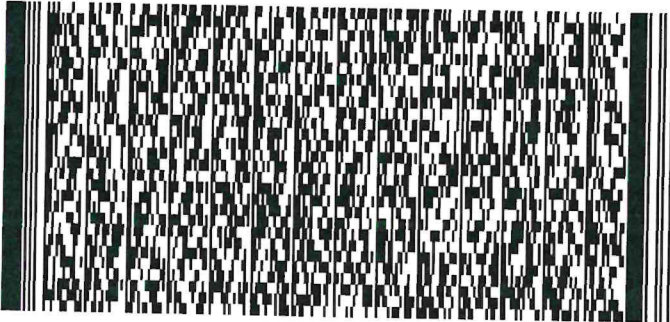
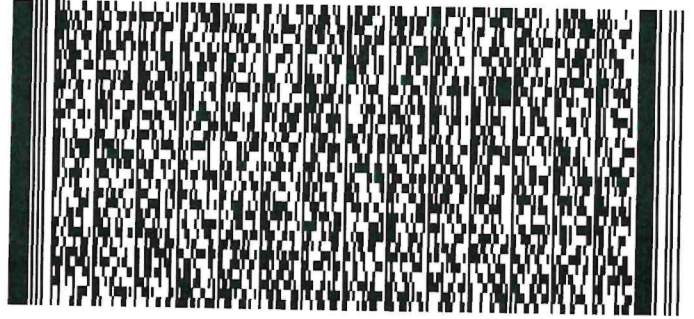
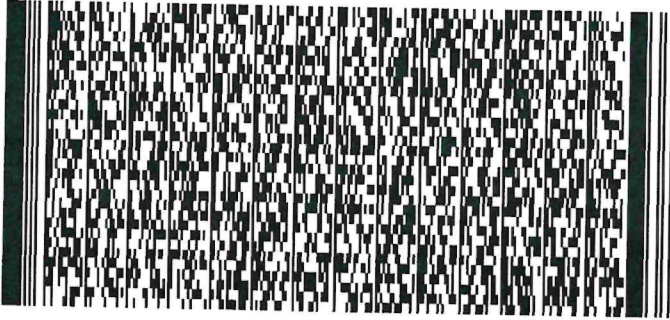


Serial Number

10430 004743

Name of Client 顧客姓名

Pok Oi Hospital



消防處檔號: \_\_\_\_\_  
FSD Ref.

消防(裝置及設備)規例(第九條(1)款)消防裝置及設備證書  
FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS  
(REGULATION 9(1))  
CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

序號 Serial Number  
024203150000 260004

顧客姓名  
Name of Client Good Yield Property Management Limited

樓宇地址  
Address of Building  
座 Block 1  
樓宇名稱  
Name of Building  
屋邨/鄉村名稱  
Name of Estate/Village Pok Oi Kong Ha Wai Village

門牌號數及街道/地段  
Number and Name of Street/Lot  
71 Kam Sheung Road

地區  
District Yuen Long  
 香港 HK  九龍 K  新界 NT

- 持牌/註冊處所類型 (如適用)  
Type of Licensed/Registered Premises (If applicable)
- 請在合適空格內填上「✓」號  
Please tick the appropriate "box"
- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> 簡樸房 Basic Housing Unit | <input type="checkbox"/> 危險品倉 Dangerous Goods Store | <input type="checkbox"/> 木料倉 Timber Store   | <input type="checkbox"/> 危險品車輛 Dangerous Good Vehicle |
| <input type="checkbox"/> 食物業處所 Food Premises    | <input type="checkbox"/> 電器廢物處置 E-waste Disposal    | <input type="checkbox"/> 公眾娛樂場所 Place of Public Entertainment                     |   |
| <input type="checkbox"/> 校舍 School Premises     | <input type="checkbox"/> 改建校舍 Non-designed School   | <input type="checkbox"/> 安老院舍 Residential Care Home for the Elderly               |   |
| <input type="checkbox"/> 幼兒中心 Child Care Centre | <input type="checkbox"/> 私營骨灰安置所 Private Columbaria | <input type="checkbox"/> 殘疾院舍 Residential Care Home for Persons with Disabilities |   |
| <input type="checkbox"/> 酒店 Hotel               | <input type="checkbox"/> 賓館 Guesthouse              | <input type="checkbox"/> 卡拉 OK 場所 Karaoke Establishment                           |   |
| <input type="checkbox"/> 會社 Club                | <input type="checkbox"/> 床位寓所 Bedspace Apartment    |   |   |

| 第一部 只適用於年檢事項<br>Part 1 Annual Inspection ONLY |                     |                   | 根據《消防(裝置及設備)規例》第八條(1)(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。<br>In accordance with Regulation 8(1)(b) of 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. |   |                                 |
|---|---------------------|-------------------|--|---|---------------------------------|
| 編碼<br>Code<br>(1-35)                          | 裝置類型<br>Type of FSI | 位置<br>Location(s) | 狀況評述<br>Comment on Condition   | 完成日期<br>Completion Date<br>(DD/MM/YYYY) | 到期日<br>Due Date<br>(DD/MM/YYYY) |
| 35  | 其他(Door Release)    | G/F               | 符合消防處要求  | 31/12/2025                              | 30/12/2026                      |
|   |                     |                   |  |   |                                 |
|   |                     |                   |  |   |                                 |

| 第二部 Part 2 裝置/保養/修理/檢查工作 Installation/Maintenance/Repair/Inspection work |                     |                   |  |                              |   |   |
|--|---------------------|-------------------|--|------------------------------|---|---|
| 編碼<br>Code<br>(1-35)   | 裝置類型<br>Type of FSI | 位置<br>Location(s) | 完成之工作內容<br>Nature of Work<br>Carried out | 狀況評述<br>Comment on Condition | 完成日期<br>Completion Date<br>(DD/MM/YYYY) | 消防裝置關閉/嚴重損壞/恢復通知書<br>消防處檔案編號<br>FSD serial number of Notification of FSI Shutdown/Major Defect/Resumption |
|  |                     |                   |  |                              |   |   |
|  |                     |                   |  |                              |   |   |
|  |                     |                   |  |                              |   |   |

| 第三部 Part 3 欠妥事項 Defects |                     |                   |  |                              |   |
|-------------------------|---------------------|-------------------|--|------------------------------|---|
| 編碼<br>Code<br>(1-35)    | 裝置類型<br>Type of FSI | 位置<br>Location(s) | 欠妥事項<br>Defects<br>(請以「*」註明主要系統嚴重損壞<br>Please indicate major defects<br>in major system with a "*" sign) | 欠妥事項評述<br>Comment on Defects | 消防裝置關閉/嚴重損壞/恢復通知書<br>消防處檔案編號<br>FSD serial number of Notification of FSI Shutdown/Major Defect/Resumption |
|                         |                     |                   |  |                              |   |
|                         |                     |                   |  |                              |   |
|                         |                     |                   |  |                              |   |

本人/我們特此聲明，上述之消防裝置/設備經測試及/或檢查，其運作狀況符合消防處處長訂明適用於該建築物/處所的《最低限度之消防裝置及設備守則》中的規格/要求，以及最新的《裝置及設備之檢查、測試及保養守則》中的要求，以證明其性能良好，除在第三部分中詳列的裝置/設備欠妥事項(如有)。

I/We hereby declare that the above installations/equipment has/have been tested and/or inspected, with its/their working conditions certified in conformance with the specifications/requirements in the Code of Practice for Minimum Fire Service Installations and Equipment applicable to the building/premises and the requirements in the latest Code of Practice for Inspection, Testing and Maintenance of Installations and Equipment prescribed by the Director of Fire Services to be in efficient working order except defect(s) of the installations/equipment, if any, detailed in Part 3.

請將此證書張貼於大廈或處所當眼處以供消防處人員查核  
Please display this certificate at a conspicuous place in the building or premises for FSD's inspection

獲授權簽署人簽署  
Signature of Authorized Signatory

獲授權簽署人姓名  
Name of Authorized Signatory

Lau Chun Pong



註冊編號  
Registration No.

RC1/0242;RC2/0315

註冊消防裝置承辦商名稱  
Name of Registered Fire Service Installation Contractor

Shun Hing Engineering Contracting Company Limited

聯絡電話  
Telephone

電郵地址  
Email address

日期  
Date

05/01/2026

備註  
Remark

| 編碼 Code | 裝置類型 Type of FSI  |
|---------|---|
| 1       | 聲響/視象警報系統 Audio/Visual Advisory System                      |
| 2       | 自動啟動裝置 Automatic Actuating Device                           |
| 3       | 不含水的滅火劑自動固定裝置 Automatic Fixed Installation other than Water |
| 4       | 用水作滅火劑的自動固定裝置 Automatic Fixed Installation using Water      |
| 5       | 集水花灑系統 Deluge System  |
| 6       | 水簾系統 Drencher System  |
| 7       | 乾喉系統 Dry Riser System                                       |
| 8       | 塵埃偵測系統 Dust Detection System                                |
| 9       | 機械式排煙系統 Dynamic Smoke Extraction System                     |
| 10      | 應急發電機 Emergency Generator                                   |
| 11      | 應急照明系統 Emergency Lighting                                   |
| 12      | 出口指示牌 Exit Sign   |
| 13      | 火警警報系統 Fire Alarm System (MFA)                              |
| 14      | 消防管制中心 Fire Control Centre                                  |
| 15      | 火警偵測系統 Fire Detection System                                |
| 16      | 消防栓/喉轆系統 Fire Hydrant/Hose Reel System                      |
| 17      | 防火捲閘 Fire Shutter   |
| 18      | 保留 Reserved   |
| 19      | 認可的自動操作固定器具 Fixed Automatically Operated Approved Appliance |
| 20      | 固定泡沫系統 Fixed Foam System                                    |
| 21      | 氣體偵測系統 Gas Detection System                                 |
| 22      | 氣體排放系統 Gas Extraction System                                |
| 23      | 消防喉轆 Hose Reel  |
| 24      | 手提滅火筒 Portable Fire Extinguisher                            |
| 25      | 認可的人手操作手提器具 Portable Hand-operated Approved Appliance       |
| 26      | 樓梯增壓 Pressurization of Staircase                            |
| 27      | 裝有固定水泵的環狀水管系統 Ring Main System with Fixed Pump(s)           |
| 28      | 花灑系統 Sprinkler System                                       |
| 29      | 靜態式排煙系統 Static Smoke Extraction System                      |
| 30      | 供水缸 Supply Tank   |
| 31      | 通風/空氣調節控制系統 Ventilation/Air Conditioning Control System     |
| 32      | 噴水系統 Water Spray System                                     |
| 33      | 供水 Water Supply   |
| 34      | 街道消防栓系統 Street Fire Hydrant System                          |
| 35      | 其他 Others   |

消防處檔號: \_\_\_\_\_  
FSD Ref.

消防(裝置及設備)規例(第九條(1)款)消防裝置及設備證書  
FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS  
(REGULATION 9(1))  
CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

序號 Serial Number  
024203150000 260005

顧客姓名  
Name of Client  
Good Yield Property Management Limited

樓宇地址  
Address of Building  
座 Block 2  
樓宇名稱  
Name of Building  
屋邨/鄉村名稱  
Name of Estate/Village  
Pok Oi Kong Ha Wai Village

門牌號數及街道/地段  
Number and Name of Street/Lot  
71 Kam Sheung Road  
地區  
District  
Yuen Long  
 香港 HK  九龍 K  新界 NT

- 持牌/註冊處所類型 (如適用)  
Type of Licensed/Registered Premises (If applicable)  
請在合適空格內填上「✓」號  
Please tick the appropriate "box"
- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> 簡樸房 Basic Housing Unit | <input type="checkbox"/> 危險品倉 Dangerous Goods Store | <input type="checkbox"/> 木料倉 Timber Store                            | <input type="checkbox"/> 危險品車輛 Dangerous Good Vehicle |
| <input type="checkbox"/> 食物業處所 Food Premises    | <input type="checkbox"/> 電器廢物處置 E-waste Disposal    | <input type="checkbox"/> 公眾娛樂場所 Place of Public Entertainment        |   |
| <input type="checkbox"/> 校舍 School Premises     | <input type="checkbox"/> 改建校舍 Non-designed School   | <input type="checkbox"/> 安老院舍 Residential Care Home for the Elderly  |   |
| <input type="checkbox"/> 幼兒中心 Child Care Centre | <input type="checkbox"/> 私營骨灰安置所 Private Columbaria | <input type="checkbox"/> 殘疾院舍 Residential Care Home for Persons with |   |
| <input type="checkbox"/> 酒店 Hotel               | <input type="checkbox"/> 賓館 Guesthouse              | <input type="checkbox"/> 卡拉 OK 場所 Karaoke Establishment              |   |
| <input type="checkbox"/> 會社 Club                | <input type="checkbox"/> 床位寓所 Bedspace Apartment    |  |   |

| 第一部 只適用於年檢事項<br>Part 1 Annual Inspection ONLY |                     |                   | 根據《消防(裝置及設備)規例》第八條(1)(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。<br>In accordance with Regulation 8(1)(b) of 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. |   |                                 |
|---|---------------------|-------------------|--|---|---------------------------------|
| 編碼<br>Code<br>(1-35)                          | 裝置類型<br>Type of FSI | 位置<br>Location(s) | 狀況評述<br>Comment on Condition   | 完成日期<br>Completion Date<br>(DD/MM/YYYY) | 到期日<br>Due Date<br>(DD/MM/YYYY) |
| 35  | 其他(Door Release)    | G/F               | 符合消防處要求  | 31/12/2025                              | 30/12/2026                      |
|   |                     |                   |  |   |                                 |
|   |                     |                   |  |   |                                 |

| 第二部 Part 2 裝置/保養/修理/檢查工作 Installation/Maintenance/Repair/Inspection work |                     |                   |  |                              |   |  |
|--|---------------------|-------------------|--|------------------------------|---|--|
| 編碼<br>Code<br>(1-35)   | 裝置類型<br>Type of FSI | 位置<br>Location(s) | 完成之工作內容<br>Nature of Work<br>Carried out | 狀況評述<br>Comment on Condition | 完成日期<br>Completion Date<br>(DD/MM/YYYY) | 消防裝置關閉/嚴重損壞/恢復通知書<br>消防處檔案編號<br>FSD serial number of Notification of<br>FSI Shutdown/Major Defect/Resumption |
|  |                     |                   |  |                              |   |  |
|  |                     |                   |  |                              |   |  |
|  |                     |                   |  |                              |   |  |

| 第三部 Part 3 欠妥事項 Defects |                     |                   |  |                              |  |
|-------------------------|---------------------|-------------------|--|------------------------------|--|
| 編碼<br>Code<br>(1-35)    | 裝置類型<br>Type of FSI | 位置<br>Location(s) | 欠妥事項<br>Defects<br>(請以「*」註明主要系統嚴重損壞<br>Please indicate major defects<br>in major system with a "*" sign) | 欠妥事項評述<br>Comment on Defects | 消防裝置關閉/嚴重損壞/恢復通知書<br>消防處檔案編號<br>FSD serial number of Notification of<br>FSI Shutdown/Major Defect/Resumption |
|                         |                     |                   |  |                              |  |
|                         |                     |                   |  |                              |  |
|                         |                     |                   |  |                              |  |

本人/我們藉此聲明，上述之消防裝置/設備經測試及/或檢查，其運作狀況符合消防處處長訂明適用於該建築物處所的《最低限度之消防裝置及設備守則》中的規格/要求，以及最新的《裝置及設備之檢查、測試及保養守則》中的要求，以證明其性能良好，除在第三部分中詳列的裝置/設備欠妥事項(如有)。  
I/We hereby declare that the above installations/equipment has/have been tested and/or inspected, with its/their working conditions certified in conformance with the specifications/requirements in the Code of Practice for Minimum Fire Service Installations and Equipment applicable to the building/premises and the requirements in the latest Code of Practice for Inspection, Testing and Maintenance of Installations and Equipment prescribed by the Director of Fire Services to be in efficient working order except defect(s) of the installations/equipment, if any, detailed in Part 3.

請將此證書張貼於大廈或處所當眼處以供消防處人員查核  
Please display this certificate at a conspicuous place in the building or premises for FSD's inspection.

獲授權簽署人簽署  
Signature of Authorized Signatory  
獲授權簽署人姓名  
Name of Authorized Signatory  
Lau Chun Pong



註冊編號  
Registration No. RC1/0242;RC2/0315  
註冊消防裝置承辦商名稱  
Name of Registered Fire Service Installation Contractor  
Shun Hing Engineering Contracting Company Limited  
聯絡電話  
Telephone  
電郵地址  
Email address  
日期  
Date 05/01/2026  
備註  
Remark

| 編碼 Code | 裝置類型 Type of FSI  |
|---------|---|
| 1       | 聲響/視象警報系統 Audio/Visual Advisory System                      |
| 2       | 自動啟動裝置 Automatic Actuating Device                           |
| 3       | 不含水的滅火劑自動固定裝置 Automatic Fixed Installation other than Water |
| 4       | 用水作滅火劑的自動固定裝置 Automatic Fixed Installation using Water      |
| 5       | 集水花灑系統 Deluge System  |
| 6       | 水簾系統 Drencher System  |
| 7       | 乾喉系統 Dry Riser System                                       |
| 8       | 塵埃偵測系統 Dust Detection System                                |
| 9       | 機械式排煙系統 Dynamic Smoke Extraction System                     |
| 10      | 應急發電機 Emergency Generator                                   |
| 11      | 應急照明系統 Emergency Lighting                                   |
| 12      | 出口指示牌 Exit Sign   |
| 13      | 火警警報系統 Fire Alarm System (MFA)                              |
| 14      | 消防管制中心 Fire Control Centre                                  |
| 15      | 火警偵測系統 Fire Detection System                                |
| 16      | 消防栓/喉轆系統 Fire Hydrant/Hose Reel System                      |
| 17      | 防火捲閘 Fire Shutter   |
| 18      | 保留 Reserved   |
| 19      | 認可的自動操作固定器具 Fixed Automatically Operated Approved Appliance |
| 20      | 固定泡沫系統 Fixed Foam System                                    |
| 21      | 氣體偵測系統 Gas Detection System                                 |
| 22      | 氣體排放系統 Gas Extraction System                                |
| 23      | 消防喉轆 Hose Reel  |
| 24      | 手提滅火筒 Portable Fire Extinguisher                            |
| 25      | 認可的人手操作手提器具 Portable Hand-operated Approved Appliance       |
| 26      | 樓梯增壓 Pressurization of Staircase                            |
| 27      | 裝有固定水泵的環狀水管系統 Ring Main System with Fixed Pump(s)           |
| 28      | 花灑系統 Sprinkler System                                       |
| 29      | 靜態式排煙系統 Static Smoke Extraction System                      |
| 30      | 供水缸 Supply Tank   |
| 31      | 通風/空氣調節控制系統 Ventilation/Air Conditioning Control System     |
| 32      | 噴水系統 Water Spray System                                     |
| 33      | 供水 Water Supply   |
| 34      | 街道消防栓系統 Street Fire Hydrant System                          |
| 35      | 其他 Others_____  |

消防處檔號: \_\_\_\_\_  
FSD Ref.

消防(裝置及設備)規例(第九條(1)款)消防裝置及設備證書  
FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS  
(REGULATION 9(1))  
CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

序號 Serial Number  
024203150000 260006

顧客姓名  
Name of Client  
Good Yield Property Management Limited

樓宇地址  
Address of Building  
座 Block 3  
樓宇名稱  
Name of Building  
屋邨/鄉村名稱  
Name of Estate/Village Pok Oi Kong Ha Wai Village

門牌號數及街道/地段  
Name of Street/Lot  
71 Kam Sheung Road

地區  
District Yuen Long  
 香港 HK  九龍 K  新界 NT

- 持牌/註冊處所類型 (如適用)  
Type of Licensed/Registered Premises (If applicable)  
請在合適空格內填上「✓」號  
Please tick the appropriate "box"
- 簡樸房 Basic Housing Unit
  - 危險品倉 Dangerous Goods Store
  - 食物業處所 Food Premises
  - 校舍 School Premises
  - 幼兒中心 Child Care Centre
  - 酒店 Hotel
  - 會社 Club
  - 木料倉 Timber Store
  - 電器廢物處置 E-waste Disposal
  - 改建校舍 Non-designed School
  - 私營骨灰安置所 Private Columbaria
  - 賓館 Guesthouse
  - 床位寓所 Bedspace Apartment
  - 危險品車輛 Dangerous Good Vehicle
  - 公眾娛樂場所 Place of Public Entertainment
  - 安老院舍 Residential Care Home for the Elderly
  - 殘疾院舍 Residential Care Home for Persons with
  - 卡拉 OK 場所 Karaoke Establishment

| 第一部 只適用於年檢事項<br>Part 1 Annual Inspection ONLY |                     |                   | 根據《消防(裝置及設備)規例》第八條(1)(b)款，持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。<br>In accordance with Regulation 8(1)(b) of 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. |   |                                 |
|---|---------------------|-------------------|--|---|---------------------------------|
| 編碼<br>Code<br>(1-35)                          | 裝置類型<br>Type of FSI | 位置<br>Location(s) | 狀況評述<br>Comment on Condition   | 完成日期<br>Completion Date<br>(DD/MM/YYYY) | 到期日<br>Due Date<br>(DD/MM/YYYY) |
| 35  | 其他(Door Release)    | G/F               | 符合消防處要求  | 31/12/2025                              | 30/12/2026                      |
|   |                     |                   |  |   |                                 |
|   |                     |                   |  |   |                                 |

第二部 Part 2 裝置/保養/修理/檢查工作 Installation/Maintenance/Repair/Inspection work

| 編碼<br>Code<br>(1-35) | 裝置類型<br>Type of FSI | 位置<br>Location(s) | 完成之工作內容<br>Nature of Work<br>Carried out | 狀況評述<br>Comment on Condition | 完成日期<br>Completion Date<br>(DD/MM/YYYY) | 消防裝置關閉/嚴重損壞/恢復通知書<br>消防處檔案編號<br>FSD serial number of Notification of<br>FSI Shutdown/Major Defect/Resumption |
|----------------------|---------------------|-------------------|--|------------------------------|---|--|
|                      |                     |                   |  |                              |   |  |
|                      |                     |                   |  |                              |   |  |
|                      |                     |                   |  |                              |   |  |

第三部 Part 3 欠妥事項 Defects

| 編碼<br>Code<br>(1-35) | 裝置類型<br>Type of FSI | 位置<br>Location(s) | 欠妥事項<br>Defects<br>(請以「*」註明主要系統嚴重損壞<br>Please indicate major defects<br>in major system with a "*" sign) | 欠妥事項評述<br>Comment on Defects | 消防裝置關閉/嚴重損壞/恢復通知書<br>消防處檔案編號<br>FSD serial number of Notification of<br>FSI Shutdown/Major Defect/Resumption |
|----------------------|---------------------|-------------------|--|------------------------------|--|
|                      |                     |                   |  |                              |  |
|                      |                     |                   |  |                              |  |
|                      |                     |                   |  |                              |  |

本人/我們藉此聲明，上述之消防裝置/設備經測試及/或檢查，其運作狀況符合消防處處長訂明適用於該建築物/處所的《最低限度之消防裝置及設備守則》中的規格/要求，以及最新的《裝置及設備之檢查、測試及保養守則》中的要求，以證明其性能良好，除在第三部分中詳列的裝置/設備欠妥事項（如有）。

I/We hereby declare that the above installations/equipment has/have been tested and/or inspected, with its/their working conditions certified in conformance with the specifications/requirements in the Code of Practice for Minimum Fire Service Installations and Equipment applicable to the building/premises and the requirements in the latest Code of Practice for Inspection, Testing and Maintenance of Installations and Equipment prescribed by the Director of Fire Services to be in efficient working order except defect(s) of the installations/equipment, if any, detailed in Part 3.

請將此證書張貼於大廈或處所當眼處以供消防處人員查核  
Please display this certificate at a conspicuous place in the building or premises for FSD's inspection.

獲授權簽署人簽署  
Signature of Authorized Signatory  
獲授權簽署人姓名  
Name of Authorized Signatory Lau Chun Pong



註冊編號  
Registration No. RC1/0242;RC2/0315  
註冊消防裝置承辦商名稱  
Name of Registered Fire Service Installation Contractor Shun Hing Engineering Contracting Company Limited  
聯絡電話  
Telephone  
電郵地址  
Email address  
日期  
Date 05/01/2026  
備註  
Remark

| 編碼 Code | 裝置類型 Type of FSI  |
|---------|---|
| 1       | 聲響/視象警報系統 Audio/Visual Advisory System                      |
| 2       | 自動啟動裝置 Automatic Actuating Device                           |
| 3       | 不含水的滅火劑自動固定裝置 Automatic Fixed Installation other than Water |
| 4       | 用水作滅火劑的自動固定裝置 Automatic Fixed Installation using Water      |
| 5       | 集水花灑系統 Deluge System  |
| 6       | 水簾系統 Drencher System  |
| 7       | 乾喉系統 Dry Riser System                                       |
| 8       | 塵埃偵測系統 Dust Detection System                                |
| 9       | 機械式排煙系統 Dynamic Smoke Extraction System                     |
| 10      | 應急發電機 Emergency Generator                                   |
| 11      | 應急照明系統 Emergency Lighting                                   |
| 12      | 出口指示牌 Exit Sign   |
| 13      | 火警警報系統 Fire Alarm System (MFA)                              |
| 14      | 消防管制中心 Fire Control Centre                                  |
| 15      | 火警偵測系統 Fire Detection System                                |
| 16      | 消防栓/喉轆系統 Fire Hydrant/Hose Reel System                      |
| 17      | 防火捲閘 Fire Shutter   |
| 18      | 保留 Reserved   |
| 19      | 認可的自動操作固定器具 Fixed Automatically Operated Approved Appliance |
| 20      | 固定泡沫系統 Fixed Foam System                                    |
| 21      | 氣體偵測系統 Gas Detection System                                 |
| 22      | 氣體排放系統 Gas Extraction System                                |
| 23      | 消防喉轆 Hose Reel  |
| 24      | 手提滅火筒 Portable Fire Extinguisher                            |
| 25      | 認可的人手操作手提器具 Portable Hand-operated Approved Appliance       |
| 26      | 樓梯增壓 Pressurization of Staircase                            |
| 27      | 裝有固定水泵的環狀水管系統 Ring Main System with Fixed Pump(s)           |
| 28      | 花灑系統 Sprinkler System                                       |
| 29      | 靜態式排煙系統 Static Smoke Extraction System                      |
| 30      | 供水缸 Supply Tank   |
| 31      | 通風/空氣調節控制系統 Ventilation/Air Conditioning Control System     |
| 32      | 噴水系統 Water Spray System                                     |
| 33      | 供水 Water Supply   |
| 34      | 街道消防栓系統 Street Fire Hydrant System                          |
| 35      | 其他 Others _____   |

消防處檔號: \_\_\_\_\_  
FSD Ref.

消防(裝置及設備)規例(第九條(1)款)消防裝置及設備證書  
FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS  
(REGULATION 9(1))  
CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

序號 Serial Number  
024203150000 260007

顧客姓名  
Name of Client  
Good Yield Property Management Limited

樓宇地址  
Address of Building  
座 Block 5  
樓宇名稱  
Name of Building  
屋邨/鄉村名稱  
Name of Estate/Village Pok Oi Kong Ha Wai Village

門牌號數及街道/地段  
Number and Name of Street/Lot  
71 Kam Sheung Road

地區  
District Yuen Long  
 香港 HK  九龍 K  新界 NT

- 持牌/註冊處所類型 (如適用)  
Type of Licensed/Registered Premises (If applicable)
- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> 簡樸房 Basic Housing Unit | <input type="checkbox"/> 危險品倉 Dangerous Goods Store | <input type="checkbox"/> 木料倉 Timber Store   | <input type="checkbox"/> 危險品車輛 Dangerous Good Vehicle         |
| <input type="checkbox"/> 食物業處所 Food Premises    | <input type="checkbox"/> 食物業處所 Food Premises        | <input type="checkbox"/> 電器廢物處置 E-waste Disposal                                  | <input type="checkbox"/> 公眾娛樂場所 Place of Public Entertainment |
| <input type="checkbox"/> 校舍 School Premises     | <input type="checkbox"/> 改建校舍 Non-designed School   | <input type="checkbox"/> 安老院舍 Residential Care Home for the Elderly               |   |
| <input type="checkbox"/> 幼兒中心 Child Care Centre | <input type="checkbox"/> 私營骨灰安置所 Private Columbaria | <input type="checkbox"/> 殘疾院舍 Residential Care Home for Persons with Disabilities |   |
| <input type="checkbox"/> 酒店 Hotel               | <input type="checkbox"/> 賓館 Guesthouse              | <input type="checkbox"/> 卡拉 OK 場所 Karaoke Establishment                           |   |
| <input type="checkbox"/> 會社 Club                | <input type="checkbox"/> 床位寓所 Bedspace Apartment    |   |   |

| 第一部 只適用於年檢事項<br>Part 1 Annual Inspection ONLY |                     |                   | 根據《消防(裝置及設備)規例》第八條(1)(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。<br>In accordance with Regulation 8(1)(b) of 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. |                                      |                              |
|---|---------------------|-------------------|--|--------------------------------------|------------------------------|
| 編碼<br>Code (1-35)                             | 裝置類型<br>Type of FSI | 位置<br>Location(s) | 狀況評述<br>Comment on Condition   | 完成日期<br>Completion Date (DD/MM/YYYY) | 到期日<br>Due Date (DD/MM/YYYY) |
| 35  | 其他(Door Release)    | G/F               | 符合消防處要求  | 31/12/2025                           | 30/12/2026                   |
|   |                     |                   |  |                                      |                              |
|   |                     |                   |  |                                      |                              |

第二部 Part 2 裝置/保養/修理/檢查工作 Installation/Maintenance/Repair/Inspection work

| 編碼<br>Code (1-35) | 裝置類型<br>Type of FSI | 位置<br>Location(s) | 完成之工作內容<br>Nature of Work Carried out | 狀況評述<br>Comment on Condition | 完成日期<br>Completion Date (DD/MM/YYYY) | 消防裝置關閉/嚴重損壞/恢復通知書<br>消防處檔案編號<br>FSD serial number of Notification of FSI Shutdown/Major Defect/Resumption |
|-------------------|---------------------|-------------------|---------------------------------------|------------------------------|--------------------------------------|---|
|                   |                     |                   |                                       |                              |                                      |   |
|                   |                     |                   |                                       |                              |                                      |   |
|                   |                     |                   |                                       |                              |                                      |   |

第三部 Part 3 欠妥事項 Defects

| 編碼<br>Code (1-35) | 裝置類型<br>Type of FSI | 位置<br>Location(s) | 欠妥事項<br>Defects<br>(請以「*」註明主要系統嚴重損壞<br>Please indicate major defects in major system with a "*" sign) | 欠妥事項評述<br>Comment on Defects | 消防裝置關閉/嚴重損壞/恢復通知書<br>消防處檔案編號<br>FSD serial number of Notification of FSI Shutdown/Major Defect/Resumption |
|-------------------|---------------------|-------------------|---|------------------------------|---|
|                   |                     |                   |   |                              |   |
|                   |                     |                   |   |                              |   |
|                   |                     |                   |   |                              |   |

本人/我們藉此聲明，上述之消防裝置/設備經測試及/或檢查，其運作狀況符合消防處處長訂明適用於該建築物處所的《最低限度之消防裝置及設備守則》中的規格/要求，以及最新的《裝置及設備之檢查、測試及保養守則》中的要求，以證明其性能良好，除在第三部分中詳列的裝置/設備欠妥事項（如有）。

I/We hereby declare that the above installations/equipment has/have been tested and/or inspected, with its/their working conditions certified in conformance with the specifications/requirements in the Code of Practice for Minimum Fire Service Installations and Equipment applicable to the building/premises and the requirements in the latest Code of Practice for Inspection, Testing and Maintenance of Installations and Equipment prescribed by the Director of Fire Services to be in efficient working order except defect(s) of the installations/equipment, if any, detailed in Part 3.

請將此證書張貼於大廈或處所當眼處以供消防處人員查核  
Please display this certificate at a conspicuous place in the building or premises for FSD's inspection.

獲授權簽署人簽署  
Signature of Authorized Signatory  
獲授權簽署人姓名  
Name of Authorized Signatory Lau Chun Pong



註冊編號  
Registration No. RC1/0242;RC2/0315

註冊消防裝置承辦商名稱  
Name of Registered Fire Service Installation Contractor  
Shun Hing Engineering Contracting Company Limited

聯絡電話  
Telephone

電郵地址  
Email address

日期  
Date 05/01/2026

備註  
Remark

| 編碼 Code | 裝置類型 Type of FSI  |
|---------|---|
| 1       | 聲響/視象警報系統 Audio/Visual Advisory System                      |
| 2       | 自動啟動裝置 Automatic Actuating Device                           |
| 3       | 不含水的滅火劑自動固定裝置 Automatic Fixed Installation other than Water |
| 4       | 用水作滅火劑的自動固定裝置 Automatic Fixed Installation using Water      |
| 5       | 集水花灑系統 Deluge System  |
| 6       | 水簾系統 Drencher System  |
| 7       | 乾喉系統 Dry Riser System                                       |
| 8       | 塵埃偵測系統 Dust Detection System                                |
| 9       | 機械式排煙系統 Dynamic Smoke Extraction System                     |
| 10      | 應急發電機 Emergency Generator                                   |
| 11      | 應急照明系統 Emergency Lighting                                   |
| 12      | 出口指示牌 Exit Sign   |
| 13      | 火警警報系統 Fire Alarm System (MFA)                              |
| 14      | 消防管制中心 Fire Control Centre                                  |
| 15      | 火警偵測系統 Fire Detection System                                |
| 16      | 消防栓/喉轆系統 Fire Hydrant/Hose Reel System                      |
| 17      | 防火捲閘 Fire Shutter   |
| 18      | 保留 Reserved   |
| 19      | 認可的自動操作固定器具 Fixed Automatically Operated Approved Appliance |
| 20      | 固定泡沫系統 Fixed Foam System                                    |
| 21      | 氣體偵測系統 Gas Detection System                                 |
| 22      | 氣體排放系統 Gas Extraction System                                |
| 23      | 消防喉轆 Hose Reel  |
| 24      | 手提滅火筒 Portable Fire Extinguisher                            |
| 25      | 認可的人手操作手提器具 Portable Hand-operated Approved Appliance       |
| 26      | 樓梯增壓 Pressurization of Staircase                            |
| 27      | 裝有固定水泵的環狀水管系統 Ring Main System with Fixed Pump(s)           |
| 28      | 花灑系統 Sprinkler System                                       |
| 29      | 靜態式排煙系統 Static Smoke Extraction System                      |
| 30      | 供水缸 Supply Tank   |
| 31      | 通風/空氣調節控制系統 Ventilation/Air Conditioning Control System     |
| 32      | 噴水系統 Water Spray System                                     |
| 33      | 供水 Water Supply   |
| 34      | 街道消防栓系統 Street Fire Hydrant System                          |
| 35      | 其他 Others _____   |

消防處檔號: \_\_\_\_\_  
FSD Ref.

消防(裝置及設備)規例(第九條(1)款)消防裝置及設備證書  
FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS  
(REGULATION 9(1))  
CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

序號 Serial Number  
024203150000 260008

顧客姓名  
Name of Client Good Yield Property Management Limited

樓宇地址  
Address of Building  
座 Block 6  
樓宇名稱  
Name of Building  
屋邨/鄉村名稱  
Name of Estate/Village Pok Oi Kong Ha Wai Village

門牌號數及街道/地段  
Number and Name of Street/Lot  
71 Kam Sheung Road

地區  
District Yuen Long  
 香港 HK  九龍 K  新界 NT

- 持牌/註冊處所類型 (如適用)  
Type of Licensed/Registered Premises (If applicable)
- 請在合適空格內填上  號  
Please tick the appropriate "box"
- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> 簡樸房 Basic Housing Unit | <input type="checkbox"/> 危險品倉 Dangerous Goods Store | <input type="checkbox"/> 木料倉 Timber Store                            | <input type="checkbox"/> 危險品車輛 Dangerous Good Vehicle |
| <input type="checkbox"/> 食物業處所 Food Premises    | <input type="checkbox"/> 電器廢物處置 E-waste Disposal    | <input type="checkbox"/> 公眾娛樂場所 Place of Public Entertainment        |   |
| <input type="checkbox"/> 校舍 School Premises     | <input type="checkbox"/> 改建校舍 Non-designed School   | <input type="checkbox"/> 安老院舍 Residential Care Home for the Elderly  |   |
| <input type="checkbox"/> 幼兒中心 Child Care Centre | <input type="checkbox"/> 私營骨灰安置所 Private Columbaria | <input type="checkbox"/> 殘疾院舍 Residential Care Home for Persons with |   |
| <input type="checkbox"/> 酒店 Hotel               | <input type="checkbox"/> 賓館 Guesthouse              | <input type="checkbox"/> 卡拉 OK 場所 Karaoke Establishment              |   |
| <input type="checkbox"/> 會社 Club                | <input type="checkbox"/> 床位寓所 Bedspace Apartment    |  |   |

| 第一部 只適用於年檢事項<br>Part 1 Annual Inspection ONLY |                     |                   | 根據《消防(裝置及設備)規例》第八條(1)(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。<br>In accordance with Regulation 8(1)(b) of 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. |   |                                 |
|---|---------------------|-------------------|--|---|---------------------------------|
| 編碼<br>Code<br>(1-35)                          | 裝置類型<br>Type of FSI | 位置<br>Location(s) | 狀況評述<br>Comment on Condition   | 完成日期<br>Completion Date<br>(DD/MM/YYYY) | 到期日<br>Due Date<br>(DD/MM/YYYY) |
| 35  | 其他(Door Release)    | G/F               | 符合消防處要求  | 31/12/2025                              | 30/12/2026                      |
|   |                     |                   |  |   |                                 |
|   |                     |                   |  |   |                                 |

| 第二部 Part 2 裝置/保養/修理/檢查工作 Installation/Maintenance/Repair/Inspection work |                     |                   |  |                              |   |   |
|--|---------------------|-------------------|--|------------------------------|---|---|
| 編碼<br>Code<br>(1-35)   | 裝置類型<br>Type of FSI | 位置<br>Location(s) | 完成之工作內容<br>Nature of Work<br>Carried out | 狀況評述<br>Comment on Condition | 完成日期<br>Completion Date<br>(DD/MM/YYYY) | 消防裝置關閉/嚴重損壞/恢復通知書<br>消防處檔案編號<br>FSD serial number of Notification of FSI Shutdown/Major Defect/Resumption |
|  |                     |                   |  |                              |   |   |
|  |                     |                   |  |                              |   |   |
|  |                     |                   |  |                              |   |   |

| 第三部 Part 3 欠妥事項 Defects |                     |                   |  |                              |   |
|-------------------------|---------------------|-------------------|--|------------------------------|---|
| 編碼<br>Code<br>(1-35)    | 裝置類型<br>Type of FSI | 位置<br>Location(s) | 欠妥事項<br>Defects<br>(請以「*」註明主要系統嚴重損壞<br>Please indicate major defects<br>in major system with a "*" sign) | 欠妥事項評述<br>Comment on Defects | 消防裝置關閉/嚴重損壞/恢復通知書<br>消防處檔案編號<br>FSD serial number of Notification of FSI Shutdown/Major Defect/Resumption |
|                         |                     |                   |  |                              |   |
|                         |                     |                   |  |                              |   |
|                         |                     |                   |  |                              |   |

本人/我們藉此聲明，上述之消防裝置/設備經測試及/或檢查，其運作狀況符合消防處處長訂明適用於該建築物/處所的《最低限度之消防裝置及設備守則》中的規格/要求，以及最新的《裝置及設備之檢查、測試及保養守則》中的要求，以證明其性能良好，除在第三部分中詳列的裝置/設備欠妥事項（如有）。

I/We hereby declare that the above installations/equipment has/have been tested and/or inspected, with its/their working conditions certified in conformance with the specifications/requirements in the Code of Practice for Minimum Fire Service Installations and Equipment applicable to the building/premises and the requirements in the latest Code of Practice for Inspection, Testing and Maintenance of Installations and Equipment prescribed by the Director of Fire Services to be in efficient working order except defect(s) of the installations/equipment, if any, detailed in Part 3.

註冊編號  
Registration No. RC1/0242;RC2/0315

註冊消防裝置承辦商名稱  
Name of Registered Fire Service Installation Contractor Shun Hing Engineering Contracting Company Limited

聯絡電話  
Telephone  
電郵地址  
Email address

請將此證書張貼於大廈或處所當眼處以供消防處人員查核  
Please display this certificate at a conspicuous place in the building or premises for FSD's inspection.

獲授權簽署人簽署  
Signature of Authorized Signatory  
獲授權簽署人姓名  
Name of Authorized Signatory Lau Chun Pong



日期  
Date 05/01/2026

備註  
Remark

| 編碼 Code | 裝置類型 Type of FSI  |
|---------|---|
| 1       | 聲響/視象警報系統 Audio/Visual Advisory System                      |
| 2       | 自動啟動裝置 Automatic Actuating Device                           |
| 3       | 不含水的滅火劑自動固定裝置 Automatic Fixed Installation other than Water |
| 4       | 用水作滅火劑的自動固定裝置 Automatic Fixed Installation using Water      |
| 5       | 集水花灑系統 Deluge System  |
| 6       | 水簾系統 Drencher System  |
| 7       | 乾喉系統 Dry Riser System                                       |
| 8       | 塵埃偵測系統 Dust Detection System                                |
| 9       | 機械式排煙系統 Dynamic Smoke Extraction System                     |
| 10      | 應急發電機 Emergency Generator                                   |
| 11      | 應急照明系統 Emergency Lighting                                   |
| 12      | 出口指示牌 Exit Sign   |
| 13      | 火警警報系統 Fire Alarm System (MFA)                              |
| 14      | 消防管制中心 Fire Control Centre                                  |
| 15      | 火警偵測系統 Fire Detection System                                |
| 16      | 消防栓/喉轆系統 Fire Hydrant/Hose Reel System                      |
| 17      | 防火捲閘 Fire Shutter   |
| 18      | 保留 Reserved   |
| 19      | 認可的自動操作固定器具 Fixed Automatically Operated Approved Appliance |
| 20      | 固定泡沫系統 Fixed Foam System                                    |
| 21      | 氣體偵測系統 Gas Detection System                                 |
| 22      | 氣體排放系統 Gas Extraction System                                |
| 23      | 消防喉轆 Hose Reel  |
| 24      | 手提滅火筒 Portable Fire Extinguisher                            |
| 25      | 認可的人手操作手提器具 Portable Hand-operated Approved Appliance       |
| 26      | 樓梯增壓 Pressurization of Staircase                            |
| 27      | 裝有固定水泵的環狀水管系統 Ring Main System with Fixed Pump(s)           |
| 28      | 花灑系統 Sprinkler System                                       |
| 29      | 靜態式排煙系統 Static Smoke Extraction System                      |
| 30      | 供水缸 Supply Tank   |
| 31      | 通風/空氣調節控制系統 Ventilation/Air Conditioning Control System     |
| 32      | 噴水系統 Water Spray System                                     |
| 33      | 供水 Water Supply   |
| 34      | 街道消防栓系統 Street Fire Hydrant System                          |
| 35      | 其他 Others   |

消防處檔號: \_\_\_\_\_  
FSD Ref.

消防(裝置及設備)規例(第九條(1)款)消防裝置及設備證書  
FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS  
(REGULATION 9(1))  
CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

序號 Serial Number  
024203150000 260009

顧客姓名  
Name of Client  
Good Yield Property Management Limited

樓宇地址  
Address of Building  
座 Block 7  
樓宇名稱  
Name of Building  
屋邨/鄉村名稱  
Name of Estate/Village Pok Oi Kong Ha Wai Village

門牌號數及街道/地段  
Number and Name of Street/Lot  
71 Kam Sheung Road  
地區  
District Yuen Long  
 香港 HK  九龍 K  新界 NT

- 持牌/註冊處所類型 (如適用)  
Type of Licensed/Registered Premises (if applicable)  
請在合適空格內填上  號  
Please tick the appropriate "box"
- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> 簡樸房 Basic Housing Unit | <input type="checkbox"/> 危險品倉 Dangerous Goods Store | <input type="checkbox"/> 木料倉 Timber Store                            | <input type="checkbox"/> 危險品車輛 Dangerous Good Vehicle |
| <input type="checkbox"/> 食物業處所 Food Premises    | <input type="checkbox"/> 電器廢物處置 E-waste Disposal    | <input type="checkbox"/> 公眾娛樂場所 Place of Public Entertainment        |   |
| <input type="checkbox"/> 校舍 School Premises     | <input type="checkbox"/> 改建校舍 Non-designed School   | <input type="checkbox"/> 安老院舍 Residential Care Home for the Elderly  |   |
| <input type="checkbox"/> 幼兒中心 Child Care Centre | <input type="checkbox"/> 私營骨灰安置所 Private Columbaria | <input type="checkbox"/> 殘疾院舍 Residential Care Home for Persons with |   |
| <input type="checkbox"/> 酒店 Hotel               | <input type="checkbox"/> 賓館 Guesthouse              | <input type="checkbox"/> 卡拉 OK 場所 Karaoke Establishment              |   |
| <input type="checkbox"/> 會社 Club                | <input type="checkbox"/> 床位寓所 Bedspace Apartment    |  |   |

| 第一部 只適用於年檢事項<br>Part 1 Annual Inspection ONLY |                     |                   | 根據《消防(裝置及設備)規例》第八條(1)(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。<br>In accordance with Regulation 8(1)(b) of 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. |   |                                 |
|---|---------------------|-------------------|--|---|---------------------------------|
| 編碼<br>Code<br>(1-35)                          | 裝置類型<br>Type of FSI | 位置<br>Location(s) | 狀況評述<br>Comment on Condition   | 完成日期<br>Completion Date<br>(DD/MM/YYYY) | 到期日<br>Due Date<br>(DD/MM/YYYY) |
| 35  | 其他(Door Release)    | G/F               | 符合消防處要求  | 31/12/2025                              | 30/12/2026                      |
|   |                     |                   |  |   |                                 |
|   |                     |                   |  |   |                                 |

第二部 Part 2 裝置/保養/修理/檢查工作 Installation/Maintenance/Repair/Inspection work

| 編碼<br>Code<br>(1-35) | 裝置類型<br>Type of FSI | 位置<br>Location(s) | 完成之工作內容<br>Nature of Work<br>Carried out | 狀況評述<br>Comment on Condition | 完成日期<br>Completion Date<br>(DD/MM/YYYY) | 消防裝置關閉/嚴重損壞/恢復通知書<br>消防處檔案編號<br>FSD serial number of Notification of<br>FSI Shutdown/Major Defect/Resumption |
|----------------------|---------------------|-------------------|--|------------------------------|---|--|
|                      |                     |                   |  |                              |   |  |
|                      |                     |                   |  |                              |   |  |
|                      |                     |                   |  |                              |   |  |

第三部 Part 3 欠妥事項 Defects

| 編碼<br>Code<br>(1-35) | 裝置類型<br>Type of FSI | 位置<br>Location(s) | 欠妥事項<br>Defects<br>(請以「*」註明主要系統嚴重損壞<br>Please indicate major defects<br>in major system with a "*" sign) | 欠妥事項評述<br>Comment on Defects | 消防裝置關閉/嚴重損壞/恢復通知書<br>消防處檔案編號<br>FSD serial number of Notification of<br>FSI Shutdown/Major Defect/Resumption |
|----------------------|---------------------|-------------------|--|------------------------------|--|
|                      |                     |                   |  |                              |  |
|                      |                     |                   |  |                              |  |
|                      |                     |                   |  |                              |  |

本人/我們藉此聲明, 上述之消防裝置/設備經測試及/或檢查, 其運作狀況符合消防處處長訂明適用於該建築物/處所的《最低限度之消防裝置及設備守則》中的規格/要求, 以及最新的《裝置及設備之檢查、測試及保養守則》中的要求, 以證明其性能良好, 除在第三部分中詳列的裝置/設備欠妥事項(如有)。  
I/We hereby declare that the above installations/equipment has/have been tested and/or inspected, with its/their working conditions certified in conformance with the specifications/requirements in the Code of Practice for Minimum Fire Service Installations and Equipment applicable to the building/premises and the requirements in the latest Code of Practice for Inspection, Testing and Maintenance of Installations and Equipment prescribed by the Director of Fire Services to be in efficient working order except defect(s) of the installations/equipment, if any, detailed in Part 3.

請將此證書張貼於大廈或處所當眼處以供消防處人員查核  
Please display this certificate at a conspicuous place in the building or premises for FSD's inspection.

獲授權簽署人簽署  
Signature of Authorized Signatory  
獲授權簽署人姓名  
Name of Authorized Signatory  
Lau Chun Pong



註冊編號  
Registration No. RC1/0242;RC2/0315  
註冊消防裝置承辦商名稱  
Name of Registered Fire Service Installation Contractor  
Shun Hing Engineering Contracting Company Limited  
聯絡電話  
Telephone  
電郵地址  
Email address  
日期  
Date 05/01/2026  
備註  
Remark

| 編碼 Code | 裝置類型 Type of FSI  |
|---------|---|
| 1       | 聲響/視象警報系統 Audio/Visual Advisory System                      |
| 2       | 自動啟動裝置 Automatic Actuating Device                           |
| 3       | 不含水的滅火劑自動固定裝置 Automatic Fixed Installation other than Water |
| 4       | 用水作滅火劑的自動固定裝置 Automatic Fixed Installation using Water      |
| 5       | 集水花灑系統 Deluge System  |
| 6       | 水簾系統 Drencher System  |
| 7       | 乾喉系統 Dry Riser System                                       |
| 8       | 塵埃偵測系統 Dust Detection System                                |
| 9       | 機械式排煙系統 Dynamic Smoke Extraction System                     |
| 10      | 應急發電機 Emergency Generator                                   |
| 11      | 應急照明系統 Emergency Lighting                                   |
| 12      | 出口指示牌 Exit Sign   |
| 13      | 火警警報系統 Fire Alarm System (MFA)                              |
| 14      | 消防管制中心 Fire Control Centre                                  |
| 15      | 火警偵測系統 Fire Detection System                                |
| 16      | 消防栓/喉轆系統 Fire Hydrant/Hose Reel System                      |
| 17      | 防火捲閘 Fire Shutter   |
| 18      | 保留 Reserved   |
| 19      | 認可的自動操作固定器具 Fixed Automatically Operated Approved Appliance |
| 20      | 固定泡沫系統 Fixed Foam System                                    |
| 21      | 氣體偵測系統 Gas Detection System                                 |
| 22      | 氣體排放系統 Gas Extraction System                                |
| 23      | 消防喉轆 Hose Reel  |
| 24      | 手提滅火筒 Portable Fire Extinguisher                            |
| 25      | 認可的人手操作手提器具 Portable Hand-operated Approved Appliance       |
| 26      | 樓梯增壓 Pressurization of Staircase                            |
| 27      | 裝有固定水泵的環狀水管系統 Ring Main System with Fixed Pump(s)           |
| 28      | 花灑系統 Sprinkler System                                       |
| 29      | 靜態式排煙系統 Static Smoke Extraction System                      |
| 30      | 供水缸 Supply Tank   |
| 31      | 通風/空氣調節控制系統 Ventilation/Air Conditioning Control System     |
| 32      | 噴水系統 Water Spray System                                     |
| 33      | 供水 Water Supply   |
| 34      | 街道消防栓系統 Street Fire Hydrant System                          |
| 35      | 其他 Others_____  |

消防處檔號: \_\_\_\_\_  
FSD Ref.

消防(裝置及設備)規例(第九條(1)款)消防裝置及設備證書  
FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS  
(REGULATION 9(1))  
CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

序號 Serial Number  
024203150000 260010

顧客姓名  
Name of Client  
Good Yield Property Management Limited

樓宇地址  
Address of Building  
座 Block 8  
樓宇名稱  
Name of Building  
屋邨/鄉村名稱  
Name of Estate/Village  
Pok Oi Kong Ha Wai Village

門牌號數及街道/地段  
Number and Name of Street/Lot  
71 Kam Sheung Road  
地區  
District  
Yuen Long  
 香港 HK  九龍 K  新界 NT

- 持牌/註冊處所類型 (如適用)  
Type of Licensed/Registered Premises (If applicable)  
請在合適空格內填上「✓」號  
Please tick the appropriate "box"
- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> 簡樸房 Basic Housing Unit | <input type="checkbox"/> 危險品倉 Dangerous Goods Store | <input type="checkbox"/> 木料倉 Timber Store                            | <input type="checkbox"/> 危險品車輛 Dangerous Good Vehicle |
| <input type="checkbox"/> 食物業處所 Food Premises    | <input type="checkbox"/> 電器廢物處置 E-waste Disposal    | <input type="checkbox"/> 公眾娛樂場所 Place of Public Entertainment        |   |
| <input type="checkbox"/> 校舍 School Premises     | <input type="checkbox"/> 改建校舍 Non-designed School   | <input type="checkbox"/> 安老院舍 Residential Care Home for the Elderly  |   |
| <input type="checkbox"/> 幼兒中心 Child Care Centre | <input type="checkbox"/> 私營骨灰安置所 Private Columbaria | <input type="checkbox"/> 殘疾院舍 Residential Care Home for Persons with |   |
| <input type="checkbox"/> 酒店 Hotel               | <input type="checkbox"/> 賓館 Guesthouse              | <input type="checkbox"/> 卡拉 OK 場所 Karaoke Establishment              |   |
| <input type="checkbox"/> 會社 Club                | <input type="checkbox"/> 床位寓所 Bedspace Apartment    |  |   |

| 第一部 只適用於年檢事項<br>Part 1 Annual Inspection ONLY |                     |                   | 根據《消防(裝置及設備)規例》第八條(1)(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。<br>In accordance with Regulation 8(1)(b) of 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. |   |                                 |
|---|---------------------|-------------------|--|---|---------------------------------|
| 編碼<br>Code<br>(1-35)                          | 裝置類型<br>Type of FSI | 位置<br>Location(s) | 狀況評述<br>Comment on Condition   | 完成日期<br>Completion Date<br>(DD/MM/YYYY) | 到期日<br>Due Date<br>(DD/MM/YYYY) |
| 35  | 其他(Door Release)    | G/F               | 符合消防處要求  | 31/12/2025                              | 30/12/2026                      |
|   |                     |                   |  |   |                                 |
|   |                     |                   |  |   |                                 |

| 第二部 Part 2 裝置/保養/修理/檢查工作 Installation/Maintenance/Repair/Inspection work |                     |                   |  |                              |   |  |
|--|---------------------|-------------------|--|------------------------------|---|--|
| 編碼<br>Code<br>(1-35)   | 裝置類型<br>Type of FSI | 位置<br>Location(s) | 完成之工作內容<br>Nature of Work<br>Carried out | 狀況評述<br>Comment on Condition | 完成日期<br>Completion Date<br>(DD/MM/YYYY) | 消防裝置關閉/嚴重損壞/恢復通知書<br>消防處檔案編號<br>FSD serial number of Notification of<br>FSI Shutdown/Major Defect/Resumption |
|  |                     |                   |  |                              |   |  |
|  |                     |                   |  |                              |   |  |
|  |                     |                   |  |                              |   |  |

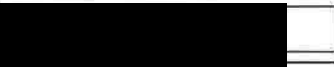

| 第三部 Part 3 欠妥事項 Defects |                     |                   |  |                              |  |
|-------------------------|---------------------|-------------------|--|------------------------------|--|
| 編碼<br>Code<br>(1-35)    | 裝置類型<br>Type of FSI | 位置<br>Location(s) | 欠妥事項<br>Defects<br>(請以「*」註明主要系統嚴重損壞<br>Please indicate major defects<br>in major system with a "*" sign) | 欠妥事項評述<br>Comment on Defects | 消防裝置關閉/嚴重損壞/恢復通知書<br>消防處檔案編號<br>FSD serial number of Notification of<br>FSI Shutdown/Major Defect/Resumption |
|                         |                     |                   |  |                              |  |
|                         |                     |                   |  |                              |  |
|                         |                     |                   |  |                              |  |

本人/我們藉此聲明，上述之消防裝置/設備經測試及/或檢查，其運作狀況符合消防處處長訂明適用於該建築物/處所的《最低限度之消防裝置及設備守則》中的規格/要求，以及最新的《裝置及設備之檢查、測試及保養守則》中的要求，以證明其性能良好，除在第三部分中詳列的裝置/設備欠妥事項（如有）。

I/We hereby declare that the above installations/equipment has/have been tested and/or inspected, with its/their working conditions certified in conformance with the specifications/requirements in the Code of Practice for Minimum Fire Service Installations and Equipment applicable to the building/premises and the requirements in the latest Code of Practice for Inspection, Testing and Maintenance of Installations and Equipment prescribed by the Director of Fire Services to be in efficient working order except defect(s) of the installations/equipment, if any, detailed in Part 3.

請將此證書張貼於大廈或處所當眼處以供消防處人員查核  
Please display this certificate at a conspicuous place in the building or premises for FSD's inspection.

獲授權簽署人簽署  
Signature of Authorized Signatory  
  
獲授權簽署人姓名  
Name of Authorized Signatory  
Lau Chun Pong  


註冊編號  
Registration No.  
RC1/0242;RC2/0315  
註冊消防裝置承辦商名稱  
Name of Registered Fire Service Installation Contractor  
Shun Hing Engineering Contracting Company Limited  
聯絡電話  
Telephone  
  
電郵地址  
Email address  
  
日期  
Date  
05/01/2026  
備註  
Remark

| 編碼 Code | 裝置類型 Type of FSI  |
|---------|---|
| 1       | 聲響/視象警報系統 Audio/Visual Advisory System                      |
| 2       | 自動啟動裝置 Automatic Actuating Device                           |
| 3       | 不含水的滅火劑自動固定裝置 Automatic Fixed Installation other than Water |
| 4       | 用水作滅火劑的自動固定裝置 Automatic Fixed Installation using Water      |
| 5       | 集水花灑系統 Deluge System  |
| 6       | 水簾系統 Drencher System  |
| 7       | 乾喉系統 Dry Riser System                                       |
| 8       | 塵埃偵測系統 Dust Detection System                                |
| 9       | 機械式排煙系統 Dynamic Smoke Extraction System                     |
| 10      | 應急發電機 Emergency Generator                                   |
| 11      | 應急照明系統 Emergency Lighting                                   |
| 12      | 出口指示牌 Exit Sign   |
| 13      | 火警警報系統 Fire Alarm System (MFA)                              |
| 14      | 消防管制中心 Fire Control Centre                                  |
| 15      | 火警偵測系統 Fire Detection System                                |
| 16      | 消防栓/喉轆系統 Fire Hydrant/Hose Reel System                      |
| 17      | 防火捲閘 Fire Shutter   |
| 18      | 保留 Reserved   |
| 19      | 認可的自動操作固定器具 Fixed Automatically Operated Approved Appliance |
| 20      | 固定泡沫系統 Fixed Foam System                                    |
| 21      | 氣體偵測系統 Gas Detection System                                 |
| 22      | 氣體排放系統 Gas Extraction System                                |
| 23      | 消防喉轆 Hose Reel  |
| 24      | 手提滅火筒 Portable Fire Extinguisher                            |
| 25      | 認可的人手操作手提器具 Portable Hand-operated Approved Appliance       |
| 26      | 樓梯增壓 Pressurization of Staircase                            |
| 27      | 裝有固定水泵的環狀水管系統 Ring Main System with Fixed Pump(s)           |
| 28      | 花灑系統 Sprinkler System                                       |
| 29      | 靜態式排煙系統 Static Smoke Extraction System                      |
| 30      | 供水缸 Supply Tank   |
| 31      | 通風/空氣調節控制系統 Ventilation/Air Conditioning Control System     |
| 32      | 噴水系統 Water Spray System                                     |
| 33      | 供水 Water Supply   |
| 34      | 街道消防栓系統 Street Fire Hydrant System                          |
| 35      | 其他 Others_____  |

消防處檔號: \_\_\_\_\_  
FSD Ref.

消防(裝置及設備)規例(第九條(1)款)消防裝置及設備證書  
FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS  
(REGULATION 9(1))  
CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

序號 Serial Number  
024203150000 260011

顧客姓名  
Name of Client Good Yield Property Management Limited

樓宇地址  
Address of Building  
座 Block 9  
樓宇名稱  
Name of Building  
屋邨/鄉村名稱  
Name of Estate/Village Pok Oi Kong Ha Wai Village

門牌號數及街道/地段  
Number and Name of Street/Lot 71 Kam Sheung Road

地區  
District Yuen Long  
 香港 HK  九龍 K  新界 NT

- 持牌/註冊處所類型 (如適用)  
Type of Licensed/Registered Premises (If applicable)
- 請在合適空格內填上「✓」號  
Please tick the appropriate "box"
- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> 簡樸房 Basic Housing Unit | <input type="checkbox"/> 危險品倉 Dangerous Goods Store | <input type="checkbox"/> 木料倉 Timber Store                           | <input type="checkbox"/> 危險品車輛 Dangerous Good Vehicle                |
| <input type="checkbox"/> 食物業處所 Food Premises    | <input type="checkbox"/> 校舍 School Premises         | <input type="checkbox"/> 電器廢物處置 E-waste Disposal                    | <input type="checkbox"/> 公眾娛樂場所 Place of Public Entertainment        |
| <input type="checkbox"/> 校舍 School Premises     | <input type="checkbox"/> 改建校舍 Non-designed School   | <input type="checkbox"/> 安老院舍 Residential Care Home for the Elderly | <input type="checkbox"/> 殘疾院舍 Residential Care Home for Persons with |
| <input type="checkbox"/> 幼兒中心 Child Care Centre | <input type="checkbox"/> 酒店 Hotel                   | <input type="checkbox"/> 私營骨灰安置所 Private Columbaria                 | <input type="checkbox"/> 卡拉 OK 場所 Karaoke Establishment              |
| <input type="checkbox"/> 賓館 Guesthouse          | <input type="checkbox"/> 會社 Club                    | <input type="checkbox"/> 床位寓所 Bedspace Apartment                    |  |

| 第一部 只適用於年檢事項<br>Part 1 Annual Inspection ONLY |                     |                   | 根據《消防(裝置及設備)規例》第八條(1)(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。<br>In accordance with Regulation 8(1)(b) of 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. |   |                                 |
|---|---------------------|-------------------|--|---|---------------------------------|
| 編碼<br>Code<br>(1-35)                          | 裝置類型<br>Type of FSI | 位置<br>Location(s) | 狀況評述<br>Comment on Condition   | 完成日期<br>Completion Date<br>(DD/MM/YYYY) | 到期日<br>Due Date<br>(DD/MM/YYYY) |
| 35  | 其他(Door Release)    | G/F               | 符合消防處要求  | 31/12/2025                              | 30/12/2026                      |
|   |                     |                   |  |   |                                 |
|   |                     |                   |  |   |                                 |

| 第二部 Part 2 裝置/保養/修理/檢查工作 Installation/Maintenance/Repair/Inspection work |                     |                   |  |                              |   |  |
|--|---------------------|-------------------|--|------------------------------|---|--|
| 編碼<br>Code<br>(1-35)   | 裝置類型<br>Type of FSI | 位置<br>Location(s) | 完成之工作內容<br>Nature of Work<br>Carried out | 狀況評述<br>Comment on Condition | 完成日期<br>Completion Date<br>(DD/MM/YYYY) | 消防裝置關閉/嚴重損壞/恢復通知書<br>FSD serial number of Notification of FSI Shutdown/Major Defect/Resumption |
|  |                     |                   |  |                              |   |  |
|  |                     |                   |  |                              |   |  |
|  |                     |                   |  |                              |   |  |

| 第三部 Part 3 欠妥事項 Defects |                     |                   |   |                              |  |
|-------------------------|---------------------|-------------------|---|------------------------------|--|
| 編碼<br>Code<br>(1-35)    | 裝置類型<br>Type of FSI | 位置<br>Location(s) | 欠妥事項<br>Defects<br>(請以「*」註明主要系統嚴重損壞<br>Please indicate major defects in major system with a "*" sign) | 欠妥事項評述<br>Comment on Defects | 消防裝置關閉/嚴重損壞/恢復通知書<br>FSD serial number of Notification of FSI Shutdown/Major Defect/Resumption |
|                         |                     |                   |   |                              |  |
|                         |                     |                   |   |                              |  |
|                         |                     |                   |   |                              |  |

本人/我們特此聲明，上述之消防裝置/設備經測試及/或檢查，其運作狀況符合消防處處長訂明適用於該建築物業的《最低限度之消防裝置及設備守則》中的規格/要求，以及最新的《裝置及設備之檢查、測試及保養守則》中的要求，以證明其性能良好，除在第三部分中詳列的裝置/設備欠妥事項（如有）。

I/We hereby declare that the above installations/equipment has/have been tested and/or inspected, with its/their working conditions certified in conformance with the specifications/requirements in the Code of Practice for Minimum Fire Service Installations and Equipment applicable to the building/premises and the requirements in the latest Code of Practice for Inspection, Testing and Maintenance of Installations and Equipment prescribed by the Director of Fire Services to be in efficient working order except defect(s) of the installations/equipment, if any, detailed in Part 3.

請將此證書張貼於大廈或處所當眼處以供消防處人員查核  
Please display this certificate at a conspicuous place in the building or premises for FSD's inspection.

獲授權簽署人簽署  
Signature of Authorized Signatory

獲授權簽署人姓名  
Name of Authorized Signatory

Lau Chun Pong



註冊編號  
Registration No.

RC1/0242;RC2/0315

註冊消防裝置承辦商名稱  
Name of Registered Fire Service Installation Contractor

Shun Hing Engineering Contracting Company Limited

聯絡電話  
Telephone

電郵地址  
Email address

日期  
Date 05/01/2026

備註  
Remark

| 編碼 Code | 裝置類型 Type of FSI  |
|---------|---|
| 1       | 聲響/視象警報系統 Audio/Visual Advisory System                      |
| 2       | 自動啟動裝置 Automatic Actuating Device                           |
| 3       | 不含水的滅火劑自動固定裝置 Automatic Fixed Installation other than Water |
| 4       | 用水作滅火劑的自動固定裝置 Automatic Fixed Installation using Water      |
| 5       | 集水花灑系統 Deluge System  |
| 6       | 水簾系統 Drencher System  |
| 7       | 乾喉系統 Dry Riser System                                       |
| 8       | 塵埃偵測系統 Dust Detection System                                |
| 9       | 機械式排煙系統 Dynamic Smoke Extraction System                     |
| 10      | 應急發電機 Emergency Generator                                   |
| 11      | 應急照明系統 Emergency Lighting                                   |
| 12      | 出口指示牌 Exit Sign   |
| 13      | 火警警報系統 Fire Alarm System (MFA)                              |
| 14      | 消防管制中心 Fire Control Centre                                  |
| 15      | 火警偵測系統 Fire Detection System                                |
| 16      | 消防栓/喉轆系統 Fire Hydrant/Hose Reel System                      |
| 17      | 防火捲閘 Fire Shutter   |
| 18      | 保留 Reserved   |
| 19      | 認可的自動操作固定器具 Fixed Automatically Operated Approved Appliance |
| 20      | 固定泡沫系統 Fixed Foam System                                    |
| 21      | 氣體偵測系統 Gas Detection System                                 |
| 22      | 氣體排放系統 Gas Extraction System                                |
| 23      | 消防喉轆 Hose Reel  |
| 24      | 手提滅火筒 Portable Fire Extinguisher                            |
| 25      | 認可的人手操作手提器具 Portable Hand-operated Approved Appliance       |
| 26      | 樓梯增壓 Pressurization of Staircase                            |
| 27      | 裝有固定水泵的環狀水管系統 Ring Main System with Fixed Pump(s)           |
| 28      | 花灑系統 Sprinkler System                                       |
| 29      | 靜態式排煙系統 Static Smoke Extraction System                      |
| 30      | 供水缸 Supply Tank   |
| 31      | 通風/空氣調節控制系統 Ventilation/Air Conditioning Control System     |
| 32      | 噴水系統 Water Spray System                                     |
| 33      | 供水 Water Supply   |
| 34      | 街道消防栓系統 Street Fire Hydrant System                          |
| 35      | 其他 Others   |

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  
30853 001183

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Block 1, 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) |
|----------------|---------------------------|---------------|---------------------------|-----------------------------------|----------------------------------|
| 24             | 手提滅火筒<br>5KG CO2 滅火筒(14支) | 全座            | 未符合消防處規定<br>(損壞事項見第三部份)   | 27/06/2025                        | 26/06/2026                       |
| 24             | 手提滅火筒<br>9L水劑滅火筒(4支)      | 全座            | 未符合消防處規定<br>(損壞事項見第三部份)   | 27/06/2025                        | 26/06/2026                       |

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 |
|----------------|------------------|---------------|--------------------------|-------------------------|
| 24             | 手提滅火筒            | G/F 電掣房       | 5KG CO2 滅火筒(1支) 失效       | 須更換                     |
| 24             | 手提滅火筒            | G/F 垃圾房       | 9L水劑滅火筒(1支) 失效           | 須更換                     |

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:

Name: 姓名  
CHENG Kit-man

FSD/RC No.: 消防處註冊號碼  
RC 3 / 0853 RC /

Company Name: 公司名稱  
CHENG Kit-man

Telephone: 聯絡電話

Date: 日期  
27/06/2025

For FSD use only

Inspected

Key-in

Verified

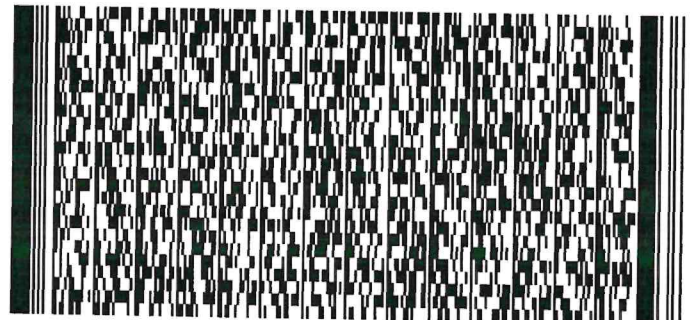
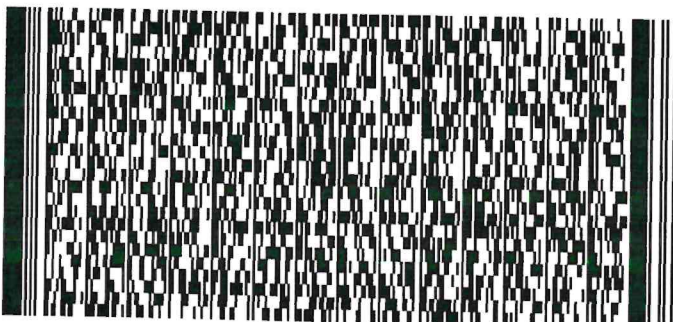
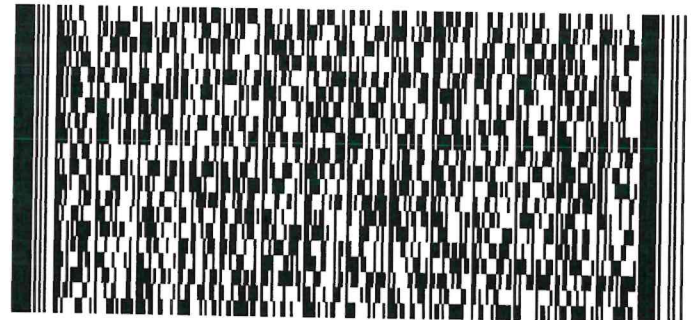
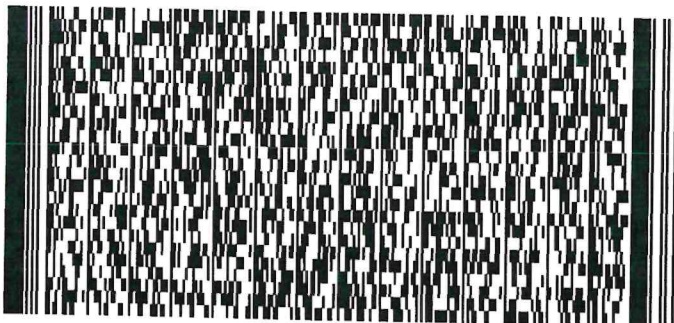
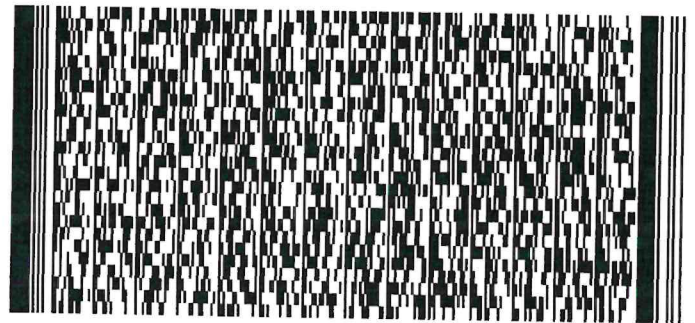
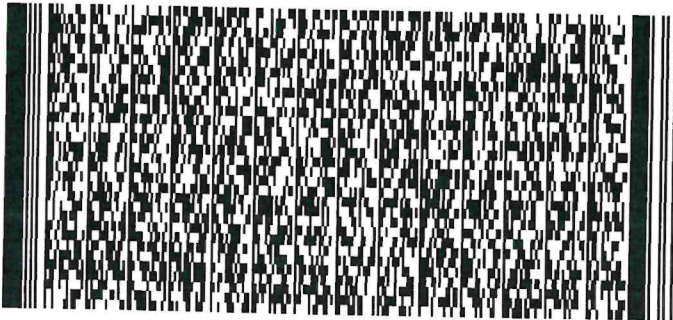
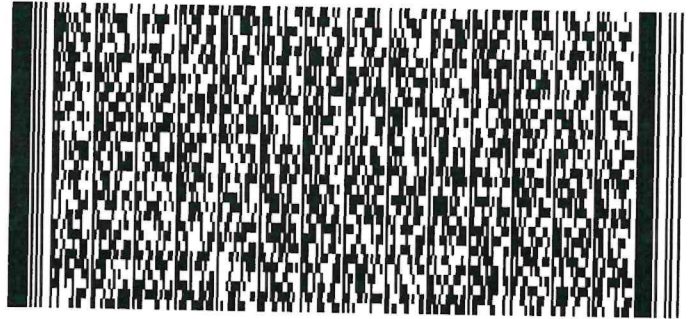
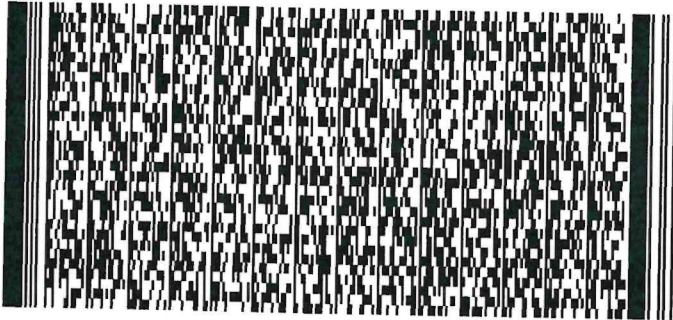


Serial Number

30853 001183

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  
30853 001184

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Block 2, 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) |
|----------------|---------------------------|---------------|---------------------------|-----------------------------------|----------------------------------|
| 24             | 手提滅火筒<br>5KG CO2 滅火筒(14支) | 全座            | 未符合消防處規定<br>(損壞事項見第三部份)   | 27/06/2025                        | 26/06/2026                       |
| 24             | 手提滅火筒<br>9L水劑滅火筒(4支)      | 全座            | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |

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 |
|----------------|------------------|---------------|--------------------------|-------------------------|
| 24             | 手提滅火筒            | 1/F 電訊房       | 5KG CO2 滅火筒(1支) 失效       | 須更換                     |
|                |                  |               |                          |                         |

Remark 備註

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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: CHENG Kit-man

FSD/RC No.: RC3 / 0853 RC /

Company Name: CHENG Kit-man

Telephone:

Date: 27/06/2025

For FSD use only

Inspected

Key-in

Verified

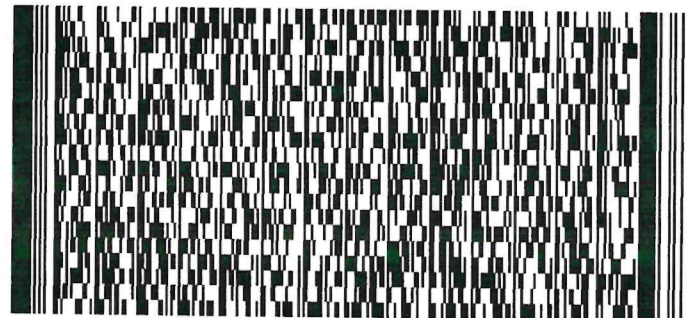
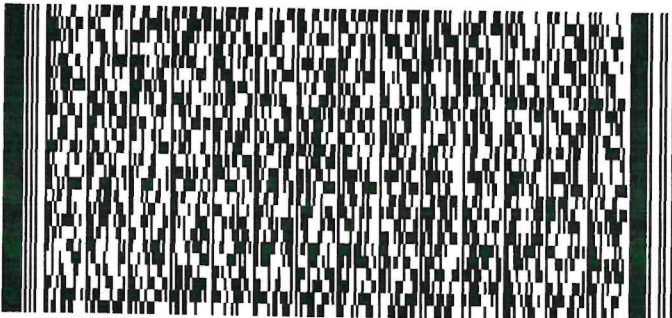
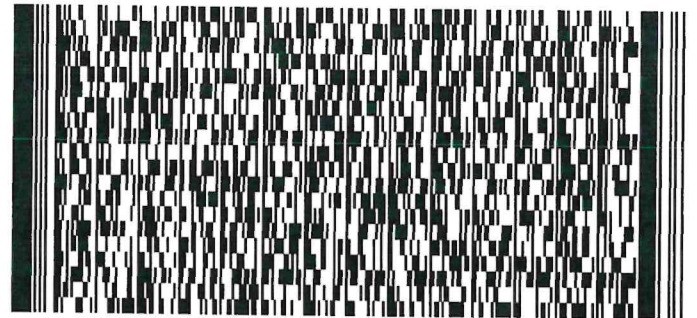
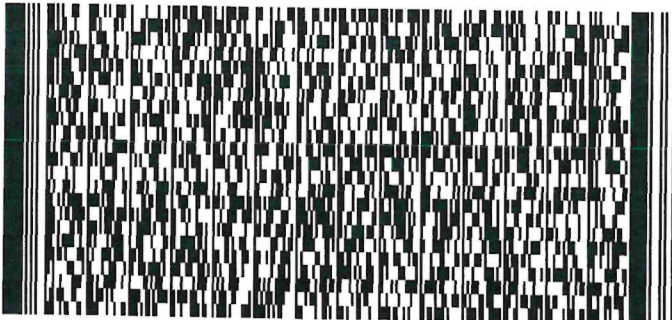
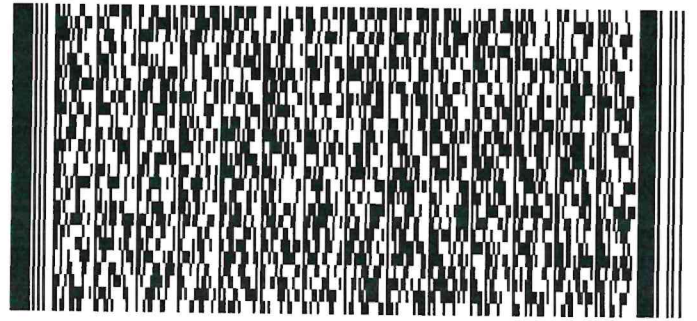
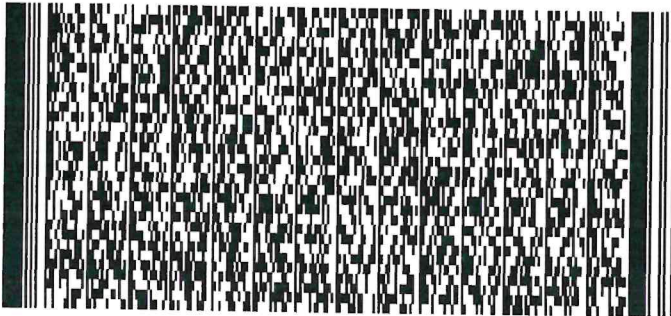
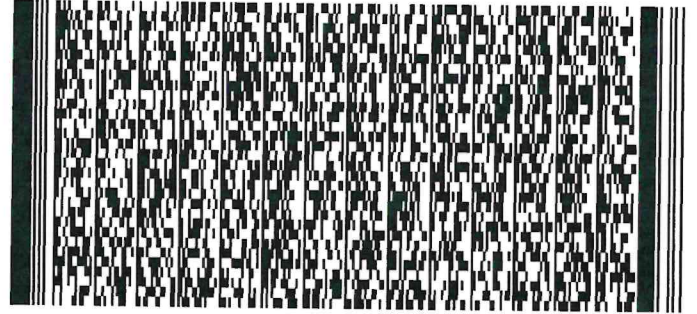
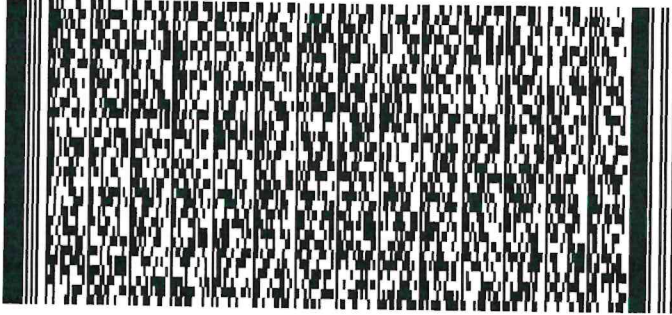


Serial Number

30853 001184

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  
30853 001185

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Block 3, 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

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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) |
|----------------|---------------------------|---------------|---------------------------|-----------------------------------|----------------------------------|
| 24             | 手提滅火筒<br>5KG CO2 滅火筒(14支) | 全座            | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |
| 24             | 手提滅火筒<br>9L水劑滅火筒(4支)      | 全座            | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |

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

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Authorized Signature:

Name: CHENG Kit-man

FSD/RC No.: RC3 / 0853 RC /

Company Name: CHENG Kit-man

Telephone:

Date: 27/06/2025

For FSD use only

Inspected

Key-in

Verified

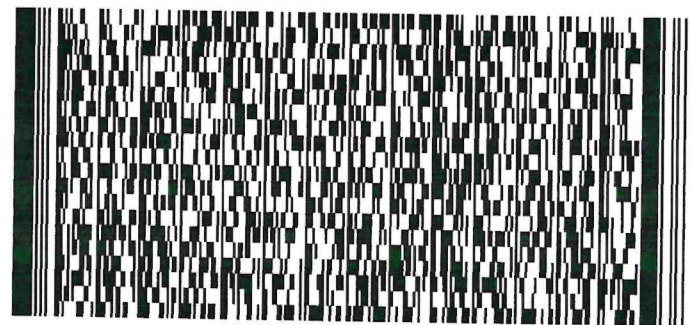
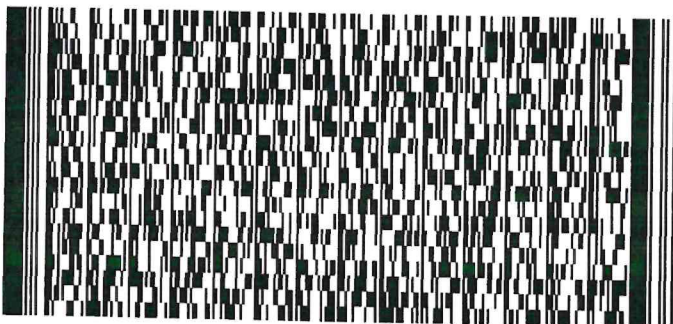
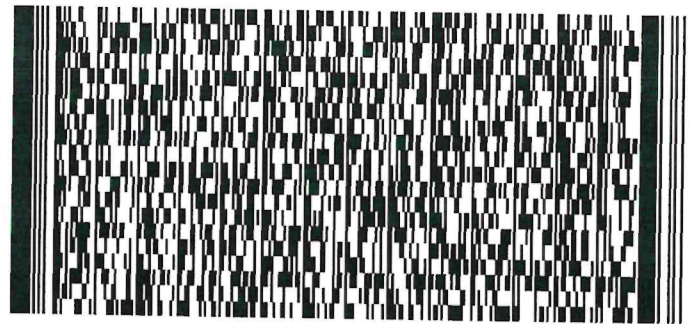
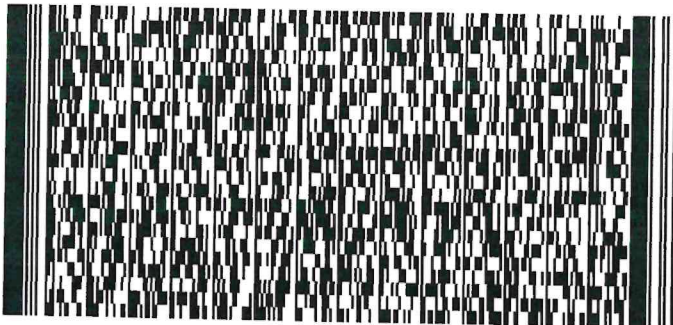
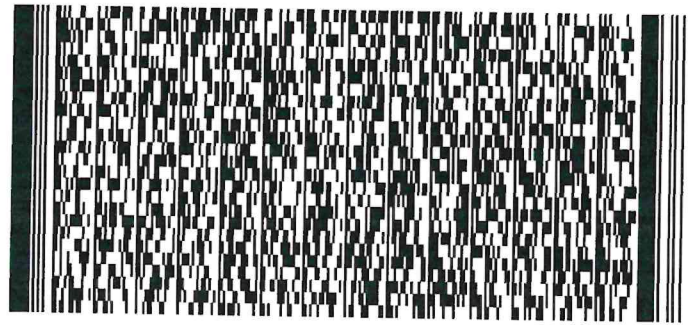
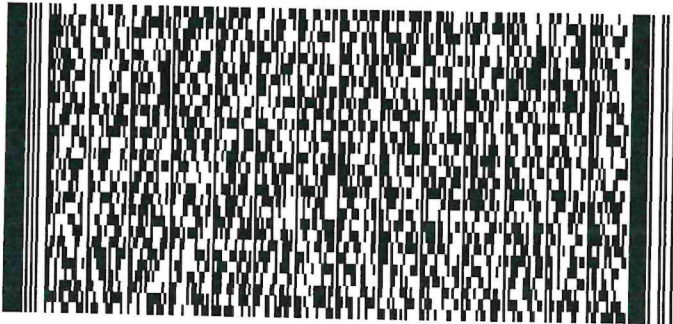
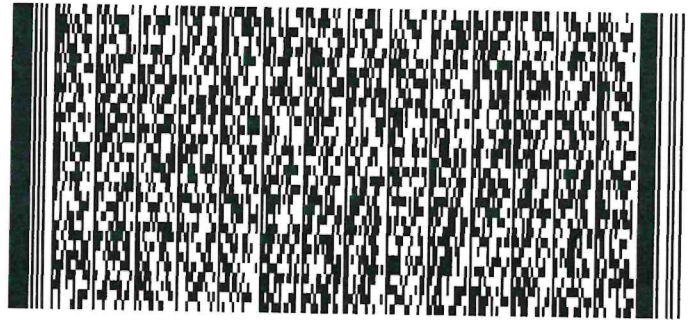
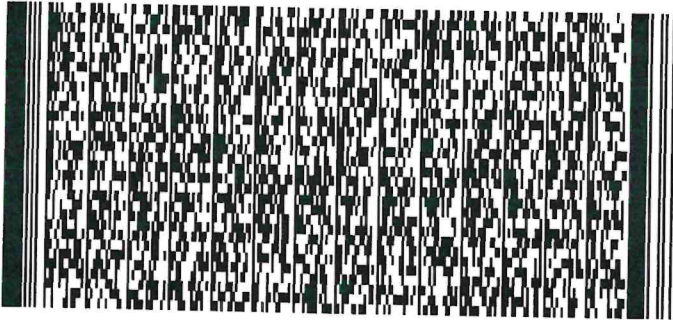


Serial Number

30853001185

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  
30853 001186

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Block 5, 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

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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) |
|----------------|---------------------------|---------------|---------------------------|-----------------------------------|----------------------------------|
| 24             | 手提滅火筒<br>5KG CO2 滅火筒(14支) | 全座            | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |
| 24             | 手提滅火筒<br>9L水劑滅火筒(9支)      | 全座            | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |

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。

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:

Name: CHENG Kit-man

FSD/RC No.: RC3 / 0853 RC /

Company Name: CHENG Kit-man

Telephone:

Date: 27/06/2025

For FSD use only

Inspected

Key-in

Verified

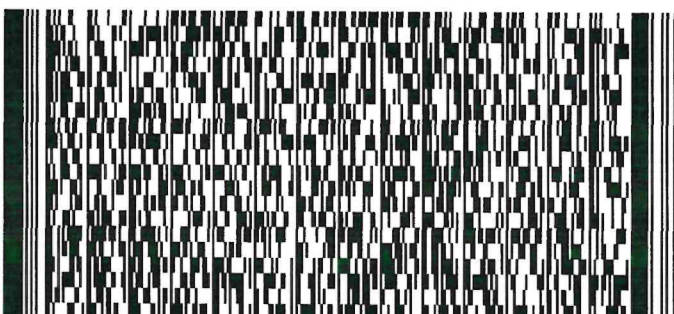
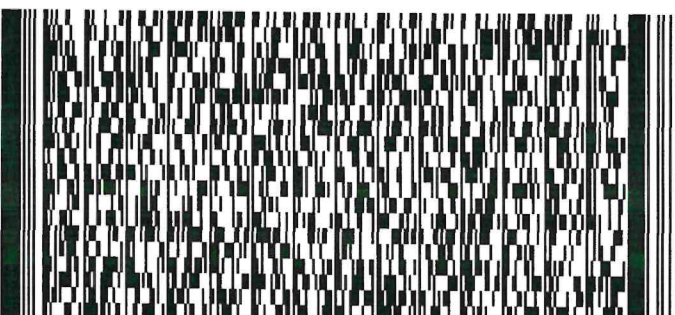
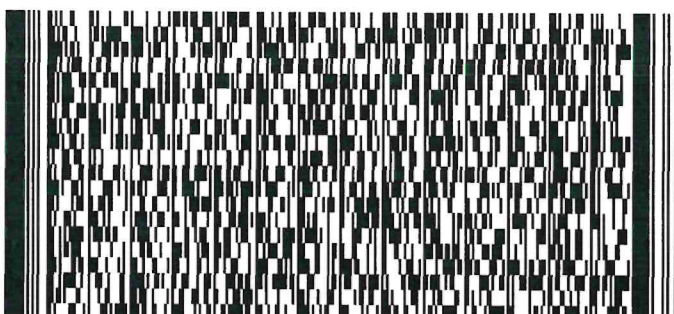
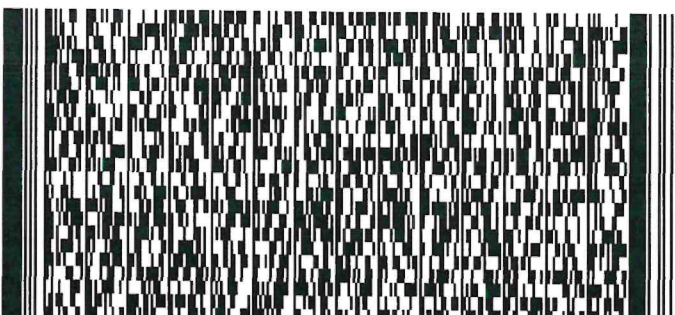
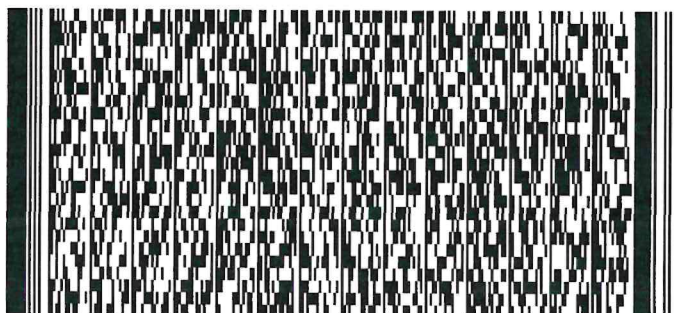
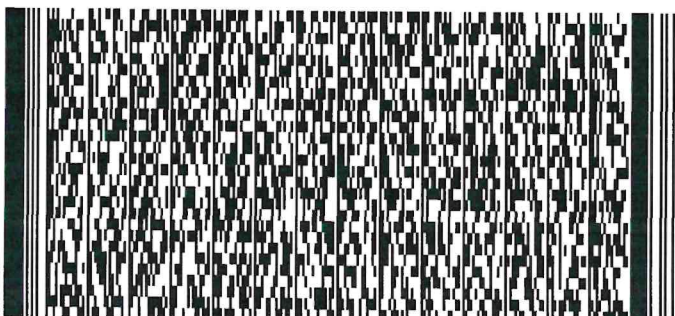
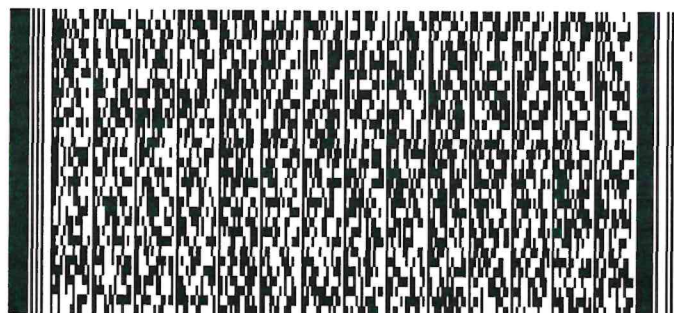
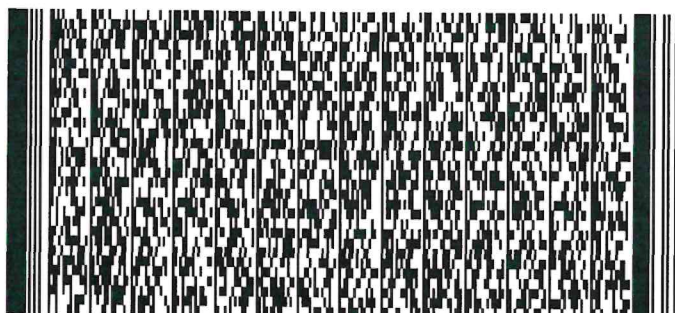


Serial Number

30853 001186

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

30853 001187

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Transitional Housing Development (Amenity Block 1) (Phase1), 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) |
|----------------|--------------------------|---------------|---------------------------|-----------------------------------|----------------------------------|
| 24             | 手提滅火筒<br>5KG CO2 滅火筒(3支) | G/F           | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |
|                |                          |               |                           |                                   |                                  |

**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.

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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: CHENG Kit-man

FSD/RC No.: RC3 / 0853 RC /

Company Name: CHENG Kit-man

Telephone:

Date: 27/06/2025

For FSD use only

Inspected

Key-in

Verified

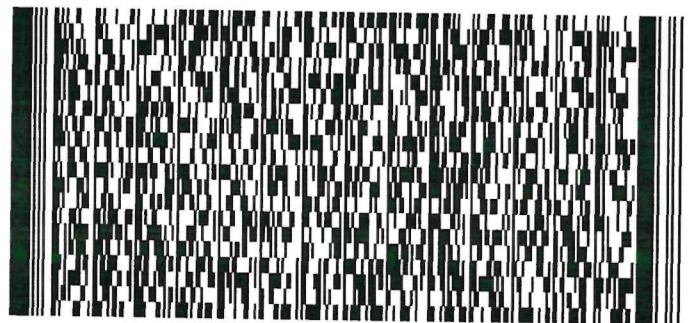
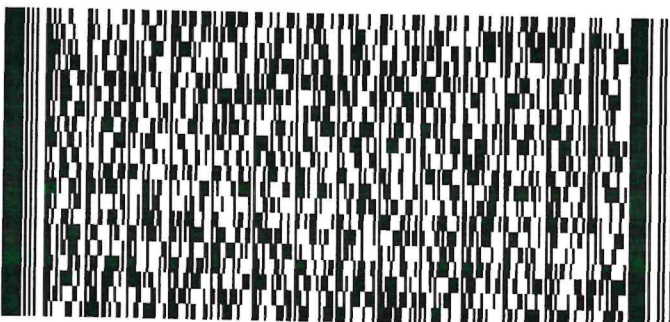
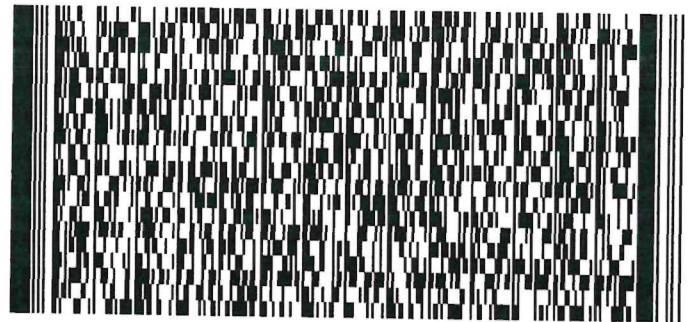
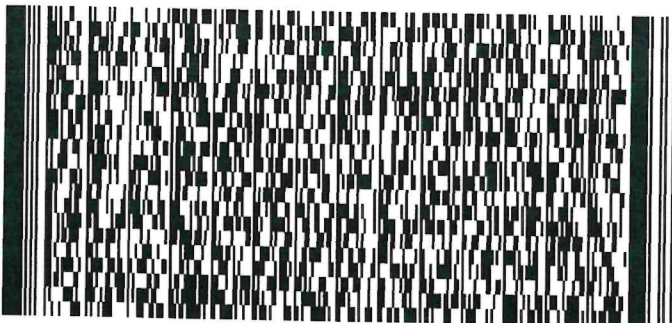
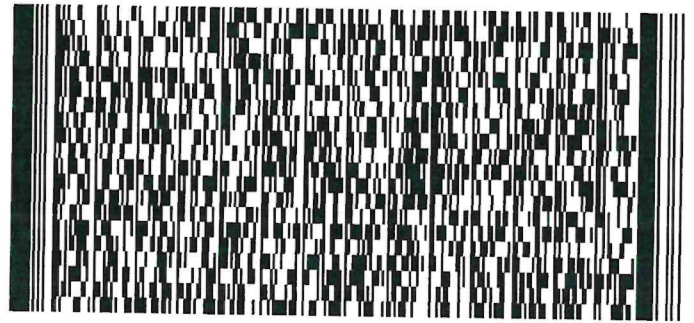
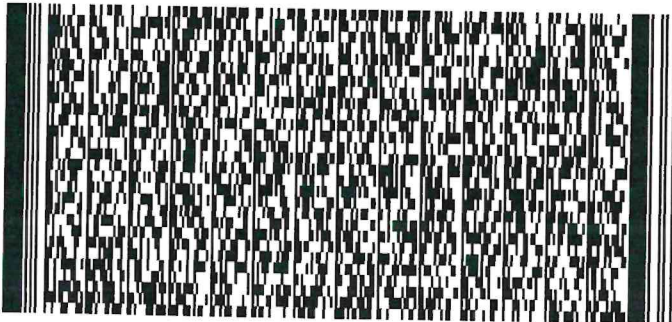
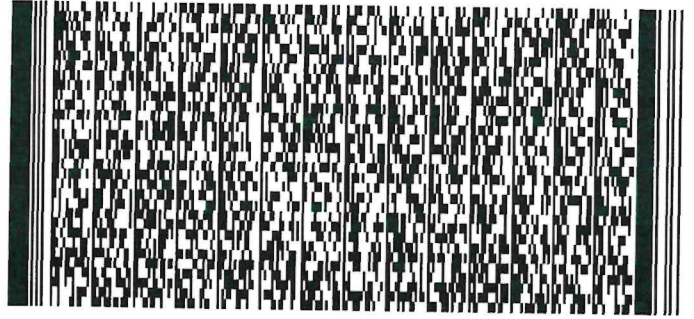
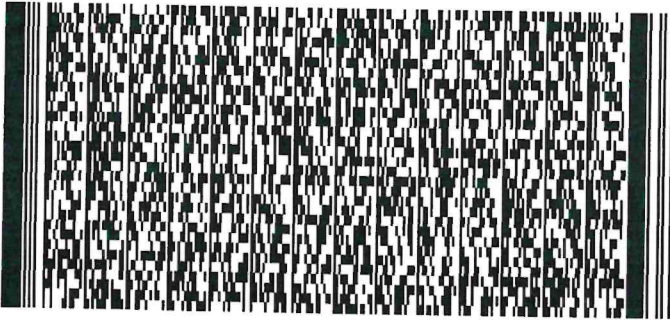


Serial Number

30853001187

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  
30853 001188

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Transitional Housing Development (Amenity Block 2) (Phase2A), 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) |
|----------------|--------------------------|---------------|---------------------------|-----------------------------------|----------------------------------|
| 24             | 手提滅火筒<br>5KG CO2 滅火筒(9支) | G/F,1/F, R/F  | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |
| 24             | 手提滅火筒<br>9L水劑滅火筒(1支)     | G/F           | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |

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

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Authorized Signature:

Name: CHENG Kit-man

FSD/RC No.: RC3 / 0853 RC /

Company Name: CHENG Kit-man

Telephone:

Date: 27/06/2025

For FSD use only

Inspected

Key-in

Verified

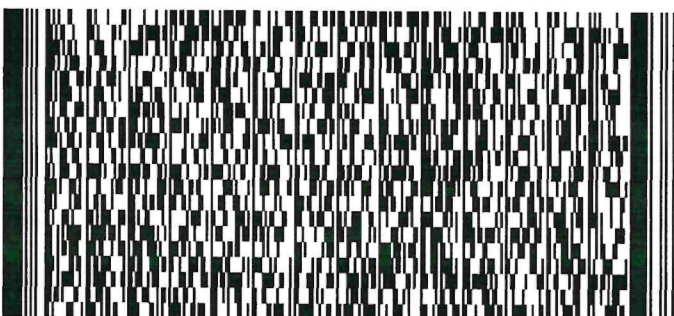
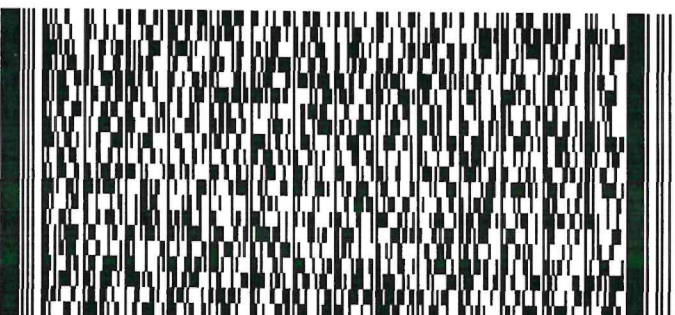
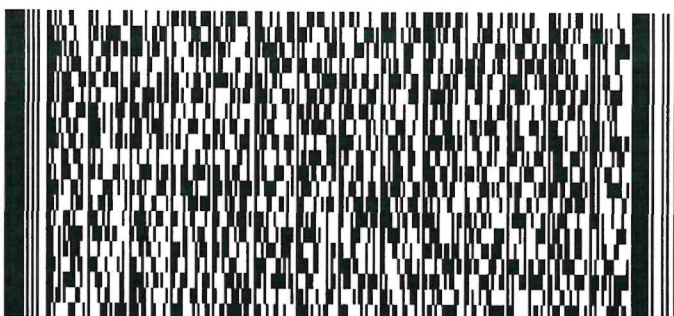
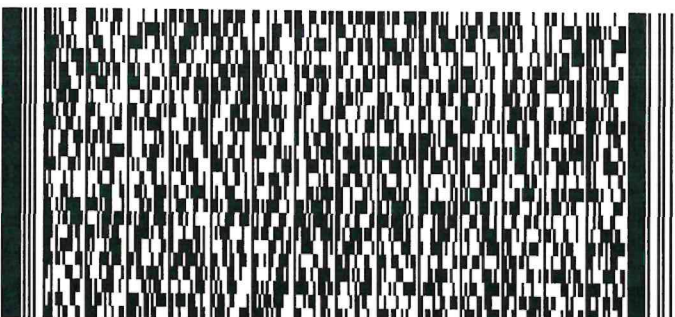
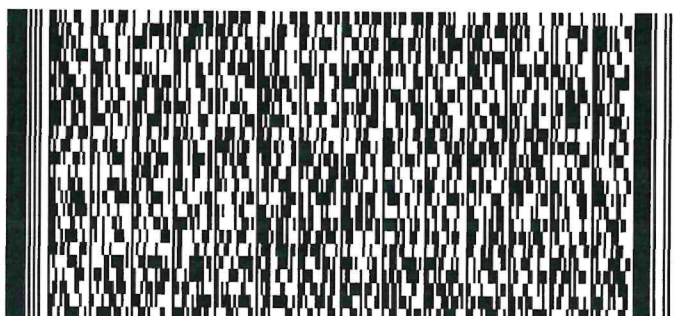
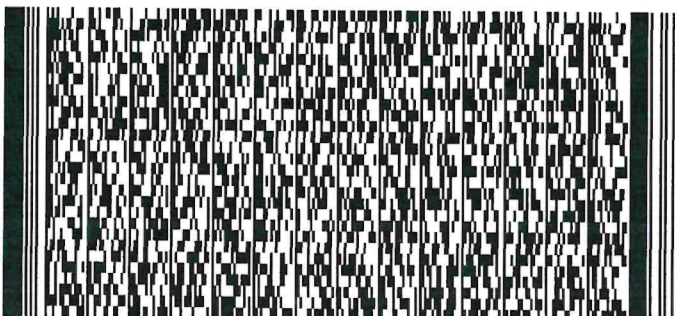
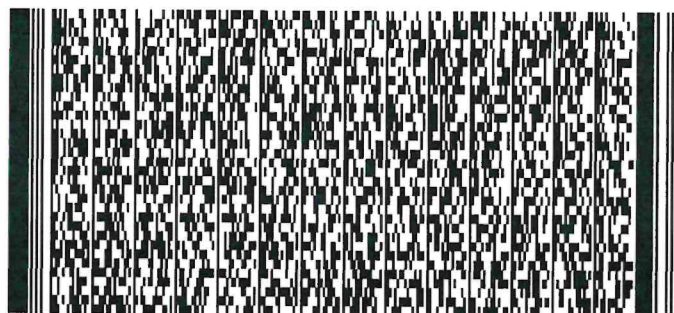


Serial Number

30853 001188

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  
30853 001189

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Sewage Treatment Plant (Phase 1), 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

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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) |
|----------------|--------------------------|---------------|---------------------------|-----------------------------------|----------------------------------|
| 24             | 手提滅火筒<br>5KG CO2 滅火筒(5支) | G/F           | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |
|                |                          |               |                           |                                   |                                  |

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

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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:

Name: CHENG Kit-man

FSD/RC No.: RC3 / 0853 RC /

Company Name: CHENG Kit-man

Telephone:

Date: 27/06/2025

For FSD use only

Inspected

Key-in

Verified

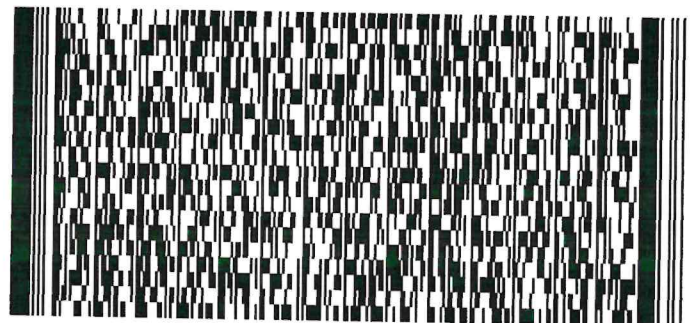
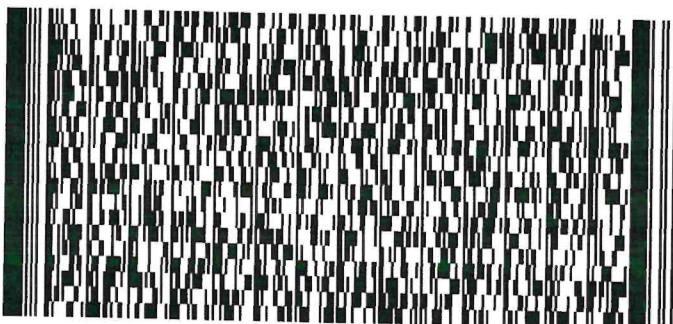
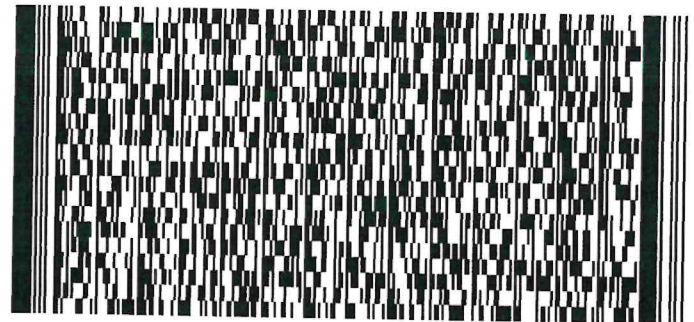
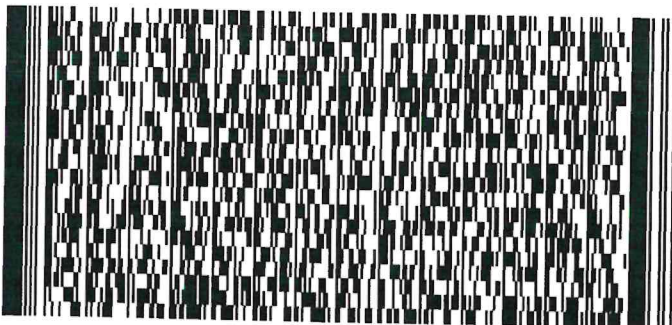
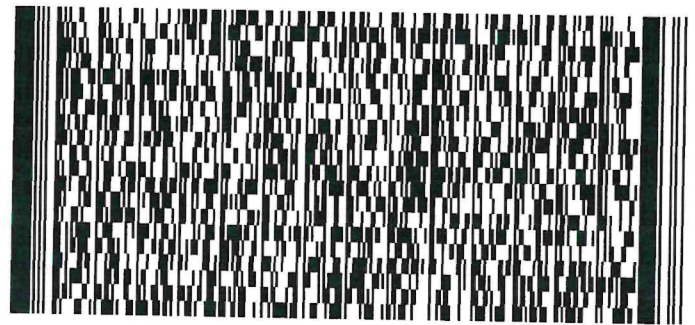
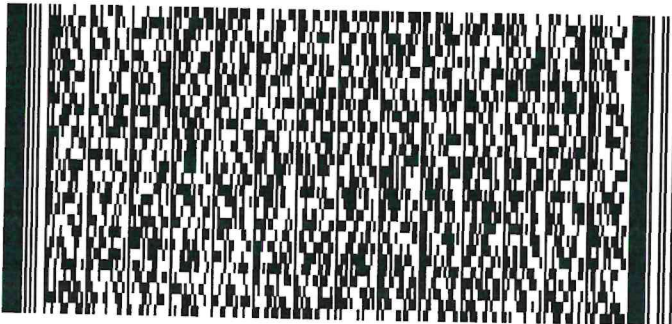
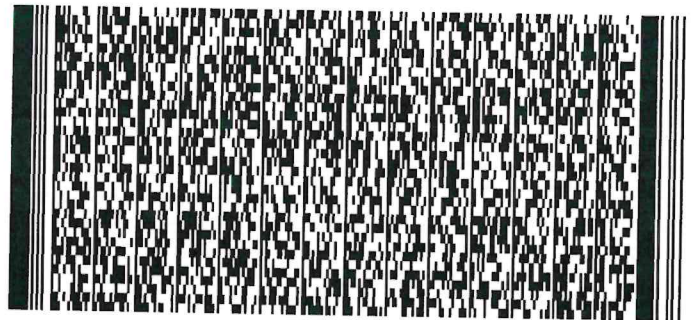
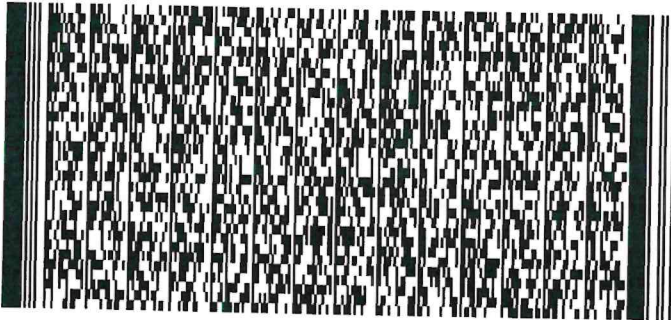


Serial Number

30853 001189

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  
30853 001197

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

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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) |
|----------------|----------------------|---------------|---------------------------|-----------------------------------|----------------------------------|
| 24             | 手提滅火筒<br>9L水劑滅火筒(2支) | G/F 大垃圾房      | 符合消防處規定                   | 27/06/2025                        | 26/06/2026                       |
|                |                      |               |                           |                                   |                                  |

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:

Name: CHENG Kit-man

FSD/RC No.: RC3 / 0853 RC /

Company Name: CHENG Kit-man

Telephone:

Date: 27/06/2025

For FSD use only

Inspected

Key-in

Verified

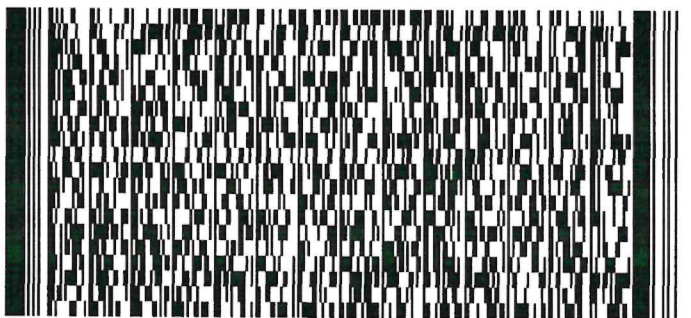
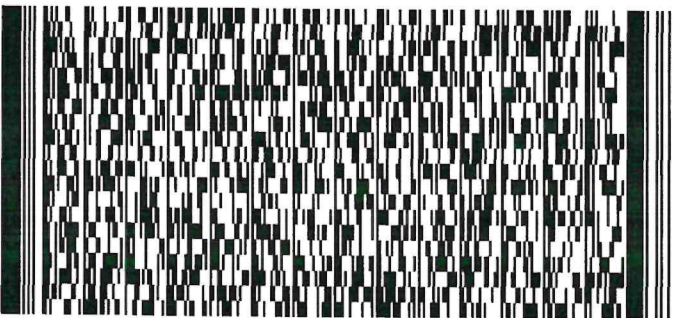
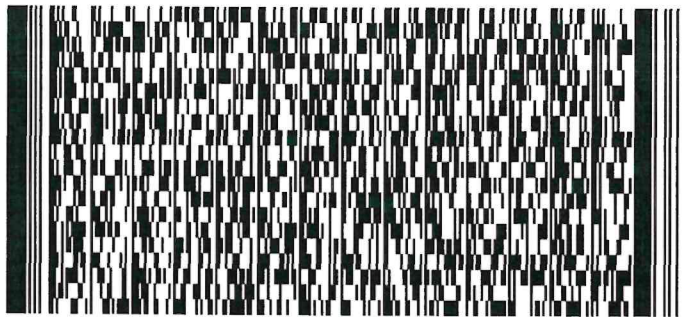
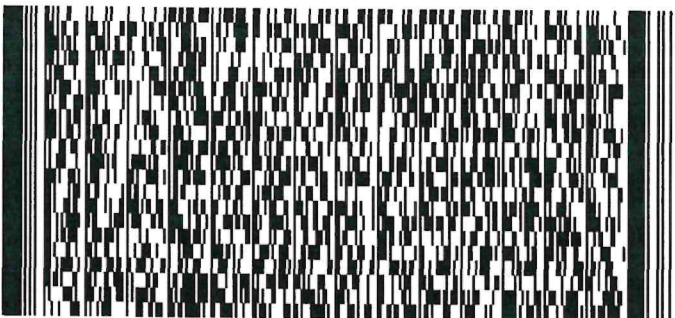
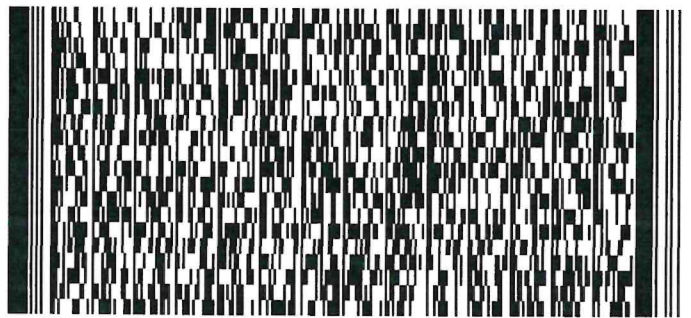
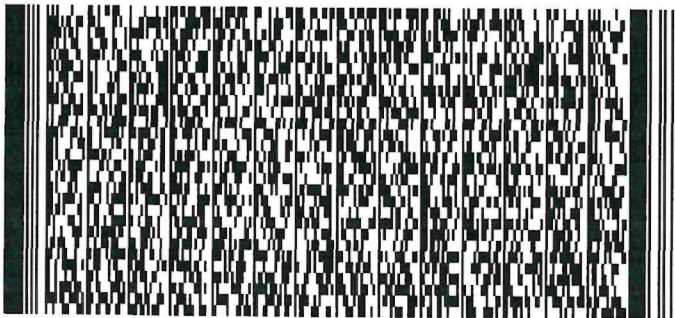
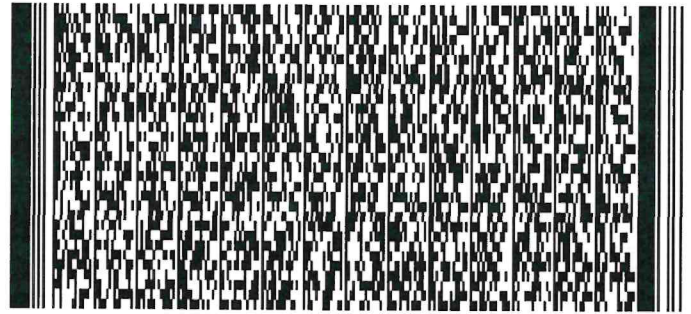
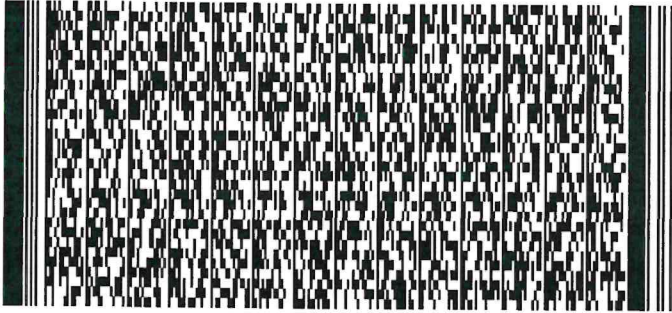


Serial Number

30853001197

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

A 9681761

FSD Ref.:  
消防處編號

(Regulation 9(1))  
(第九條(1)款)

CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

消防裝置及設備證書

Name of Client: Pok Oi Hospital  
顧客姓名

Name of Building: Transitional Housing Development  
樓宇名稱

Street No./Town Lot: No. 71 Street/Road/Estate Name: Kam Sheung Road  
門牌號數/市地段 街道/屋苑名稱

Block: Block 6 District: Kam Tin Area:  HK  K  NT  
座 區 地區 香港 九龍 新界

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 Inspection ONLY  
第一部 只適用於年檢事項

In accordance with Regulation 8(b) of 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/YY) | Next Due Date 下次到期日(DDMMYY) |
|----------------|------------------------------------|----------------|----------------------------|--------------------------------|-----------------------------|
| 24             | 手提滅火筒<br>5KG CO2 共13支<br>9L 水劑 共4支 | 第附頁            | 符合消防處規定<br>(部份需更換，請參閱第3部份) | 5/1/2026                       | 4/1/2027                    |

Part 2 第二部 Installation / Modification / Repair / Inspection work 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(DDMMYY) |
|----------------|------------------|----------------|------------------------------------|---------------------------|------------------------------|
|                | ***              |                | N/A                                | ***                       |                              |

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 |
|----------------|-----------------------|---|--------------------------|-------------------------|
| 24             | 手提滅火筒<br>5KG CO2 共13支 | G/F 沖廁水缸房及<br>G/F 電訊房<br>G/F 弱電房<br>G/F 電掣房<br>1/F 清洗水缸及泵房<br>1/F 消防泵房<br>1/F 弱電房<br>1/F 電掣房<br>2/F 消防水缸房<br>2/F 弱電房<br>2/F 電掣房 | 已過期                      | 需更換                     |

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。

Authorized Signature: 授權人簽署

Name: Kam Tang Kai  
姓名  
FSD/RC No.: RC3/0873  
消防處註冊號碼

Company Name: 卓城工程有限公司  
公司名稱

Telephone: [Redacted]  
聯絡電話

Date: 21/1/2025  
日期

For FSD use only:

Inspected

Key-in

Verified

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.

卓域工程有限公司  
**CHAVEZ ENGINEERING LIMITED**

Tel: 2303 0755 Fax: 2303 0284

證書編號：A9681761

附頁

顧客名稱：Pok Oi Hospital - Transitional Housing Development (Block 6)

| Part 1 Annual Maintenance Only |                       |   |                              |                                       |                                      |
|--------------------------------|-----------------------|---|------------------------------|---------------------------------------|--------------------------------------|
| 第一部 只適用於年檢事項                   |                       |   |                              |                                       |                                      |
| CODE<br>編號<br>(1-34)           | Type of FSI<br>裝置類型   | Location (s)<br>位置  | Comment on Condition<br>狀況評述 | Completion Date<br>完成日期<br>(DD/MM/YY) | Next Due Date<br>下次到期日<br>(DD/MM/YY) |
| 24                             | 手提滅火筒<br>5KG CO2 共13支 | G/F 沖廁水缸房及泵房<br>G/F 電訊房<br>G/F 弱電房<br>G/F 電掣房<br>1/F 清洗水缸及泵房<br>1/F 消防泵房<br>1/F 弱電房<br>1/F 電掣房<br>2/F 消防水缸房<br>2/F 弱電房<br>2/F 電掣房<br>3/F 弱電房<br>3/F 電掣房 | 符合消防處規定<br>(部份需更換，請參閱第3部份)   | 5/1/2026                              | 4/1/2027                             |
|                                |                       | 9L水劑 共4支<br>G/F 垃圾房<br>1/F 垃圾房<br>2/F 垃圾房<br>3/F 垃圾房  | 符合消防處規定                      | 5/1/2026                              | 4/1/2027                             |

受權人簽署：  
 姓名：Kam Tang Kai  
 消防處註冊號碼：RC3/0873  
 公司名稱：卓域工程有限公司  
 聯絡電話：  
 日期：15/1/2026

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  
10556 000018

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Block 6, Transitional Housing Development, No. 71 Kam Sheung Road, Yuen Long



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 (F1B x 115 nos.) (F2B x 18 nos.) | Block 6       | Conforms with F.S.D. requirement | 09/01/2026                        | 08/01/2027                       |
| 12             | Exit Sign (24 nos.)                                 | Block 6       | Conforms with F.S.D. requirement | 09/01/2026                        | 08/01/2027                       |

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   | 3/F (Loop 33), | Fire Detection System Loop Fault | Need To Repair          |
| 13             | Fire Alarm System (MFA) | G/F            | Direct Link Malfunction(1 nos.)  | Need To Repair          |

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:

Name: Kam Tang Kai  
姓名

FSD/RC No.: RC1 / 0556 RC2 / 0737  
消防處註冊號碼

Company Name: 騰駿消防工程顧問有限公司  
公司名稱

Telephone:   
聯絡電話

Date: 20/01/2026  
日期

For FSD use only

Inspected

Key-in

Verified



Serial Number

10556000018

Name of Client 顧客姓名

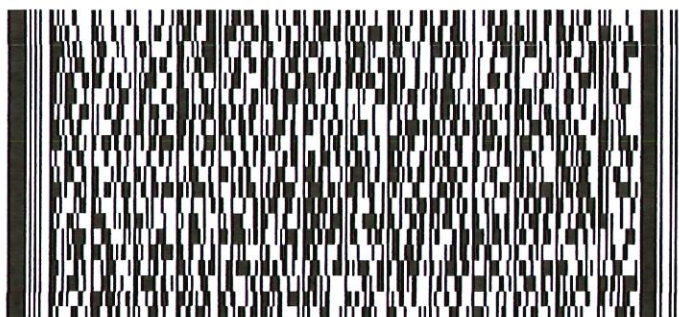
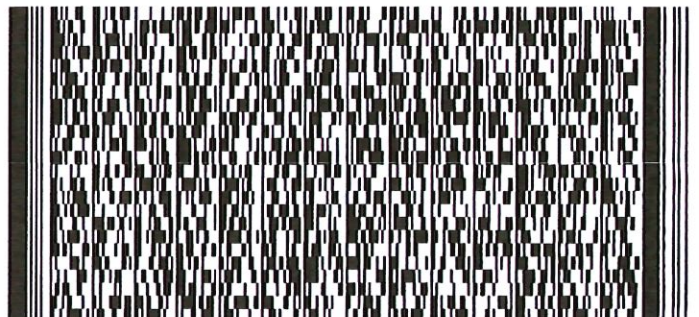
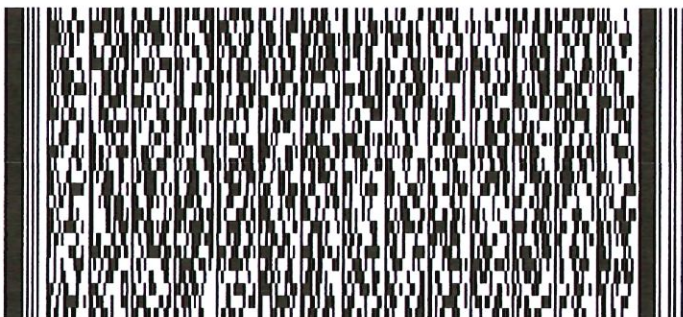
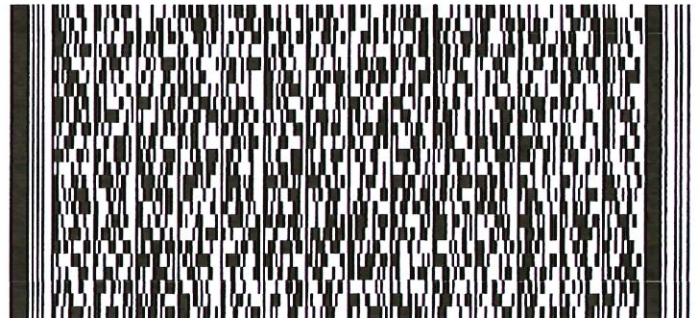
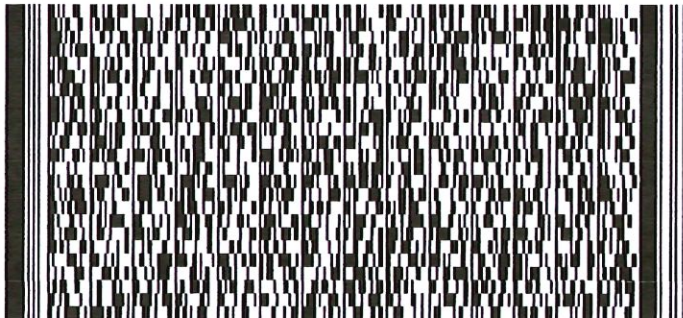
Pok Oi Hospital

**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 (MFA)       | Block 6       | Defect see part 3                | 09/01/2026                        | 08/01/2027                       |
| 15             | Fire Detection System         | Block 6       | Defect see part 3                | 09/01/2026                        | 08/01/2027                       |
| 16             | Fire Hydrant/Hose Reel System | Block 6       | Conforms with F.S.D. requirement | 09/01/2026                        | 08/01/2027                       |
| 28             | Sprinkler System              | Block 6       | Conforms with F.S.D. requirement | 09/01/2026                        | 08/01/2027                       |
|                |                               |               |                                  |                                   |                                  |



Serial Number

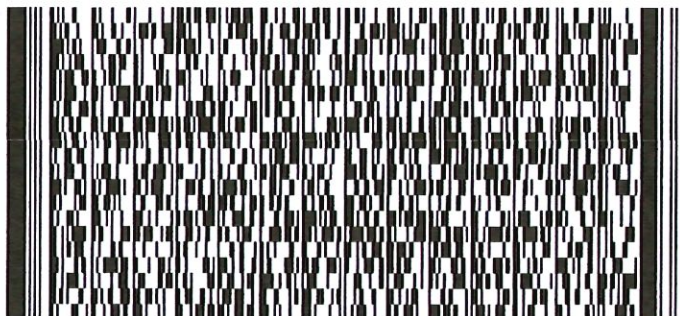
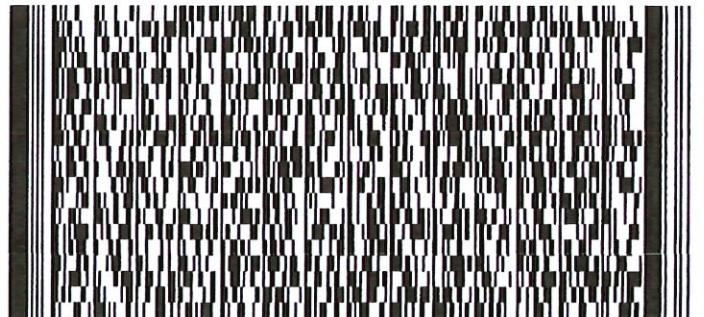
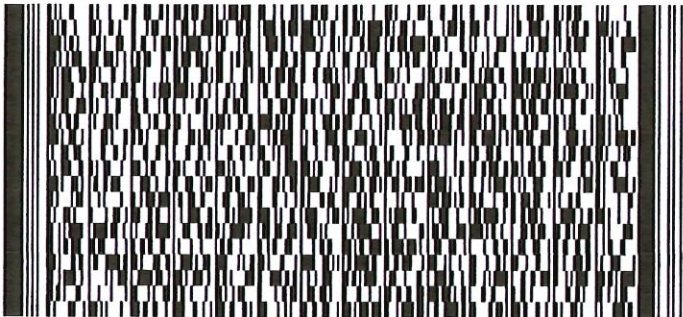
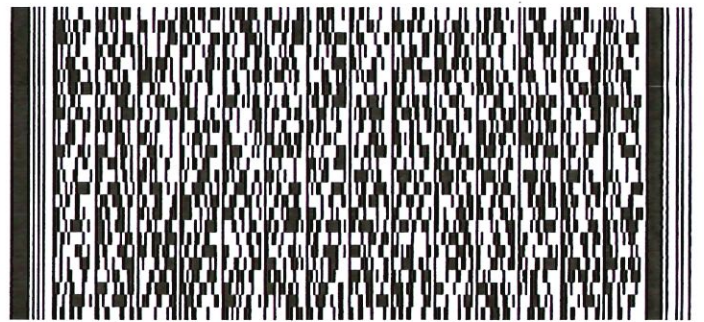
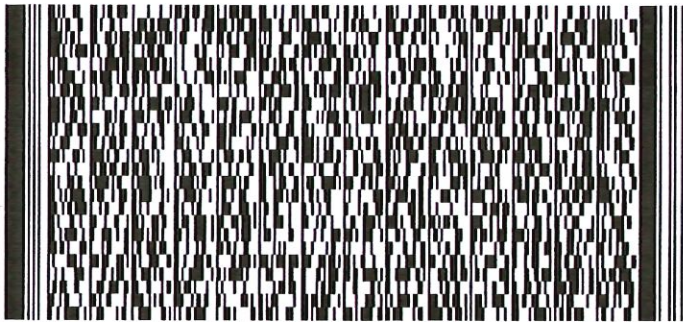
10556000018

Name of Client 顧客姓名

Pok Oi Hospital

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 |
|----------------|-------------------------|---------------|--|-------------------------|
| 13             | Fire Alarm System (MFA) | G/F           | Manual Call Point Damaged(1 nos.)            | Need To Replace         |
| 13             | Fire Alarm System (MFA) | G/F           | F.S. Panel Stand by battery Damaged (2 nos.) | Need To Replace         |
|                |                         |               |  |                         |
|                |                         |               |  |                         |
|                |                         |               |  |                         |

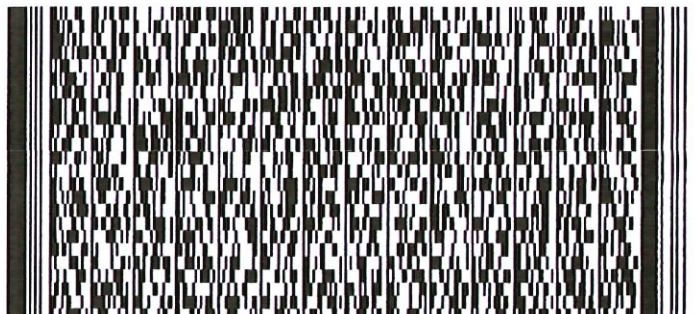
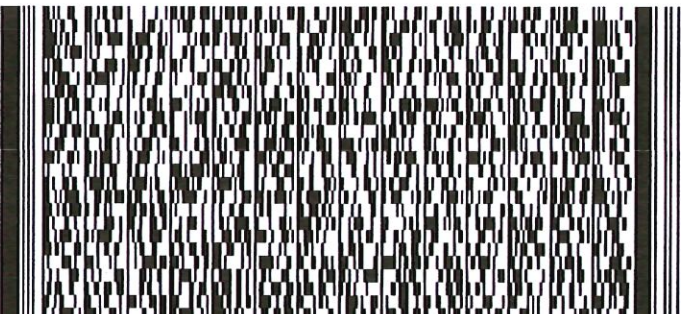
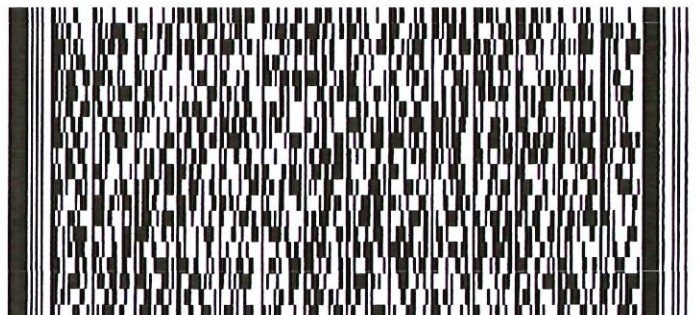
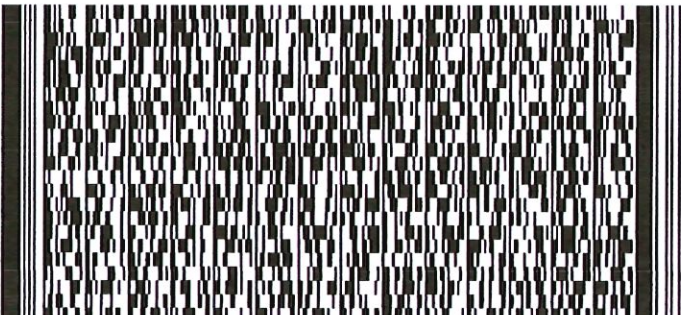
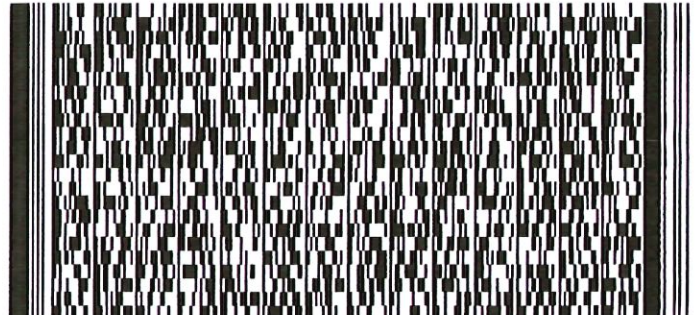
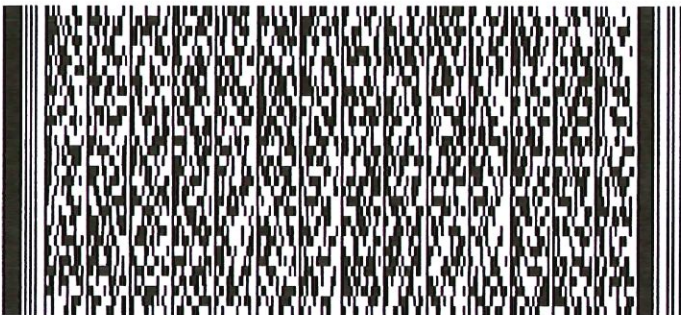
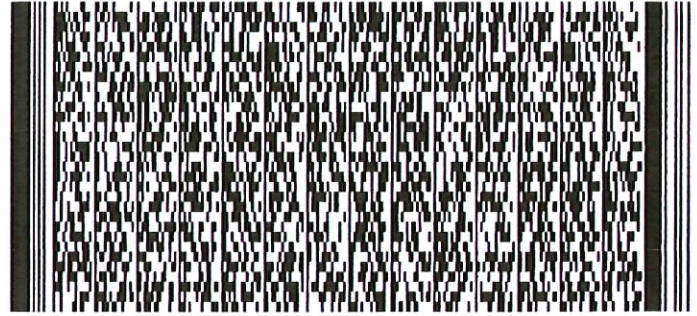
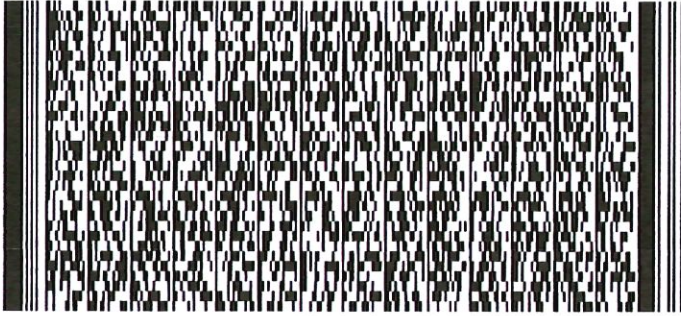


Serial Number

10556000018

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

A 9681762

FSD Ref.:  
消防處編號

Name of Client: Pok Oi Hospital  
顧客姓名

Name of Building: Transitional Housing Development  
樓宇名稱

Street No./Town Lot: No. 71 Street/Road/Estate Name: Kam Sheung Road  
門牌號數/市地段 Block 7 & Sewage 街道/屋苑名稱

Block: Treatment Plant 2 District: Kam Tin Area:  HK  K  NT  
座 分區 地區  香港  九龍  新界

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 Inspection ONLY  
第一部 只適用於年檢事項

In accordance with Regulation 8(b) of 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/YY) | Next Due Date 下次到期日(DDMMYY) |
|----------------|------------------------------------|----------------|-----------------------------|--------------------------------|-----------------------------|
| 24             | 手提滅火筒<br>5KG CO2 共22支<br>9L 水劑 共9支 | 昇附頁            | 符合消防處規定<br>(部份需更換, 請參閱第3部份) | 5/17/2026                      | 4/1/2027                    |

Part 2 第二部 Installation / Modification / Repair / Inspection work 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(DDMMYY) |
|----------------|------------------|----------------|------------------------------------|---------------------------|------------------------------|
|                | ***              |                | N/A                                | ***                       |                              |

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 |
|----------------|-----------------------|----------------|--------------------------|-------------------------|
| 24             | 手提滅火筒<br>5KG CO2 共22支 | 昇附頁            | 已過期                      | 需更換                     |

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

FSD/RC No.: 消防處註冊號碼

Company Name: 公司名稱

Telephone: 聯絡電話

Date: 日期

Kam Tang Kai

RC3/0873

卓域工程有限公司

15/1/2026



For FSD use only:

Inspected

Key-in

Verified

卓域工程有限公司  
CHAVEZ ENGINEERING LIMITED

Tel: 2303 0755 Fax: 2303 0284

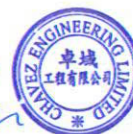
證書編號: A9681762

附頁

顧客名稱: Pok Oi Hospital - Transitional Housing Development (Block 7 & Sewage Treatment Plant 2)

| Part 1 Annual Maintenance Only |                       |   |                              |                                       |                                      |
|--------------------------------|-----------------------|---|------------------------------|---------------------------------------|--------------------------------------|
| 第一部 只適用於年檢事項                   |                       |   |                              |                                       |                                      |
| CODE<br>編號<br>(1-34)           | Type of FSI<br>裝置類型   | Location (s)<br>位置  | Comment on Condition<br>狀況評述 | Completion Date<br>完成日期<br>(DD/MM/YY) | Next Due Date<br>下次到期日<br>(DD/MM/YY) |
| 24                             | 手提滅火筒<br>5KG CO2 共22支 | G/F 沖廁水缸房及泵房<br>G/F 電訊房<br>G/F 弱電房<br>G/F 電掣房 (Near B6-ST-3)<br>G/F 電掣房 (Near B6-ST-1)<br>G/F 電掣房 (Near TBE Rm.)<br>1/F 消防泵房<br>1/F 電訊房<br>1/F 弱電房<br>1/F 電掣房 (Near B6-ST-3)<br>1/F 電掣房 (Near B6-ST-1)<br>1/F 電掣房 (Near TBE Rm.)<br>2/F 清洗水缸及泵房<br>2/F 消防水缸房<br>2/F 弱電房<br>2/F 電掣房 (Near B6-ST-3)<br>2/F 電掣房 (Near B6-ST-1)<br>2/F 電掣房 (Near 清洗水缸及泵房)<br>3F 弱電房<br>3/F 電掣房 (Near B6-ST-3)<br>3/F 電掣房 (Near B6-ST-2)<br>3/F 電掣房 (Near B6-ST-1) | 符合消防處規定<br>(部份需更換, 請參閱第3部份)  | 5/1/2026                              | 4/1/2027                             |
|                                | 9L水劑 共9支              | G/F 垃圾房 (Near B6-ST-3)<br>G/F 垃圾房 (Near B6-ST-1)<br>1/F 垃圾房 (Near B6-ST-3)<br>1/F 垃圾房 (Near B6-ST-1)<br>2/F 垃圾房 (Near B6-ST-3)<br>2/F 垃圾房 (Near B6-ST-1)<br>3/F 垃圾房 (Near B6-ST-3)<br>3/F 垃圾房 (Near B6-ST-1)<br>G/F Sewage Treatment Plant 2  | 符合消防處規定                      | 5/1/2026                              | 4/1/2027                             |

受權人簽署:   
 姓名: Kam Tang Kai  
 消防處註冊號碼: RC3/0873  
 公司名稱: 卓域工程有限公司  
 聯絡電話:   
 日期: 15/1/2026



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

10556 000019

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Block 7, Transitional Housing Development, No. 71 Kam Sheung Road, Yuen Long



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 (F1B x 200 nos.) (F2B x 30 nos.) | Block 7       | Conforms with F.S.D. requirement | 09/01/2026                        | 08/01/2027                       |
| 12             | Exit Sign (41 nos.)                                 | Block 7       | Conforms with F.S.D. requirement | 09/01/2026                        | 08/01/2027                       |

**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   | 1/F (Loop 34), 3/F (Loop 35) | Fire Detection System Loop Fault | Need To Repair          |
| 13             | Fire Alarm System (MFA) | G/F                          | Direct Link Malfunction(1 nos.)  | Need To Replace         |

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:

Name: Kam Tang Kai  
姓名

FSD/RC No.: RC1 / 0556 RC2 / 0737  
消防處註冊號碼

Company Name: 騰駿消防工程顧問有限公司  
公司名稱

Telephone:   
聯絡電話

Date: 20/01/2026  
日期



For FSD use only

Inspected

Key-in

Verified



Serial Number

10556 000019

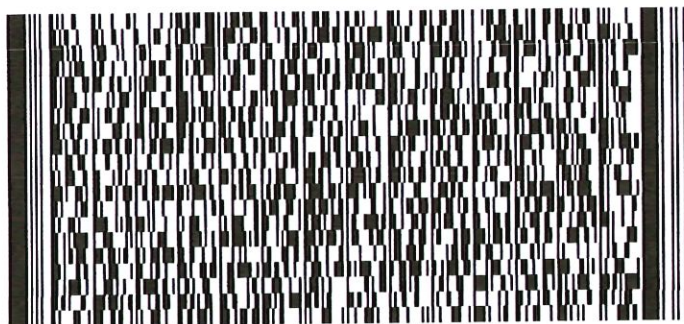
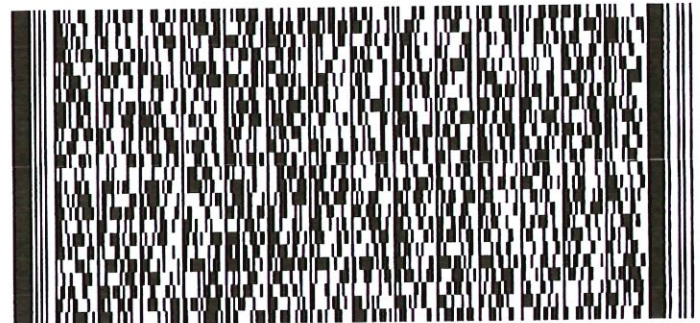
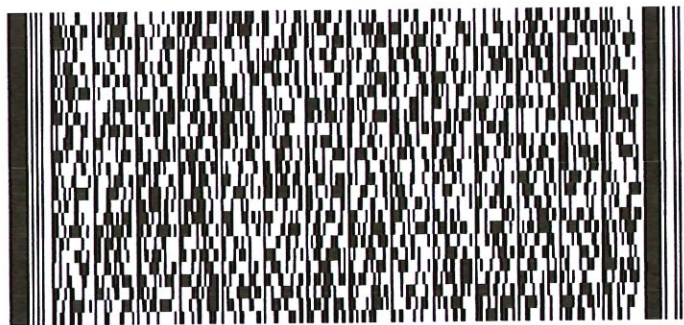
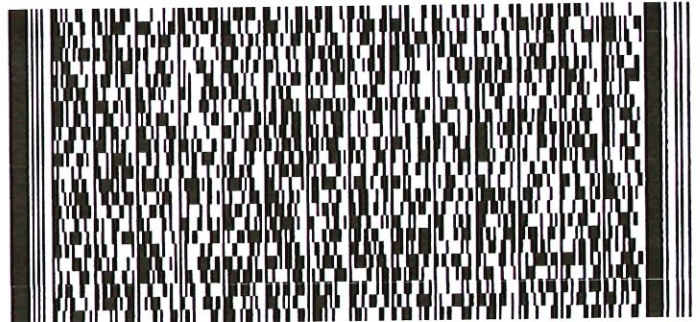
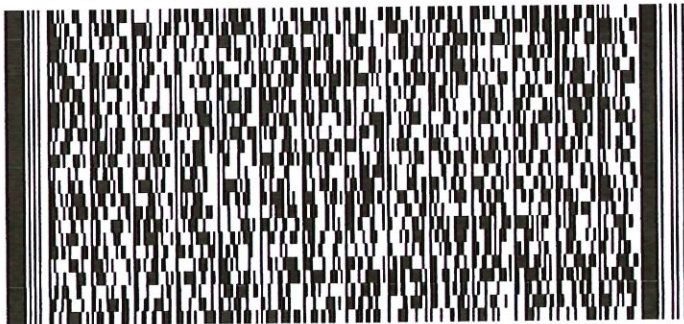
Name of Client 顧客姓名

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 (MFA)       | Block 7       | Defect see part 3                | 09/01/2026                        | 08/01/2027                       |
| 15             | Fire Detection System         | Block 7       | Defect see part 3                | 09/01/2026                        | 08/01/2027                       |
| 16             | Fire Hydrant/Hose Reel System | Block 7       | Conforms with F.S.D. requirement | 09/01/2026                        | 08/01/2027                       |
| 28             | Sprinkler System              | Block 7       | Conforms with F.S.D. requirement | 09/01/2026                        | 08/01/2027                       |
|                |                               |               |                                  |                                   |                                  |



Serial Number

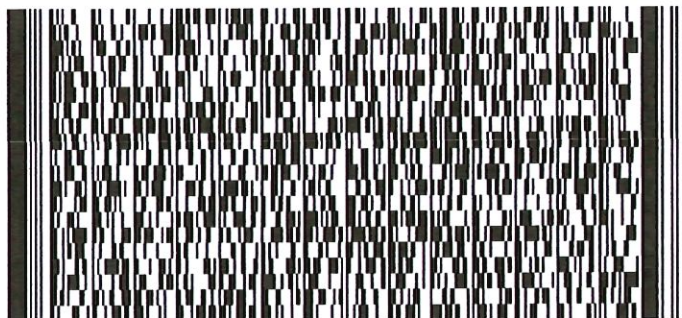
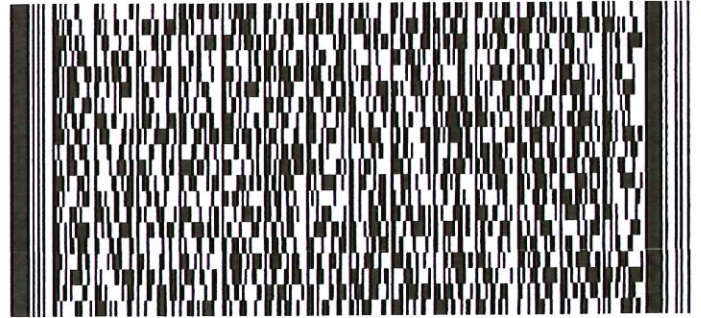
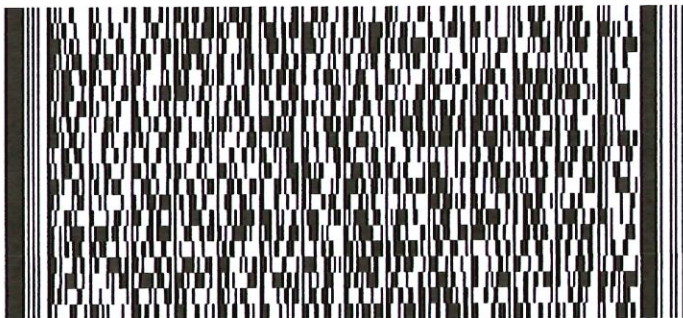
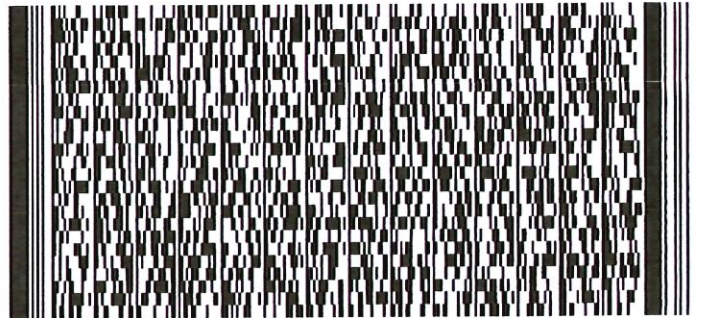
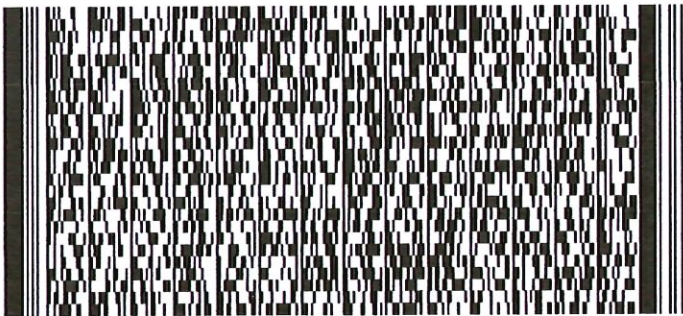
10556000019

Name of Client 顧客姓名

Pok Oi Hospital

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 |
|----------------|-------------------------|---|--|-------------------------|
| 13             | Fire Alarm System (MFA) | G/F ST-5,<br>1/F RM2077, 1074<br>1/F ST-3, ST-1 | Manual Call Point Damaged(5 nos.)            | Need To Replace         |
| 13             | Fire Alarm System (MFA) | G/F   | F.S. Panel Stand by battery Damaged (2 nos.) | Need To Replace         |
|                |                         |   |  |                         |
|                |                         |   |  |                         |
|                |                         |   |  |                         |

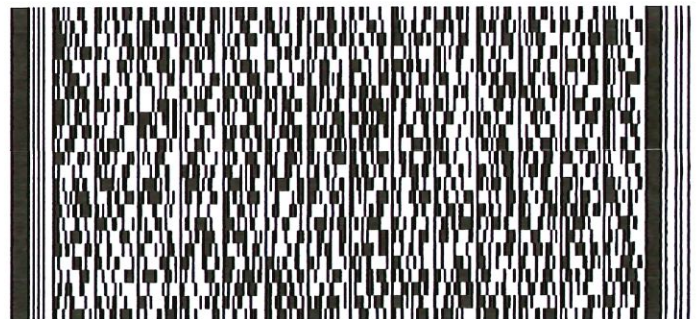
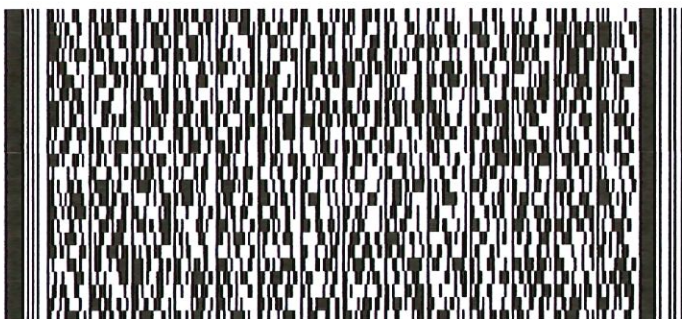
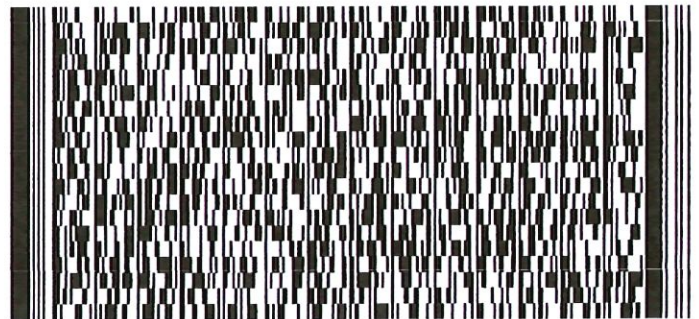
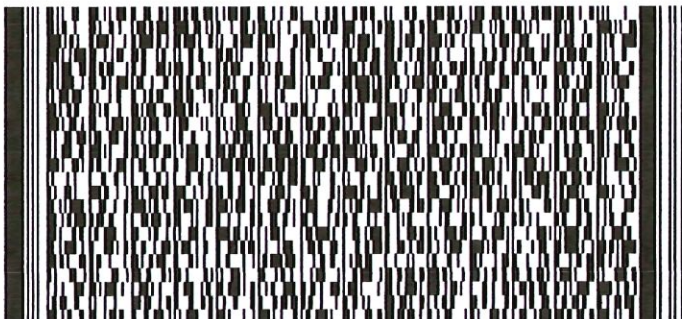
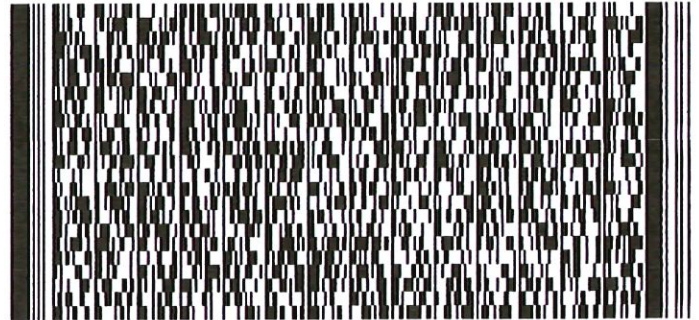
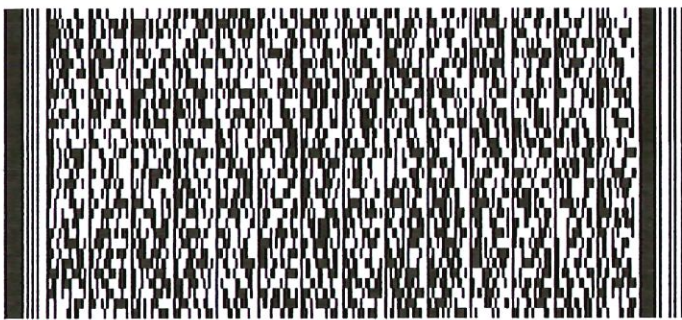
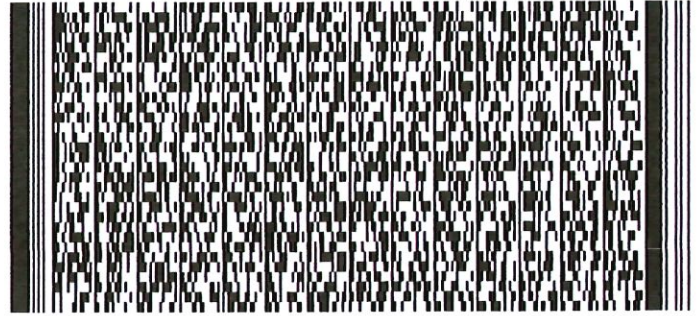
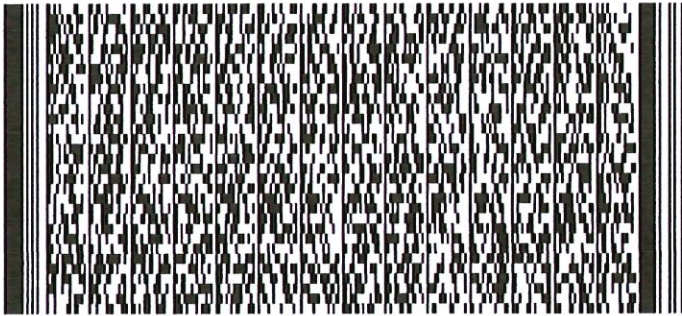


Serial Number

1055600019

Name of Client 顧客姓名

Pok Oi Hospital



FIRE SERVICE (INSTALLATIONS AND EQUIPMENT) REGULATIONS

FSD Ref.:  
消防處編號

消防 (裝置及設備) 規例

A 9681763

(Regulation 9(1))

(第九條 (1) 款)

CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

消防裝置及設備證書

Name of Client : 顧客姓名

Name of Building : 樓宇名稱

Street No./Town Lot : 門牌號數/市地段  Street/Road/Estate Name : 街道/屋苑名稱

Block : 座  District : 分區  Area : 地區  HK 香港  K 九龍  NT 新界

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 Inspection ONLY**  
**第一部 只適用於年檢事項**

In accordance with Regulation 8(b) of 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/YY) | Next Due Date 下次到期日(DD/MM/YY) |
|----------------|------------------------------------|----------------|-----------------------------|--------------------------------|-------------------------------|
| 24             | 手提滅火筒<br>5KG CO2 共10支<br>9L 水劑 共8支 | 昇附頁            | 符合消防處規定<br>(部份需更換, 請參閱第3部份) | 5/17/2026                      | 27/10/2025                    |

**Part 2 第二部 Installation / Modification / Repair / Inspection work 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/YY) |
|----------------|------------------|----------------|------------------------------------|---------------------------|--------------------------------|
|                | ***              |                | N/A                                | ***                       |                                |

**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 |
|----------------|-----------------------|---|--------------------------|-------------------------|
| 24             | 手提滅火筒<br>5KG CO2 共10支 | C/F 沖廁水缸房及<br>C/F 電訊房<br>C/F 弱電及電掣房<br>1F 消防泵房<br>1F 弱電及電掣房<br>2F 消防水缸房<br>2F 清洗水泵房<br>2F 弱電及電掣房<br>3F 清洗水缸房<br>3F 弱電及電掣房 | 已過期                      | 需更換                     |

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

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

卓域工程有限公司  
**CHAVEZ ENGINEERING LIMITED**

Tel: 2303 0755 Fax: 2303 0284

證書編號：A9681763

附頁

顧客名稱：Pok Oi Hospital - Transitional Housing Development (Block 8)

| Part 1 Annual Maintenance Only |                       |  |                              |                                       |                                      |
|--------------------------------|-----------------------|--|------------------------------|---------------------------------------|--------------------------------------|
| 第一部 只適用於年檢事項                   |                       |  |                              |                                       |                                      |
| CODE<br>編號<br>(1-34)           | Type of FSI<br>裝置類型   | Location (s)<br>位置   | Comment on Condition<br>狀況評述 | Completion Date<br>完成日期<br>(DD/MM/YY) | Next Due Date<br>下次到期日<br>(DD/MM/YY) |
| 24                             | 手提滅火筒<br>5KG CO2 共10支 | G/F 沖廁水缸房及泵房<br>G/F 電訊房<br>G/F 弱電及電掣房<br>1/F 消防泵房<br>1/F 弱電及電掣房<br>2/F 消防水缸房<br>2/F 清洗水泵房<br>2/F 弱電及電掣房<br>3/F 清洗水缸房<br>3/F 弱電及電掣房   | 符合消防處規定<br>(部份需更換，請參閱第3部份)   | 5/1/2026                              | 4/1/2027                             |
|                                | 9L水劑 共8支              | G/F 垃圾房( Near B7-ST-1)<br>G/F 垃圾房( Near B7-ST-3)<br>1/F 垃圾房( Near B7-ST-1)<br>1/F 垃圾房( Near B7-ST-3)<br>2/F 垃圾房( Near B7-ST-1)<br>2/F 垃圾房( Near B7-ST-3)<br>3/F 垃圾房( Near B7-ST-1)<br>3/F 垃圾房( Near B7-ST-3) | 符合消防處規定                      | 5/1/2026                              | 4/1/2027                             |

受權人簽署：  

姓名： Kam Tang Kai

消防處註冊號碼： RC3/0873

公司名稱： 卓域工程有限公司

聯絡電話： XXXXXXXXXX

日期： 15/1/2026

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

10556 000020

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Block 8, Transitional Housing Development, No. 71 Kam Sheung Road, Yuen Long



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 (F1B x 105 nos.) (F2B x 15 nos.) | Block 8       | Conforms with F.S.D. requirement | 09/01/2026                        | 08/01/2027                       |
| 12             | Exit Sign (15 nos.)                                 | Block 8       | Conforms with F.S.D. requirement | 09/01/2026                        | 08/01/2027                       |

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 | G/F - Rm 1025, 1029, 1048, 1038, 1033, 1034, 2/F - Rm 3045 | Smoke Detector damaged(7 nos.)   | Need to Replace         |
| 15             | Fire Detection System | 2/F (Loop 39)  | Fire Detection System Loop Fault | Need To Repair          |

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

Kam Tang Kai

FSD/RC No.: 消防處註冊號碼

RC1 / 0556 RC2 / 0737

Company Name: 公司名稱

騰駿消防工程顧問有限公司

Telephone: 聯絡電話

Date: 日期

20/01/2026

For FSD use only

Inspected

Key-in

Verified



Serial Number

10556 000020

Name of Client 顧客姓名

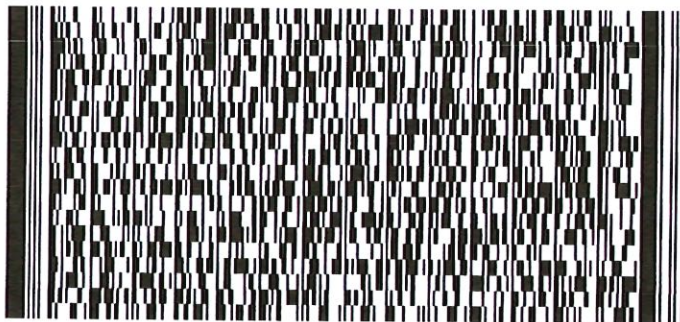
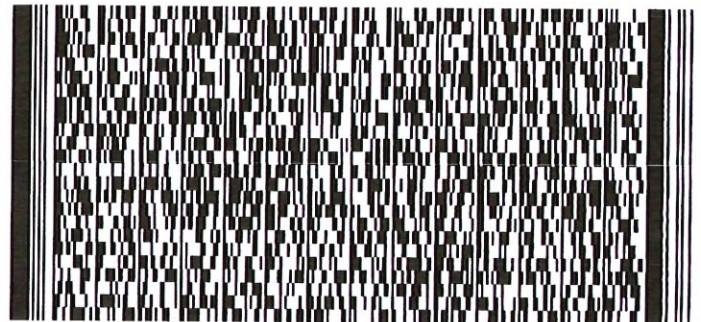
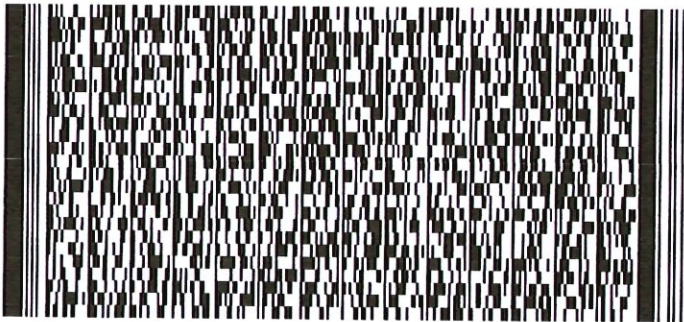
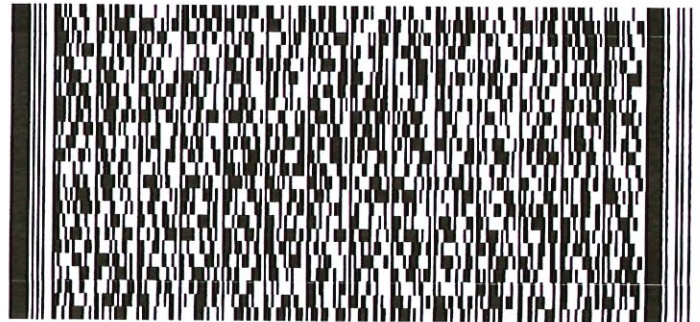
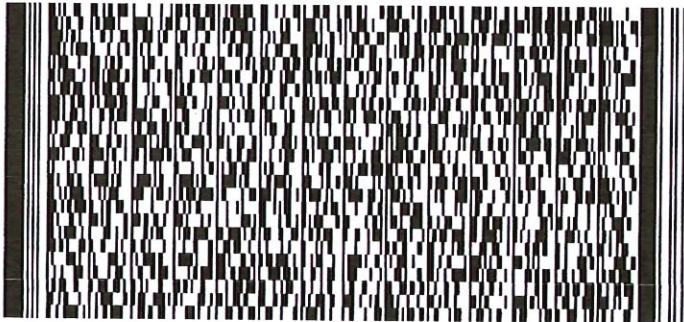
Pok Oi Hospital

**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 (MFA)       | Block 8       | Defect see part 3                | 09/01/2026                        | 08/01/2027                       |
| 15             | Fire Detection System         | Block 8       | Defect see part 3                | 09/01/2026                        | 08/01/2027                       |
| 16             | Fire Hydrant/Hose Reel System | Block 8       | Conforms with F.S.D. requirement | 09/01/2026                        | 08/01/2027                       |
| 28             | Sprinkler System              | Block 8       | Conforms with F.S.D. requirement | 09/01/2026                        | 08/01/2027                       |
|                |                               |               |                                  |                                   |                                  |



Serial Number

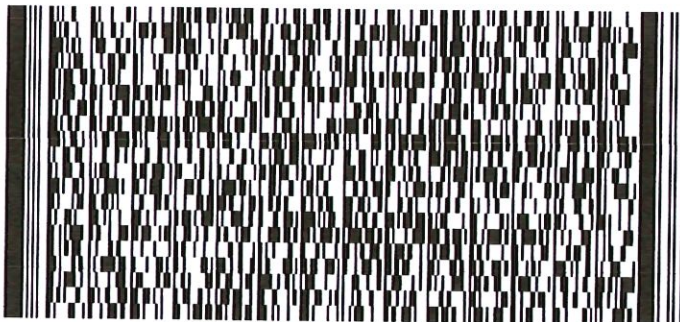
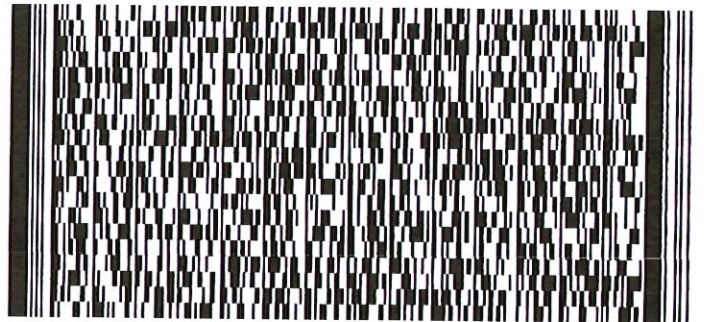
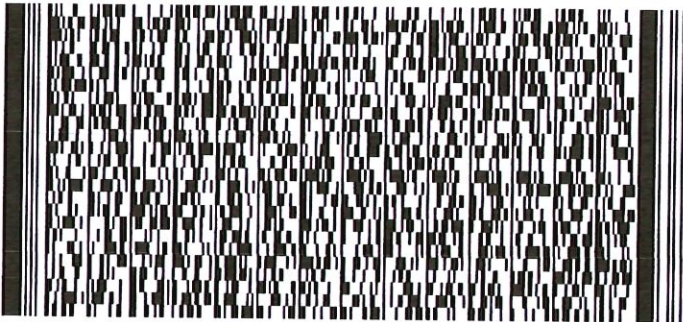
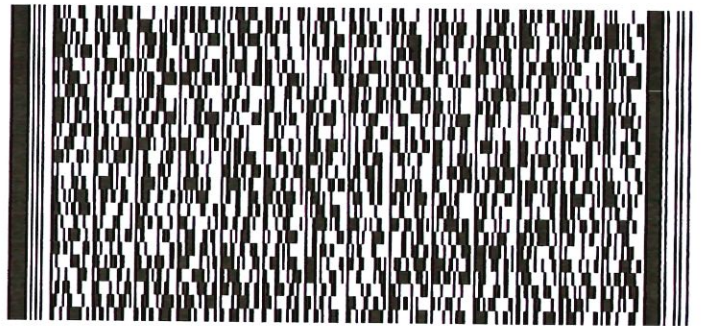
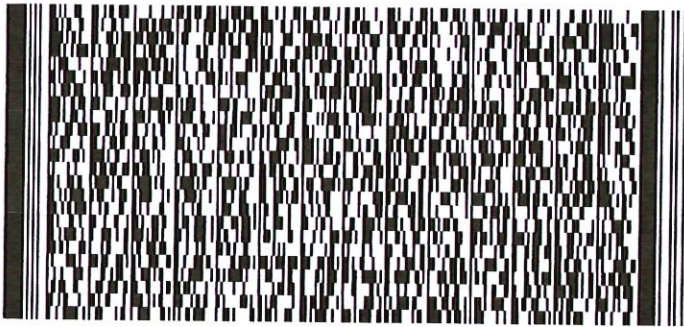
10556 000020

Name of Client 顧客姓名

Pok Oi Hospital

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 |
|----------------|-------------------------|---------------|--|-------------------------|
| 13             | Fire Alarm System (MFA) | G/F           | Manual Call Point Damaged(1 nos.)            | Need To Replace         |
| 13             | Fire Alarm System (MFA) | G/F           | Direct Link Malfunction(1 nos.)              | Need To Repair          |
| 13             | Fire Alarm System (MFA) | G/F           | F.S. Panel Stand by battery Damaged (2 nos.) | Need To Replace         |
|                |                         |               |  |                         |
|                |                         |               |  |                         |

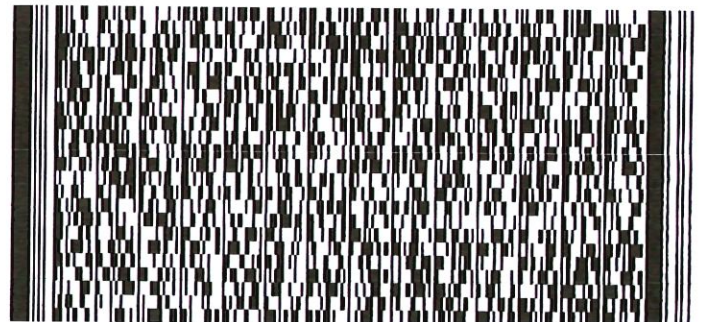
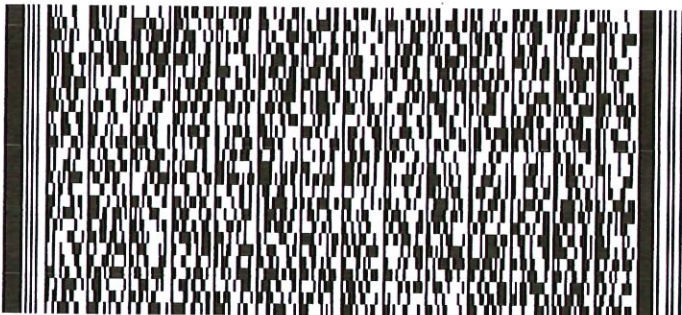
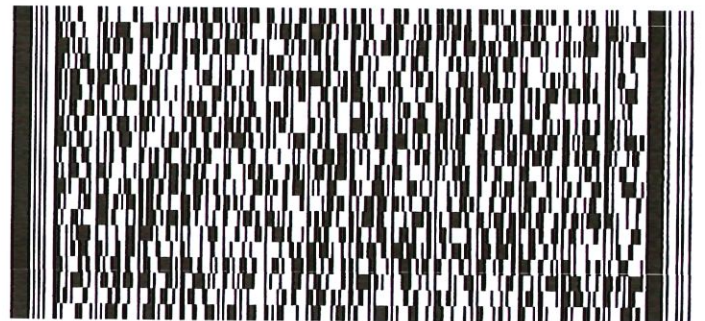
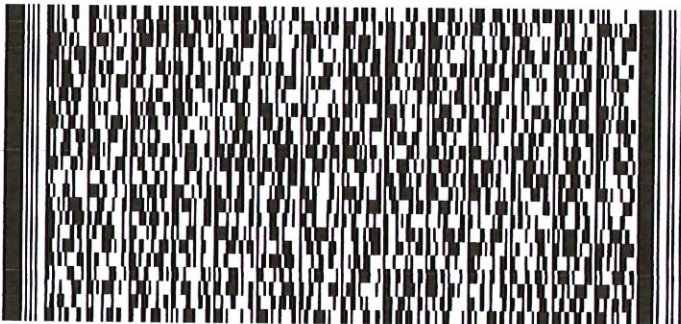
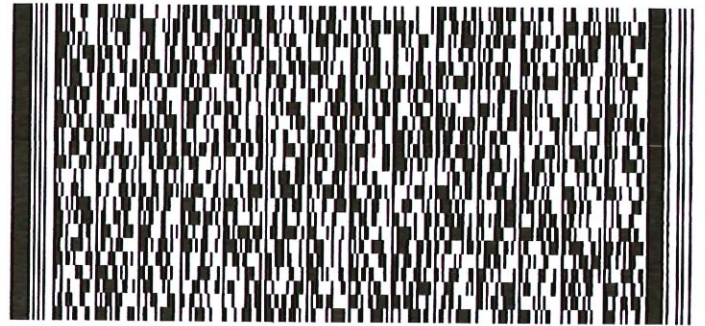
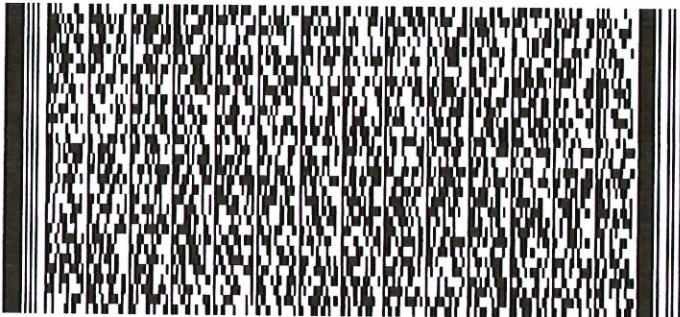
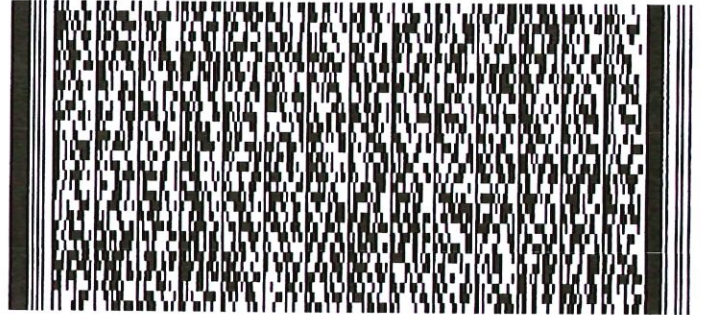
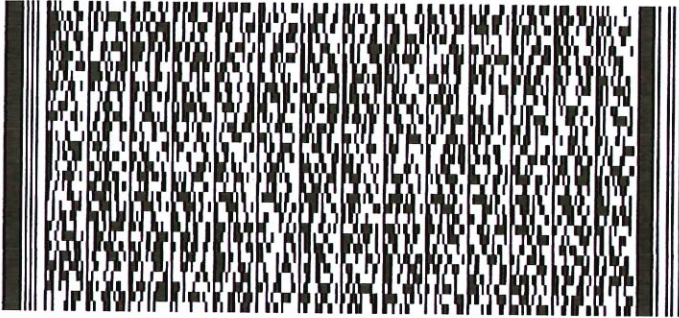


Serial Number

10556000020

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

A 9681764

FSD Ref.:

消防處編號

Name of Client:

顧客姓名

Pok Oi Hospital

Name of Building:

樓宇名稱

Transitional Housing Development

Street No./Town Lot:

門牌號數/市地段

No. 71

Street/Road/Estate Name:

街道/屋苑名稱

Kam Sheung Road

Block:

座

Block 9

District:

分區

Kam Tin

Area:

地區

HK

香港

K

九龍

NT

新界

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 Inspection ONLY  
第一部 只適用於年檢事項

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| Code 編碼<br>(1-35) | Type of FSI 裝置類型                   | Location(s) 位置 | Comment on Condition 狀況評述   | Completion Date<br>完成日期(DD/MM/YY) | Next Due Date<br>下次到期日(DDMMYY) |
|-------------------|------------------------------------|----------------|-----------------------------|-----------------------------------|--------------------------------|
| 24                | 手提滅火筒<br>5KG CO2 共15支<br>9L 水劑 共8支 | 昇附頁            | 符合消防處規定<br>(部份需更換, 請參閱第3部份) | 5/1/2026                          | 4/1/2027                       |

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

| Code 編碼<br>(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<br>完成日期(DDMMYY) |
|-------------------|------------------|----------------|------------------------------------|---------------------------|---------------------------------|
|                   | ***              |                | N/A                                | ***                       |                                 |

Part 3 第三部 Defects 損壞事項

| Code 編碼<br>(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 |
|-------------------|-----------------------|--|--------------------------|-------------------------|
| 24                | 手提滅火筒<br>5KG CO2 共15支 | G/F 沖廁水泵房<br>G/F 電訊房、弱電/<br>G/F 電掣房<br>1/F 沖廁水缸房<br>1/F 消防泵房<br>1/F 弱電房、電掣房<br>2/F 消防水缸房<br>2/F 清洗水缸及泵房<br>2/F 弱電房、電掣房<br>3/F 電訊房、弱電房<br>3/F 電掣房 | 已過期                      | 需更換                     |

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。

Authorized Signature:  
受權人簽署

Name:

Kam Tang Kai

FSD/RC No.:  
消防處註冊號碼

RC3/0873

Company Name:  
公司名稱

卓域工程有限公司

Telephone:  
聯絡電話

Date:  
日期

15/1/2026

For FSD use only:

Inspected

Key-in

Verified

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.

卓域工程有限公司  
**CHAVEZ ENGINEERING LIMITED**

Tel: 2303 0755 Fax: 2303 0284

證書編號：A9681764

附頁

顧客名稱：Pok Oi Hospital - Transitional Housing Development (Block 9)

| Part 1 Annual Maintenance Only<br>第一部 只適用於年檢事項 |                       |  |                              |                                       |                                      |
|--|-----------------------|--|------------------------------|---------------------------------------|--------------------------------------|
| CODE<br>編號<br>(1-34)                           | Type of FSI<br>裝置類型   | Location (s)<br>位置   | Comment on Condition<br>狀況評述 | Completion Date<br>完成日期<br>(DD/MM/YY) | Next Due Date<br>下次到期日<br>(DD/MM/YY) |
| 24   | 手提滅火筒<br>5KG CO2 共15支 | G/F 沖廁水泵房<br>G/F 電訊房<br>G/F 弱電房<br>G/F 電掣房<br>1/F 沖廁水缸房<br>1/F 消防泵房<br>1/F 弱電房<br>1/F 電掣房<br>2/F 消防水缸房<br>2/F 清洗水缸及泵房<br>2/F 弱電房<br>2/F 電掣房<br>3/F 電訊房<br>3/F 弱電房<br>3/F 電掣房                                 | 符合消防處規定<br>(部份需更換，請參閱第3部份)   | 5/1/2026                              | 4/1/2027                             |
|  | 9L水劑 共8支              | G/F 垃圾房 (Near B8-ST-1)<br>G/F 垃圾房 (Near B8-ST-3)<br>1/F 垃圾房 (Near B8-ST-1)<br>1/F 垃圾房 (Near B8-ST-3)<br>2/F 垃圾房 (Near B8-ST-1)<br>2/F 垃圾房 (Near B8-ST-3)<br>3/F 垃圾房 (Near B8-ST-1)<br>3/F 垃圾房 (Near B8-ST-3) | 符合消防處規定                      | 5/1/2026                              | 4/1/2027                             |

受權人簽署：  
 姓名：Kam Tang Kai  
 消防處註冊號碼：RC3/0873  
 公司名稱：卓域工程有限公司  
 聯絡電話：  
 日期：15/1/2026



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

10556 000021

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Block 9, Transitional Housing Development, No. 71 Kam Sheung Road, Yuen Long



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 (F1B x 101 nos.) (F2B x 21 nos.) | Block 9       | Conforms with F.S.D. requirement | 09/01/2026                        | 08/01/2027                       |
| 12             | Exit Sign (15 nos.)                                 | Block 9       | Conforms with F.S.D. requirement | 09/01/2026                        | 08/01/2027                       |

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 | G/F - Rm 1041, 1022<br>1/F - Rm 2001 | Smoke Detector damaged(3 nos.)  | Need to Replace         |
| 15             | Fire Detection System | G/F                                  | Direct Link Malfunction(1 nos.) | Need To Repair          |

Remark 備註

此證書取代1055652

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:

Name: Kam Tang Kai

FSD/RC No.: RC1 / 0556 RC2 / 0737

Company Name: 騰駿消防工程顧問有限公司

Telephone:

Date: 20/01/2026



Inspected

Key-in

Verified



Serial Number

10556 000021

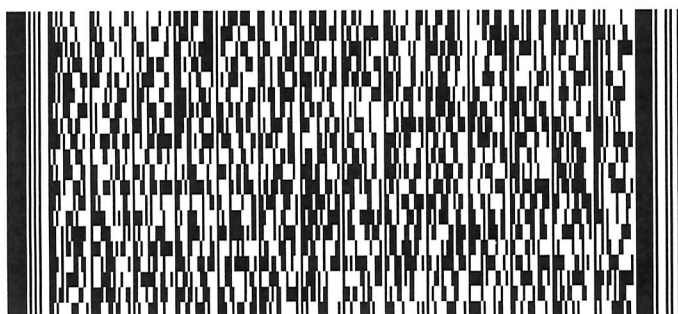
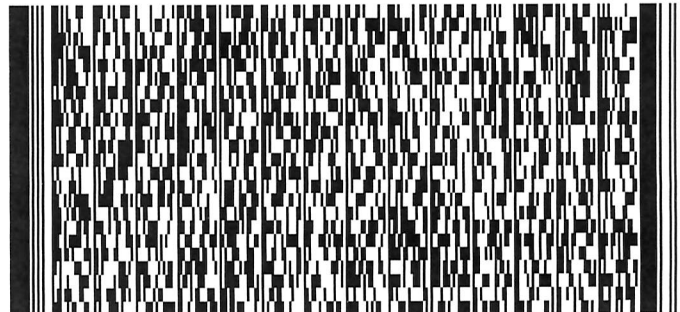
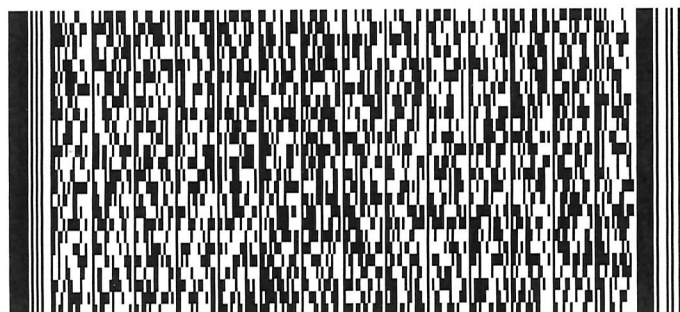
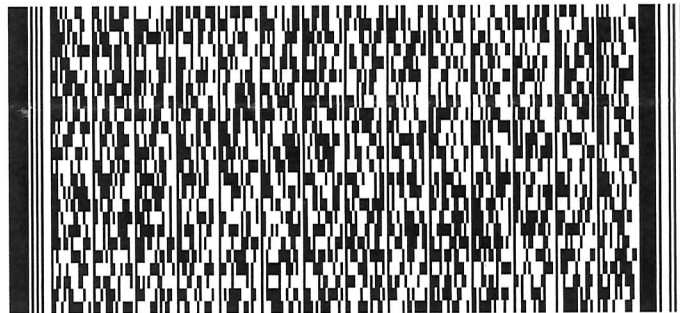
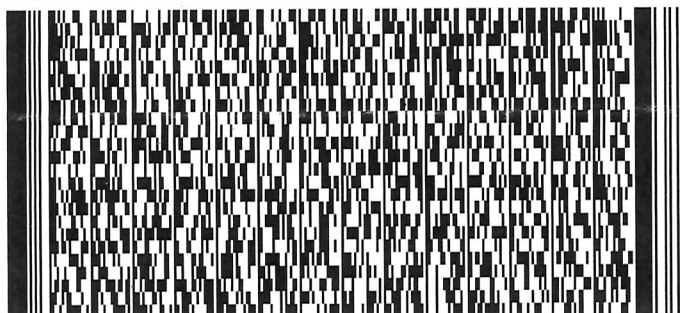
Name of Client 顧客姓名

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 (MFA)       | Block 9       | Defect see part 3                | 09/01/2026                        | 08/01/2027                       |
| 15             | Fire Detection System         | Block 9       | Defect see part 3                | 09/01/2026                        | 08/01/2027                       |
| 16             | Fire Hydrant/Hose Reel System | Block 9       | Conforms with F.S.D. requirement | 09/01/2026                        | 08/01/2027                       |
| 28             | Sprinkler System              | Block 9       | Defect see part 3                | 09/01/2026                        | 08/01/2027                       |
|                |                               |               |                                  |                                   |                                  |



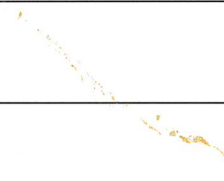
Serial Number

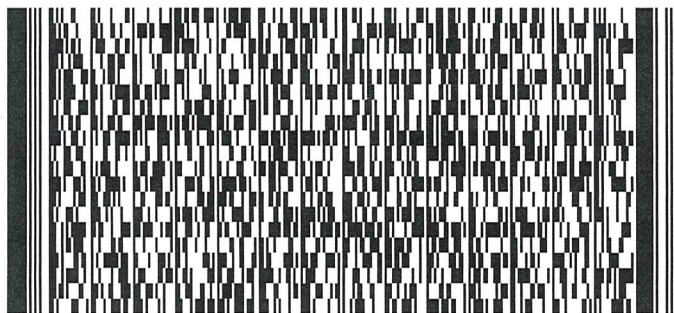
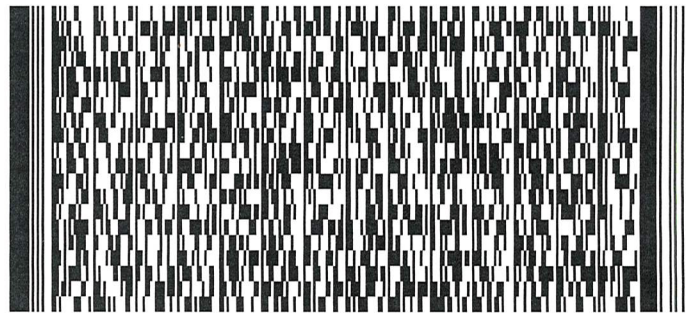
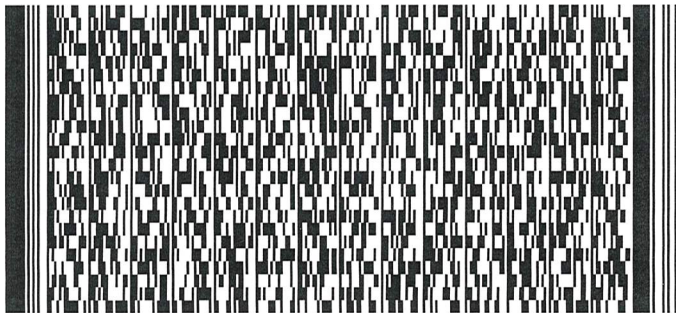
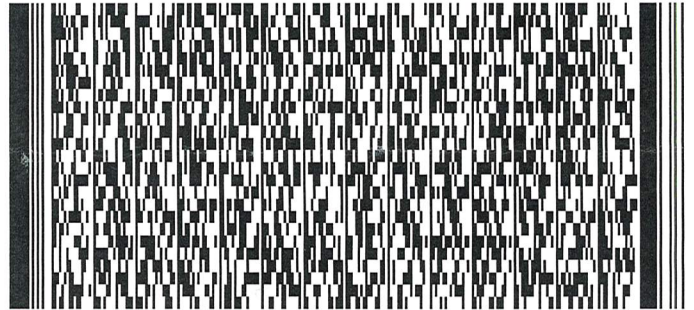
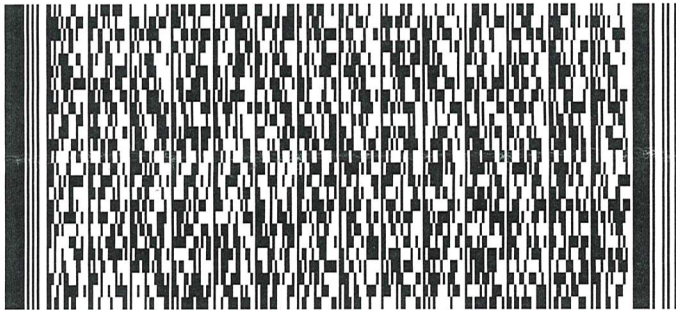
10556000021

Name of Client 顧客姓名

Pok Oi Hospital

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 |
|----------------|-------------------------|---------------|--|-------------------------|
| 13             | Fire Alarm System (MFA) | G/F           | F.S. Panel Stand by battery Damaged (2 nos.)                                       | Need to Replace         |
| 28             | Sprinkler System        | G/F           | 150mm Gate Valve & Micro Switch damaged(1 nos.)                                    | Need to Replace         |
| 28             | Sprinkler System        | G/F           | 150mm Sprinkler Control Valve damaged(1 nos.)                                      | Need to Replace         |
|                |                         |               |  |                         |
|                |                         |               |  |                         |

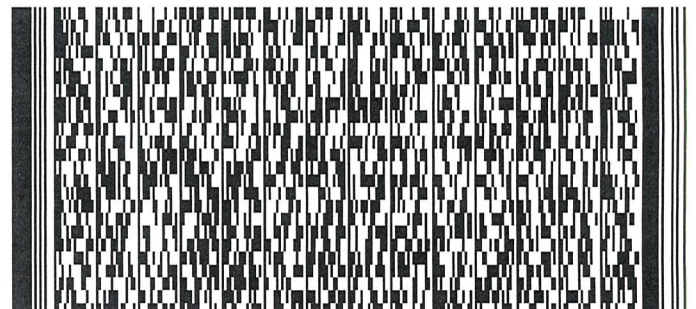
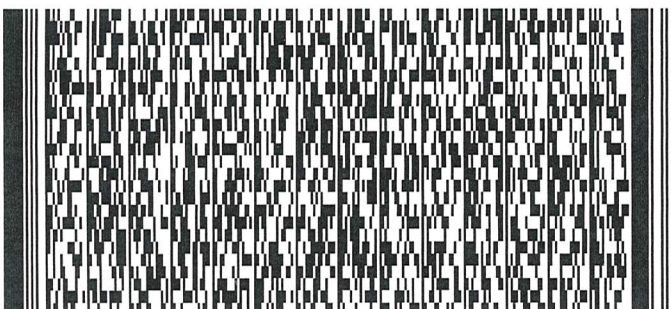
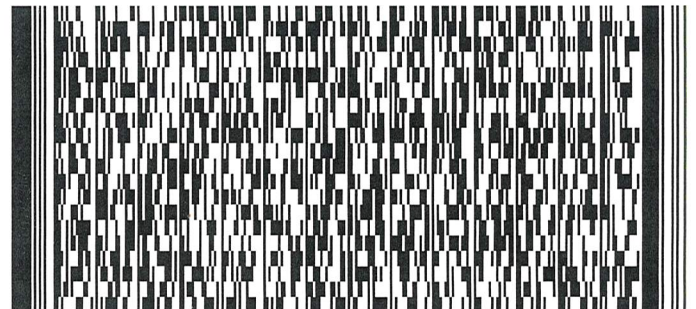
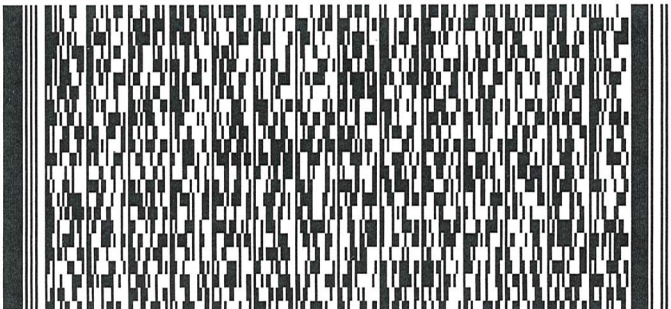
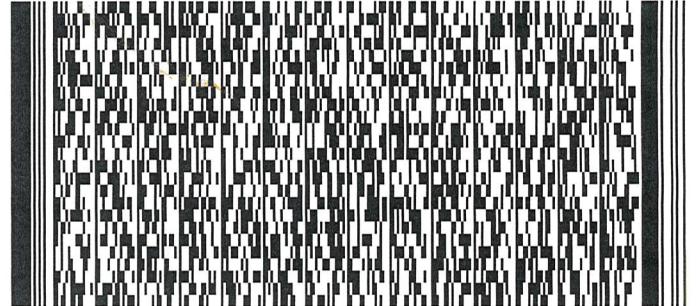
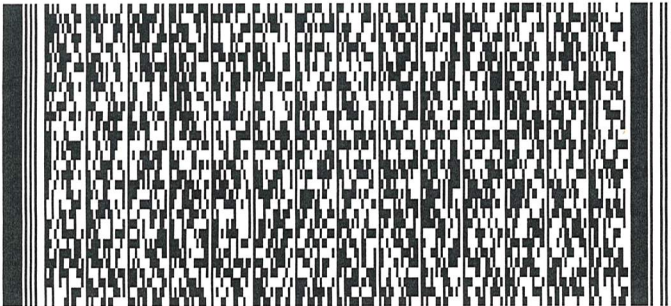
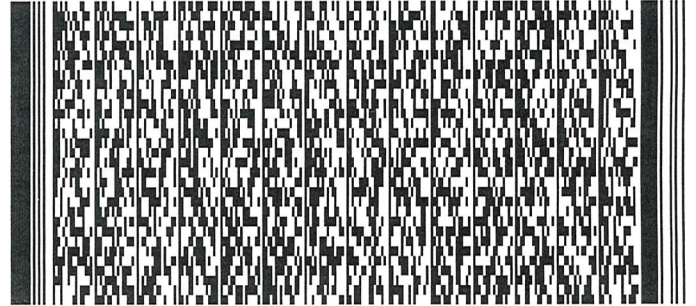
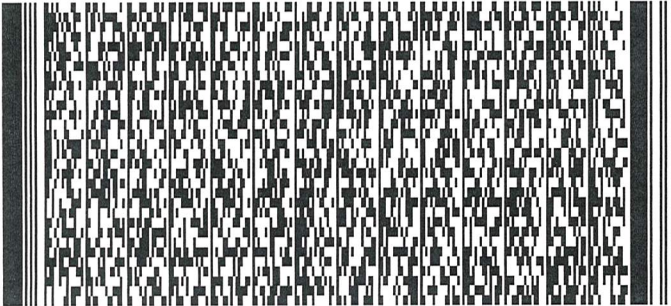


Serial Number

10556000021

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  
10599000667

Name of Client 顧客姓名

Pak Oi Hospital

Address 地址

Block 6, Transitional Housing Development, No.71 Kam Sheung Road, 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) |
|----------------|------------------|---------------|---------------------------|-----------------------------------|----------------------------------|
|                |                  |               |                           |                                   |                                  |
|                |                  |               |                           |                                   |                                  |

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 2068室   | 更換1個煙霧頭 (Brand:SIEMENS)(L31-157)   | Conforms with FSD requirement | 30/09/2025                        |
| 15             | Fire Detection System | 1/F(LOOP 31)、<br>3/F(LOOP 33)、<br>G/F(DOOR RELEASE) | 維修火警偵測器訊號線路                        | Conforms with FSD requirement | 30/09/2025                        |

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

Yu Ming Tak

FSD/RC No.: 消防處註冊號碼

RC1 / 0599 RC2 / 0787

Company Name: 公司名稱

保誠企業(香港)有限公司

Telephone: 聯絡電話

Date: 日期

03/10/2025

For FSD use only

Inspected

Key-in

Verified

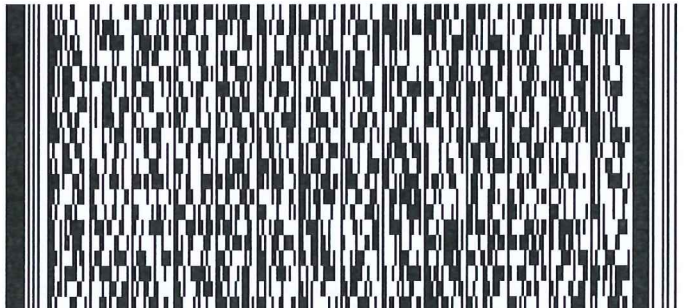
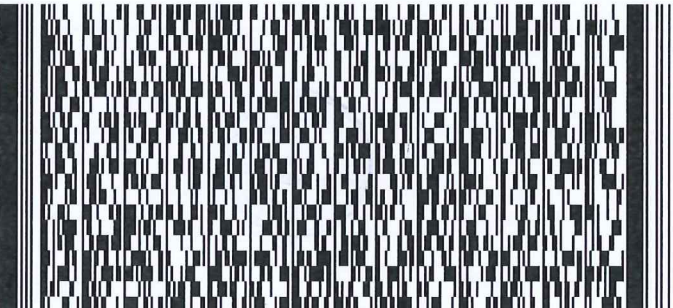
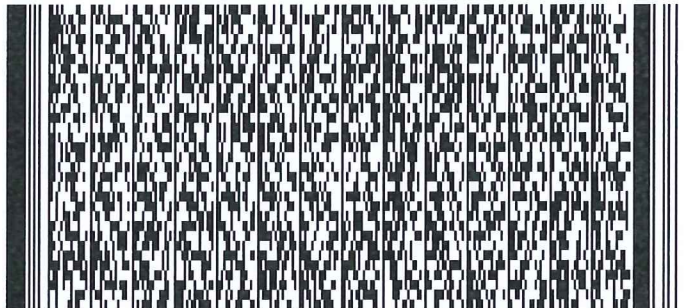
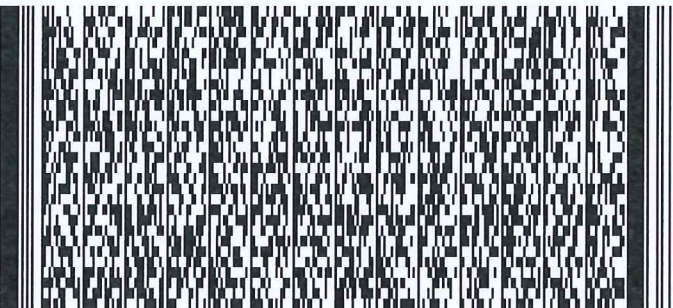
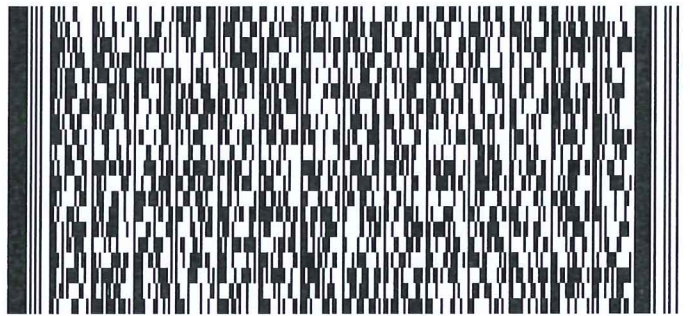
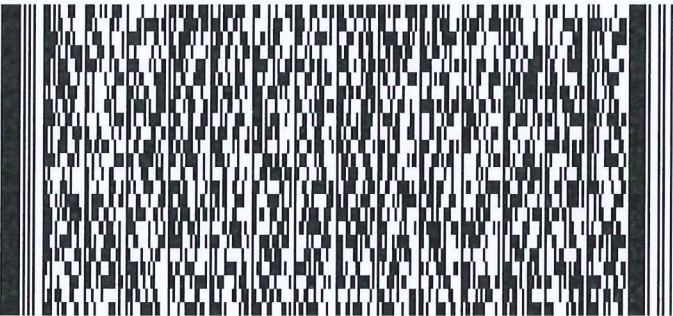
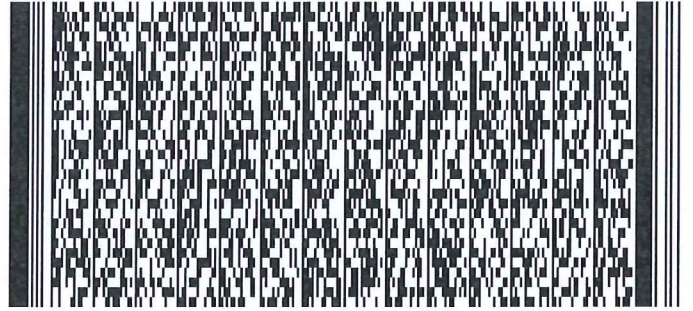
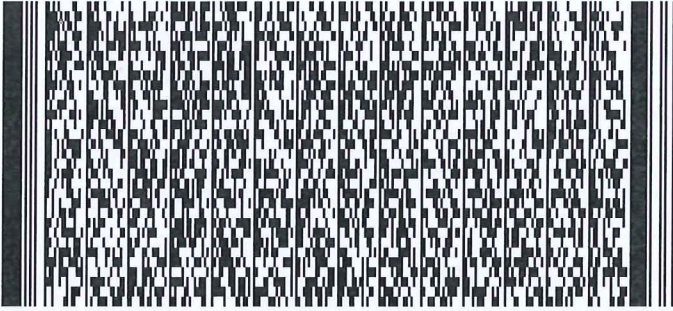


Serial Number

10599000667

Name of Client 顧客姓名

Pak 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  
10599 000668

Name of Client 顧客姓名  
Pak Oi Hospital

Address 地址  
Block 7, Transitional Housing Development, No.71 Kam Sheung Road, 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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|----------------|------------------|---------------|---------------------------|-----------------------------------|----------------------------------|
|                |                  |               |                           |                                   |                                  |
|                |                  |               |                           |                                   |                                  |

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 2082室                 | 更換1個煙霧頭 (Brand:SIEMENS)(L35-092)   | Conforms with FSD Requirements | 30/09/2025                        |
| 15             | Fire Detection System | 1/F(LOOP 34)、3/F(LOOP 35) | 維修火警偵測器訊號線路                        | Conforms with FSD Requirements | 30/09/2025                        |

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

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Authorized Signature: 受權人簽署

Name: 姓名

保誠企業(香港)有限公司  
Yu Ming Tak

FSD/RC No.: 消防處註冊號碼

RC1 / 0599 RC2 / 0787

Company Name: 公司名稱

保誠企業(香港)有限公司

Telephone: 聯絡電話

Date: 日期

03/10/2025

For FSD use only

Inspected

Key-in

Verified

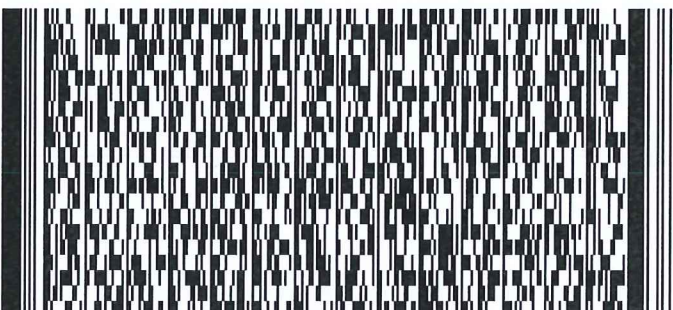
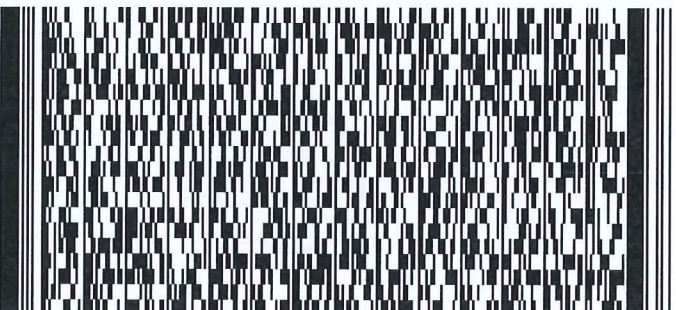
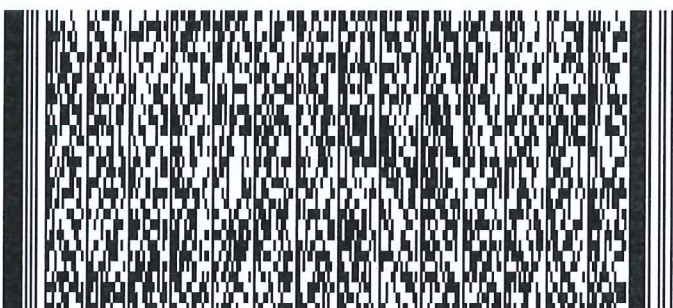
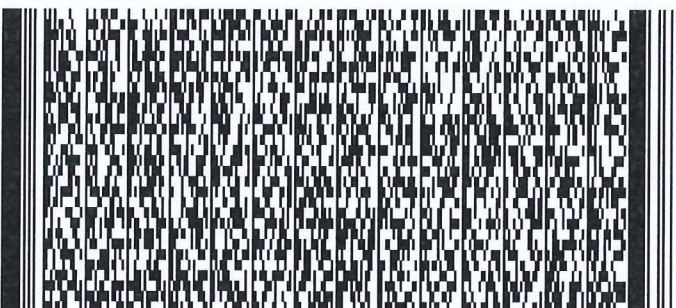
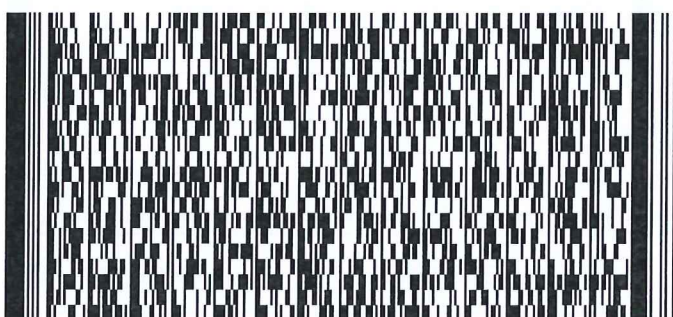
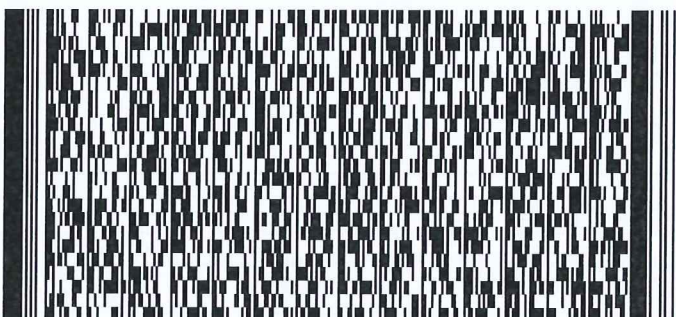
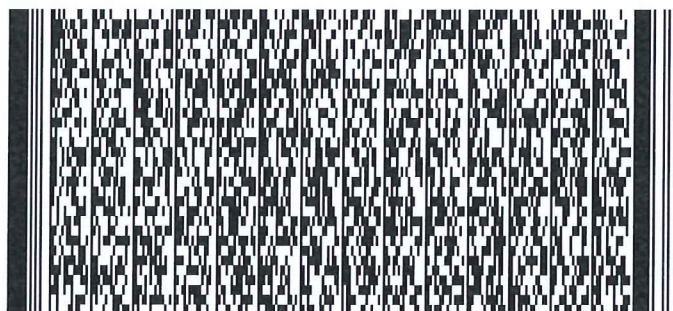
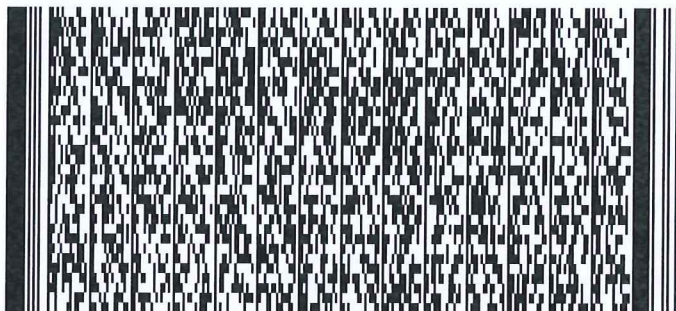


Serial Number

10599 000668

Name of Client 顧客姓名

Pak 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.:   
消防處檔號

Serial Number  
10599000672

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

Name of Client 顧客姓名

Pak Oi Hospital

Address 地址

Block 6, Transitional Housing Development, No.71 Kam Sheung Road, 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) |
|----------------|------------------|---------------|---------------------------|-----------------------------------|----------------------------------|
|                |                  |               |                           |                                   |                                  |
|                |                  |               |                           |                                   |                                  |

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 | 2040 Room     | 檢查火警偵測器                            | Conforms with FSD requirement (Defects see part 3) | 30/09/2025                        |
|                |                       |               |                                    |  |                                   |

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 | 2040 Room     | 1個煙霧頭損壞                  | Need to replace         |
|                |                       |               |                          |                         |

Remark 備註

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Authorized Signature:   
受權人簽署  
Name: 姓名  
Yu Ming Tak



FSD/RC No.: 消防處註冊號碼 RC1 / 0599 RC2 / 0787

Company Name: 公司名稱 保誠企業(香港)有限公司

Telephone: 聯絡電話

Date: 日期 03/10/2025

For FSD use only  
Inspected   
Key-in   
Verified

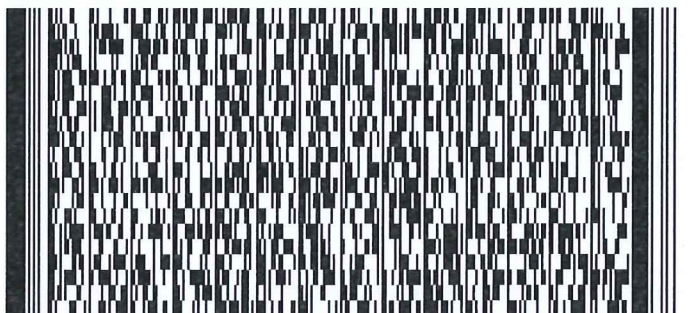
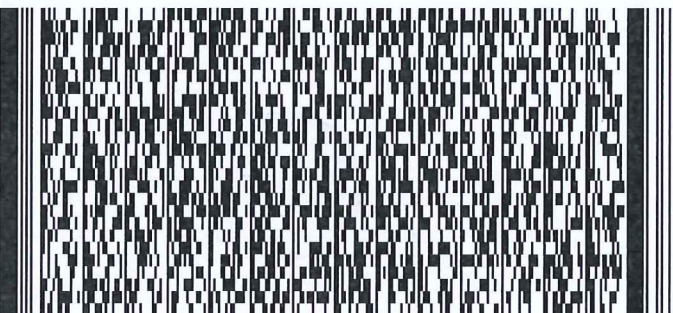
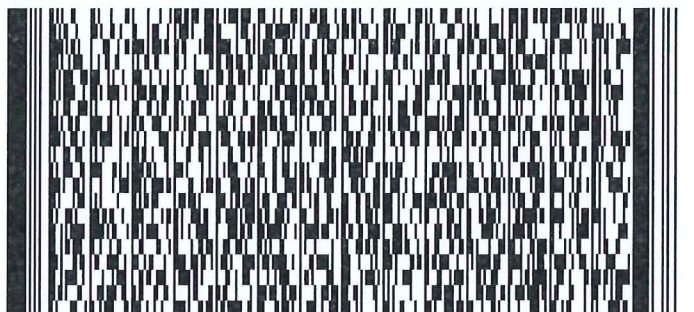
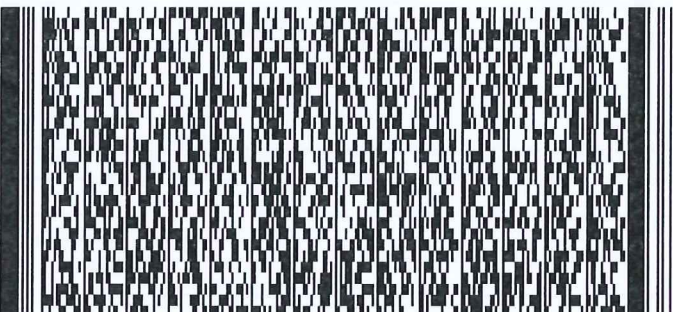
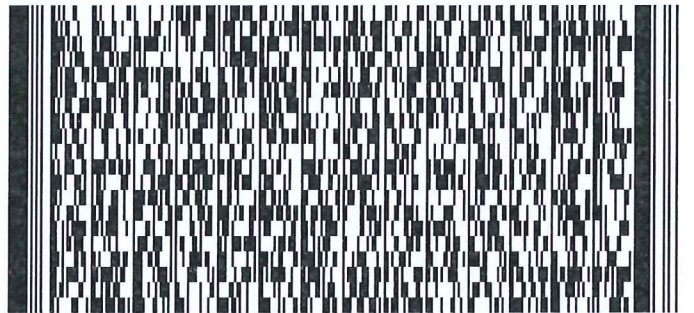
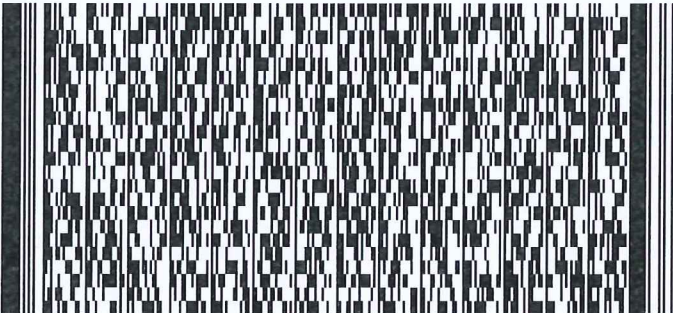
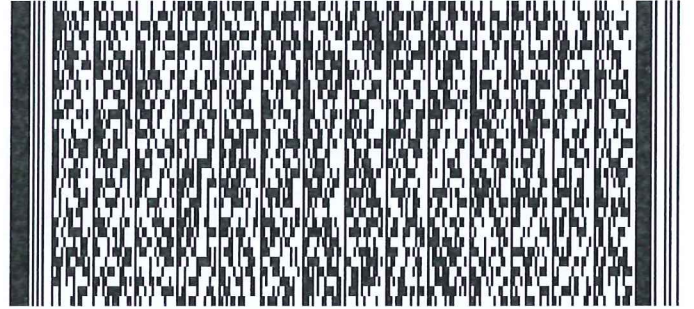
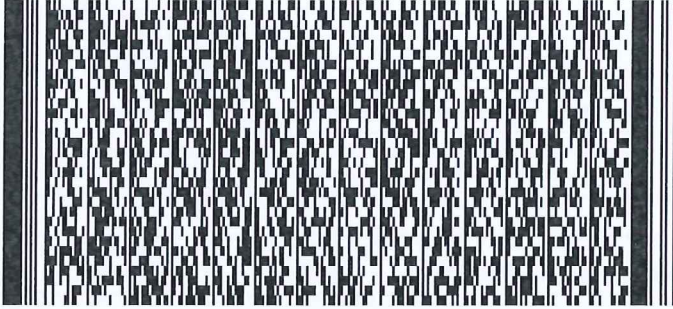


Serial Number

10599000672

Name of Client 顧客姓名

Pak 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  
10599 000673

Name of Client 顧客姓名

Pak Oi Hospital

Address 地址

Block 7, Transitional Housing Development, No.71 Kam Sheung Road, 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 | 1009 Room, 2004 Room, 2079 Room | 檢查火警偵測器                            | Conforms with FSD requirement (Defects see part 3) | 30/09/2025                        |
|                |                       |                                 |                                    |  |                                   |

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 | 1009 Room, 2004 Room, 2079 Room | 3個煙霧頭損壞                  | Need to replace         |
|                |                       |                                 |                          |                         |

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

Yu Ming Tak

FSD/RC No.: 消防處註冊號碼

RC1 / 0599 RC2 / 0787

Company Name: 公司名稱

保誠企業(香港)有限公司

Telephone: 聯絡電話

Date: 日期

03/10/2025

For FSD use only

Inspected

Key-in

Verified

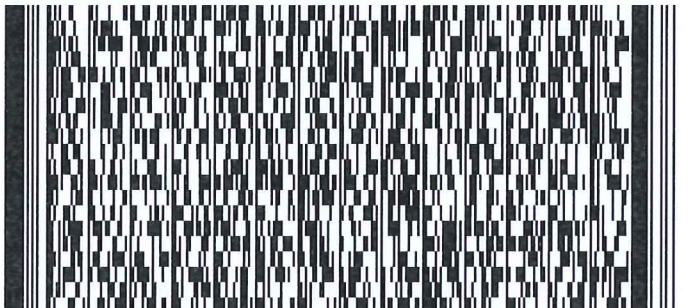
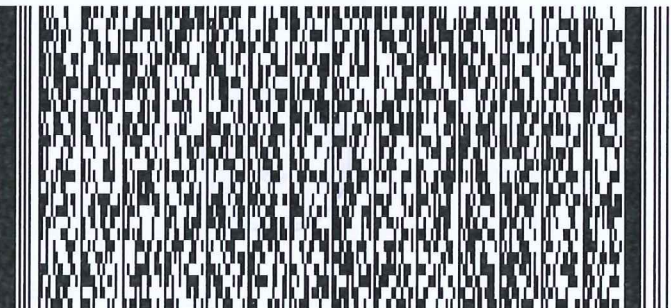
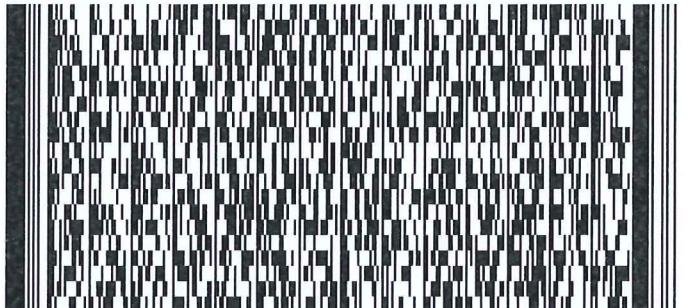
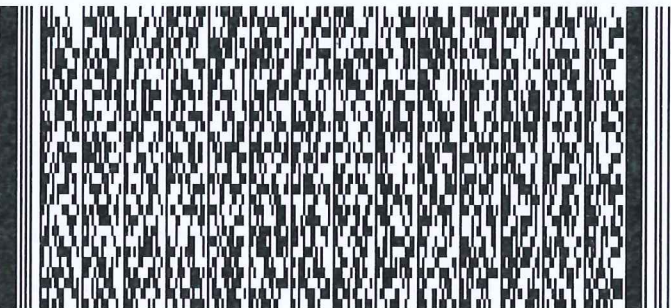
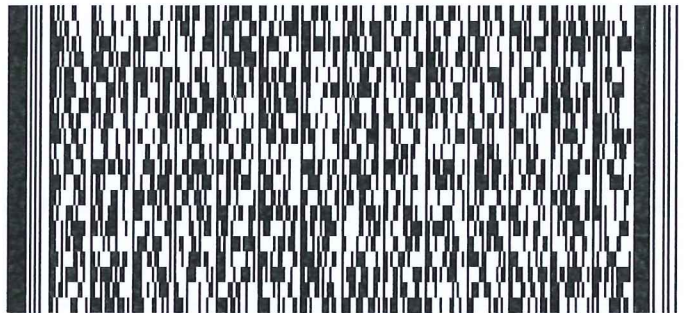
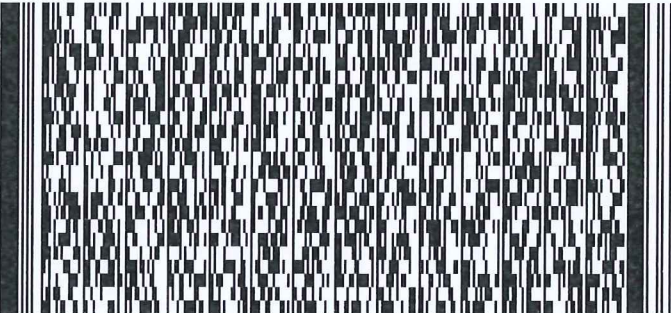
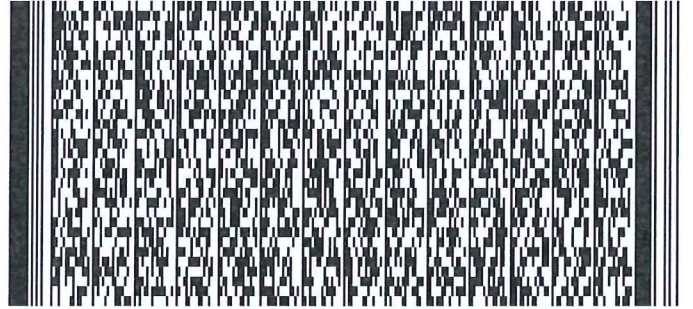
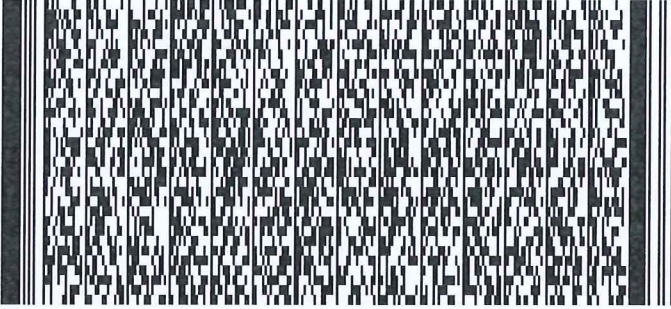


Serial Number

10599000673

Name of Client 顧客姓名

Pak 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  
10599 000711

Name of Client 顧客姓名

Pak Oi Hospital

Address 地址

Block 9, Transitional Housing Development, No.71 Kam Sheung Road, Yuen Long



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)       | G/F           | 維修Panel Loop線路                     | Conforms with FSD Requirements | 11/10/2025                        |
| 16             | Fire Hydrant/Hose Reel System | 1/F 消防泵房      | 更換1個回缸喉50mm安全閥                     | Conforms with FSD Requirements | 11/10/2025                        |

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。

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



Yu Ming Tak

FSD/RC No.: 消防處註冊號碼

RC1 / 0599 RC2 / 0787

Company Name: 公司名稱

保誠企業(香港)有限公司

Telephone: 聯絡電話

Date: 日期

13/10/2025

For FSD use only

Inspected

Key-in

Verified



Serial Number

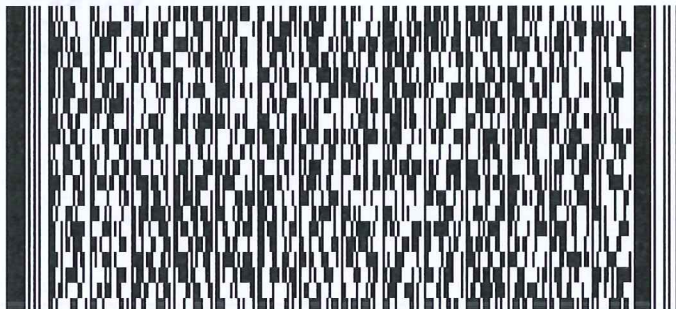
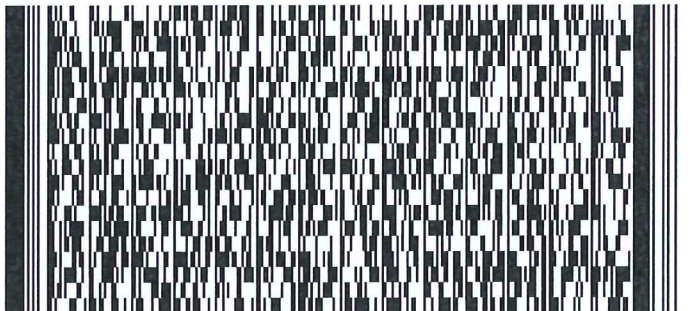
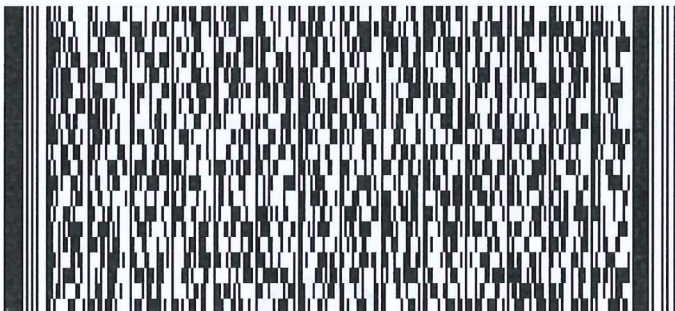
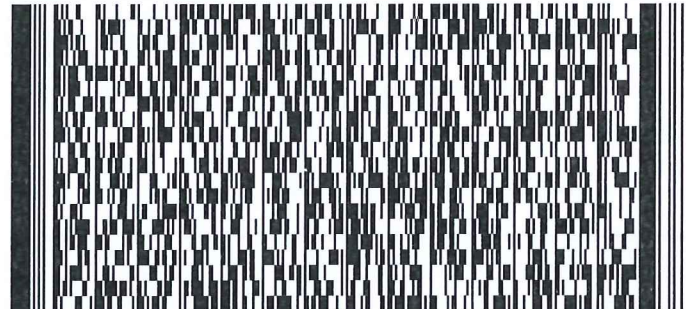
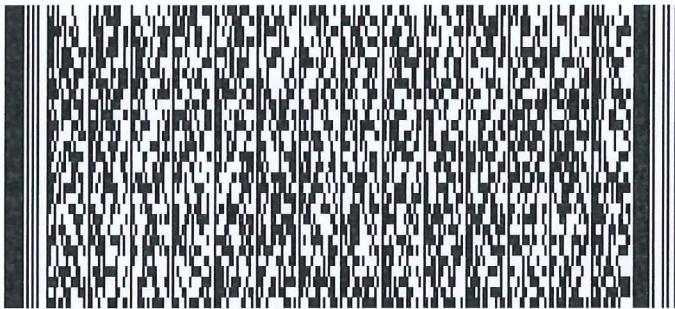
10599000711

Name of Client 顧客姓名

Pak Oi Hospital

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 1027室     | 更換1個煙霧頭 (Brand:SIEMENS)(L40-027)   | Conforms with FSD Requirements | 11/10/2025                        |
|                |                       |               |                                    |                                |                                   |
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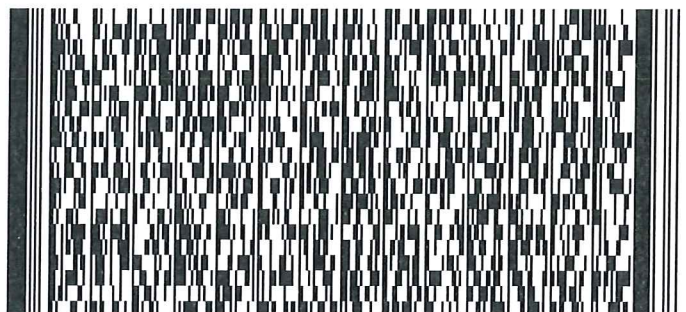
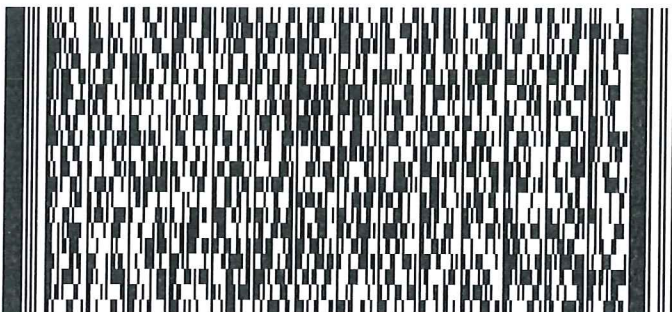
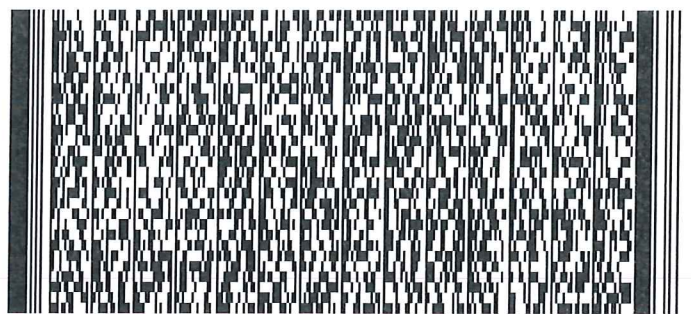
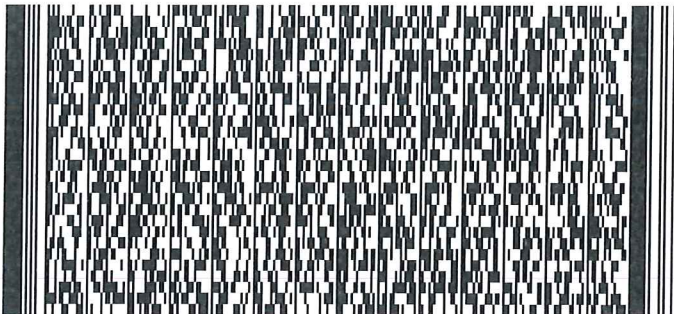
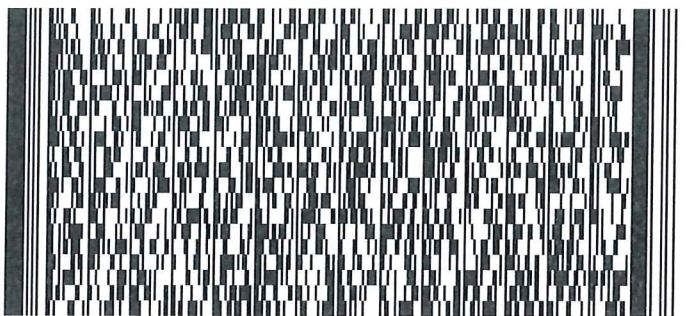
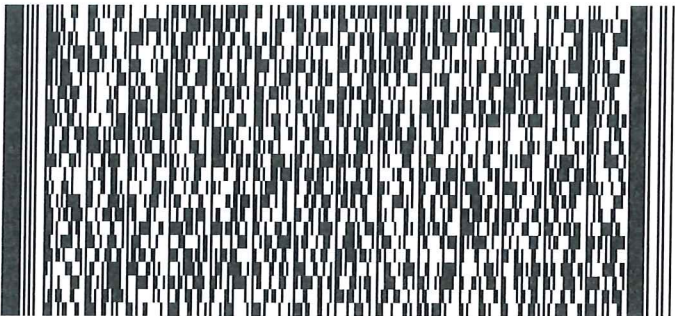
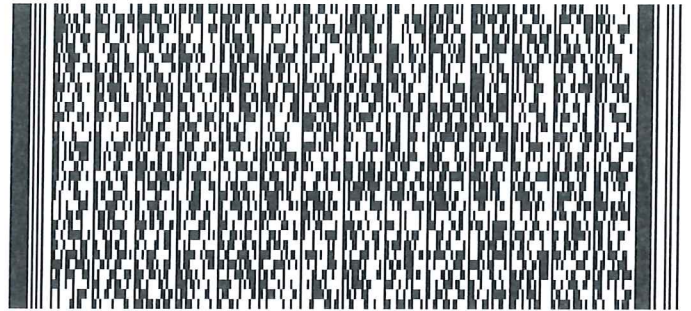
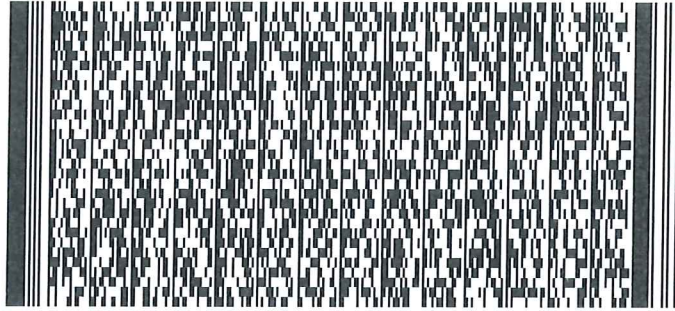


Serial Number

10599000711

Name of Client 顧客姓名

Pak 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  
30853 001724

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Block 1, 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

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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) |
|----------------|------------------|---------------|---------------------------|-----------------------------------|----------------------------------|
|                |                  |               |                           |                                   |                                  |
|                |                  |               |                           |                                   |                                  |

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) |
|----------------|------------------|---------------|------------------------------------|---------------------------|-----------------------------------|
| 24             | 手提滅火筒            | G/F 電掣房       | 更換 5KG CO2 滅火筒 (1支)                | 符合消防處規定                   | 11/03/2026                        |
| 24             | 手提滅火筒            | G/F 垃圾房       | 更換 9L 水劑滅火筒 (1支)                   | 符合消防處規定                   | 11/03/2026                        |

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  
Defects FS251 No. 30853 001183

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.

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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:

Name: 姓名

CHENG Kit-man

FSD/RC No.: 消防處註冊號碼

RC3 / 0853 RC /

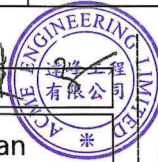
Company Name: 公司名稱

CHENG Kit-man

Telephone: 聯絡電話

Date: 日期

12/03/2026



For FSD use only

Inspected

Key-in

Verified

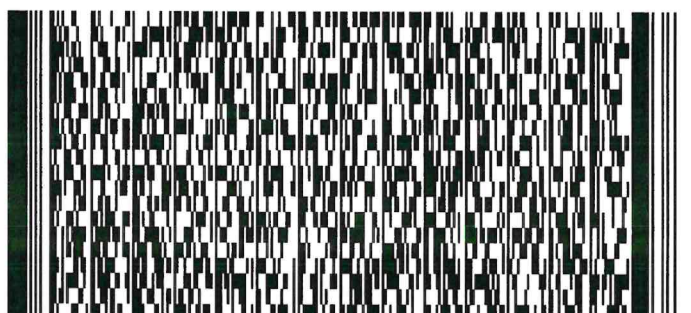
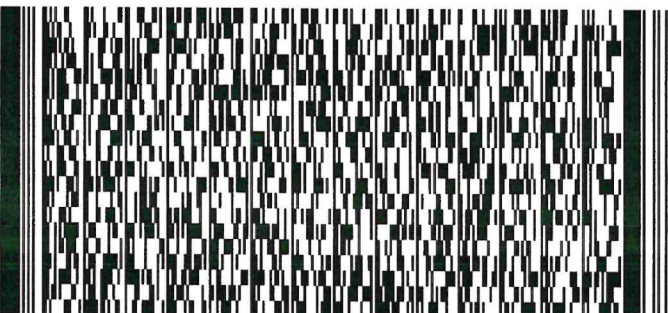
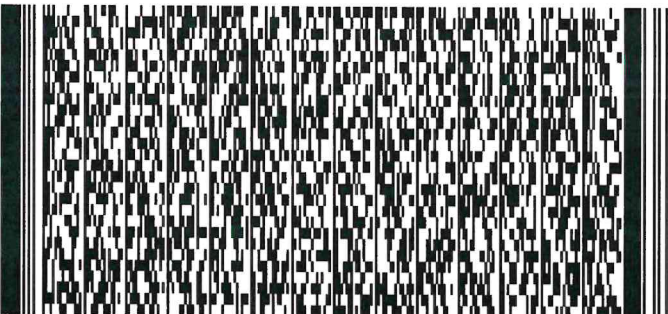
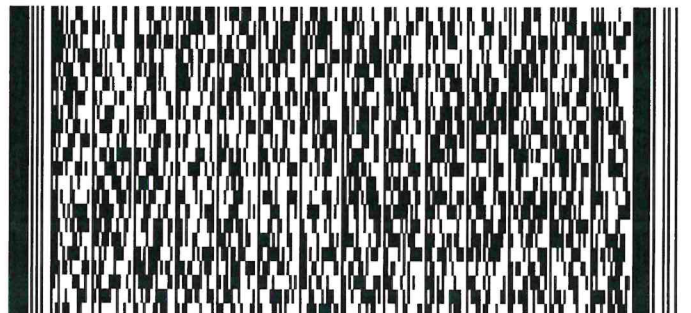
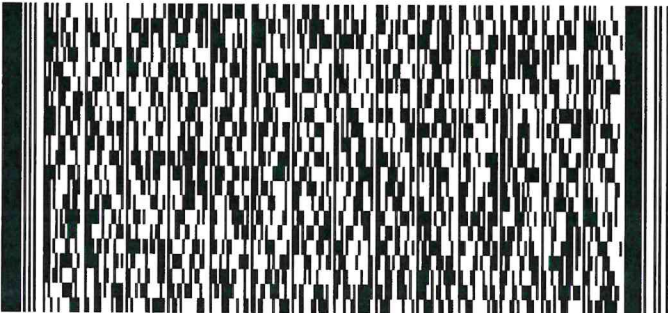
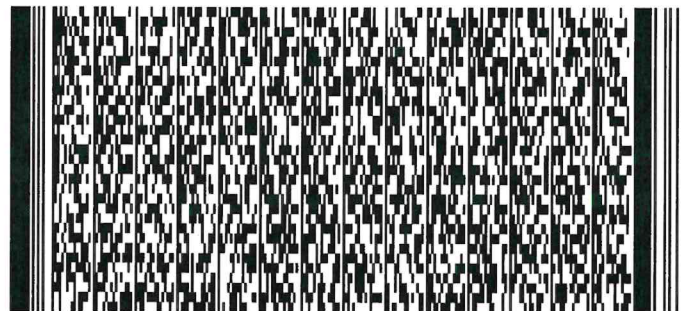
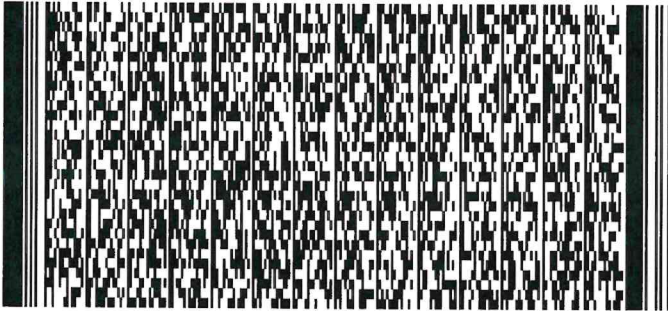


Serial Number

30853001724

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  
30853 001725

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Block 2, 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) |
|----------------|------------------|---------------|------------------------------------|---------------------------|-----------------------------------|
| 24             | 手提滅火筒            | 1/F 電訊房       | 更換 5KG CO2 滅火筒 (1支)                | 符合消防處規定                   | 11/03/2026                        |
|                |                  |               |                                    |                           |                                   |

**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  
Defects FS251 No. 30853 001184

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。

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:

Name: CHENG Kit-man

FSD/RC No.: RC3 / 0853 RC /

Company Name: CHENG Kit-man

Telephone:

Date: 12/03/2026



For FSD use only

Inspected

Key-in

Verified

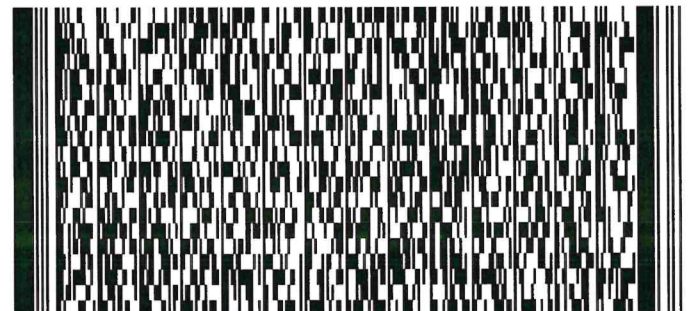
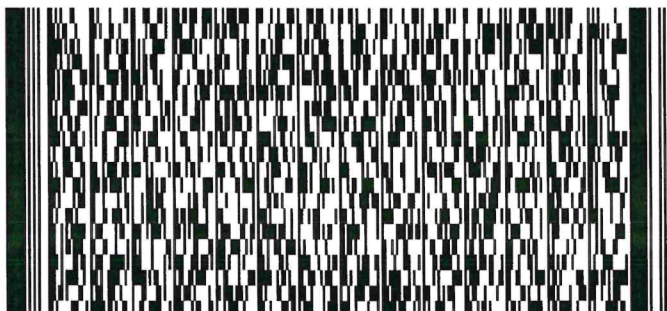
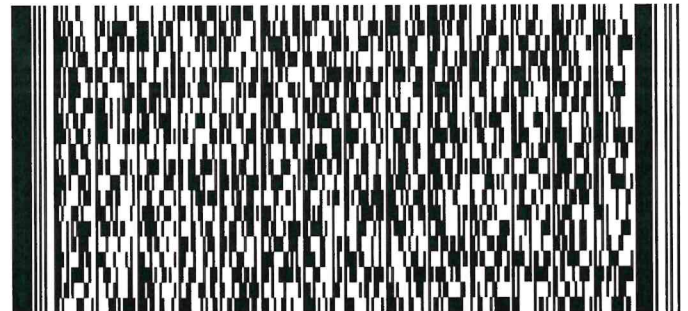
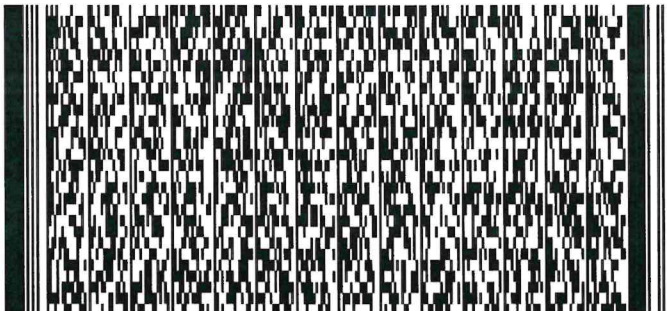
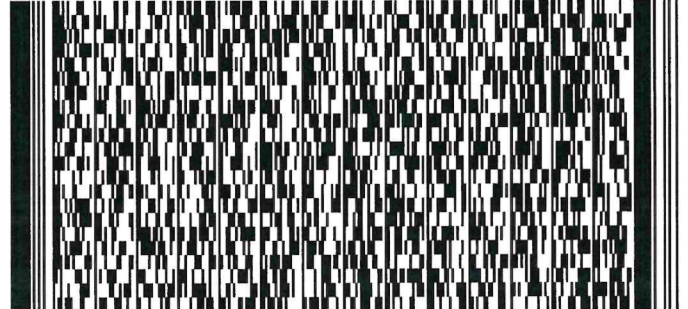
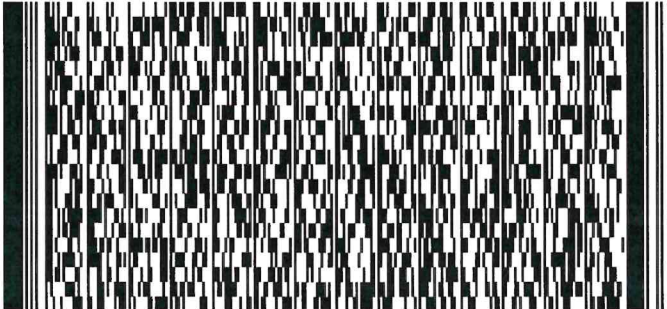
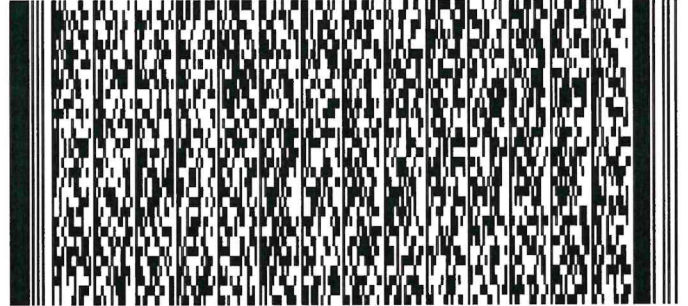
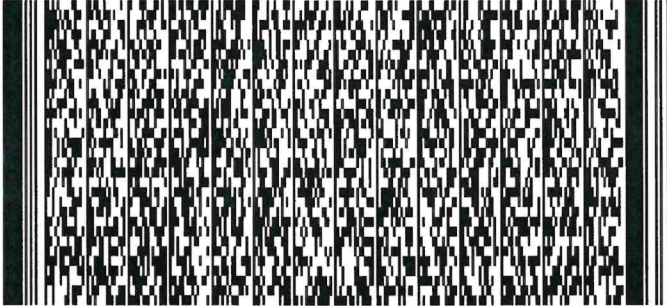


Serial Number

30853 001725

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  
10430 005602

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

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



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             | 火警警報系統           | G/F走廊 L1-48,<br>G/F ELV L1-55          | 更換消防掣手 (2套)                        | 符合消防處規定                   | 11/03/2026                        |
| 13             | 火警警報系統           | 1/F 2001 HR L1-110,<br>1/F ST-1 L1-111 | 更換消防掣手 (2套)                        | 符合消防處規定                   | 11/03/2026                        |

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  
Defects FS251 No. 10430 004738

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:

Name: 姓名

Cheung Chi Shueng, Tom

FSD/RC No.: 消防處註冊號碼

RC1 / 0430 RC2 / 0596

Company Name: 公司名稱

ACME Engineering Limited

Telephone: 聯絡電話

Date: 日期

12/03/2026



For FSD use only

Inspected

Key-in

Verified



Serial Number

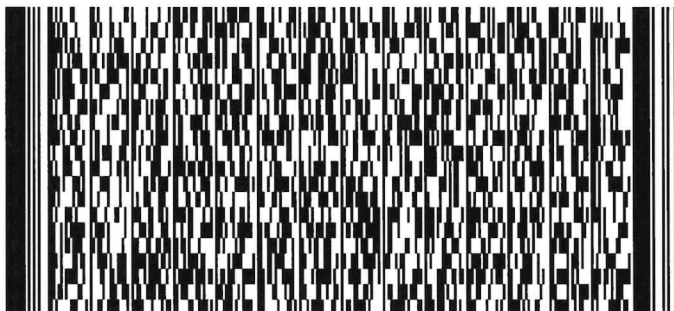
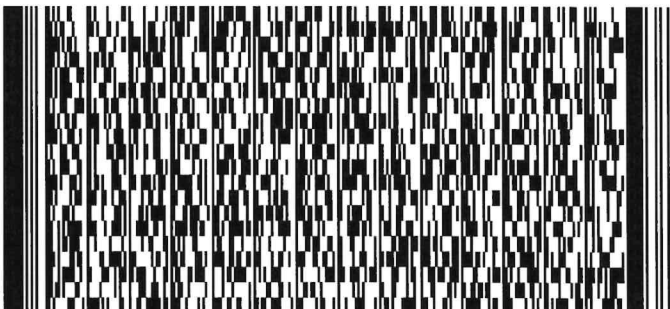
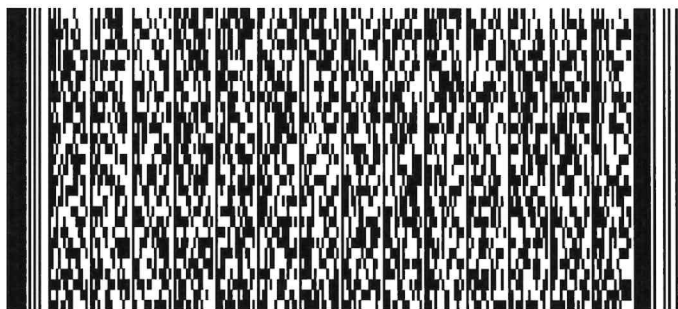
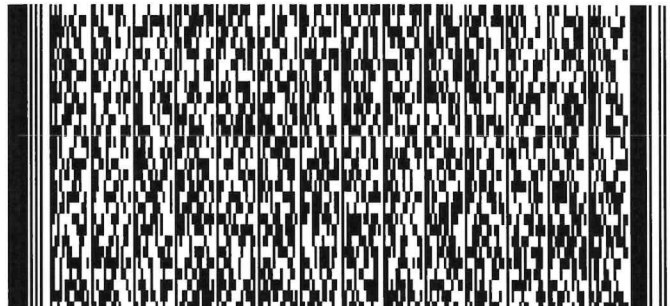
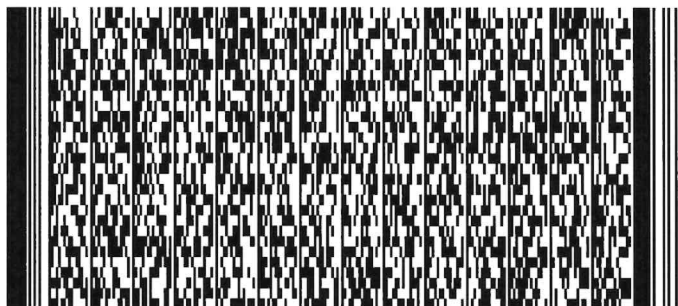
10430 005602

Name of Client 顧客姓名

Pok Oi Hospital

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             | 火警偵測系統           | G/F 1001 L1-160,<br>G/F 電壓房旁 L1-159, | 更換煙霧感應器 (2套)                       | 符合消防處規定                   | 11/03/2026                        |
| 15             | 火警偵測系統           | 1/F 2029 L1-103                      | 更換煙霧感應器 (1套)                       | 符合消防處規定                   | 11/03/2026                        |
| 15             | 火警偵測系統           | 1/F 2007 L1-67                       | 更換煙霧感應器連<br>發聲底座 (1套)              | 符合消防處規定                   | 11/03/2026                        |
|                |                  |                                      |                                    |                           |                                   |
|                |                  |                                      |                                    |                           |                                   |

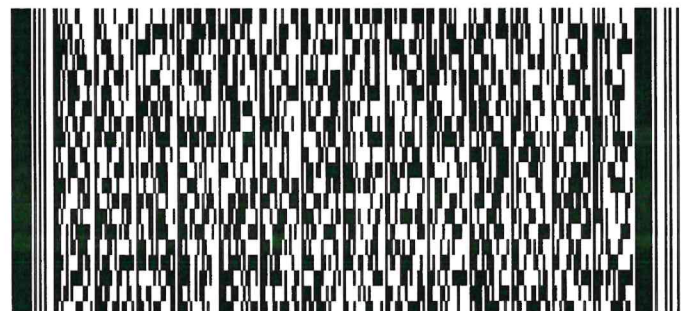
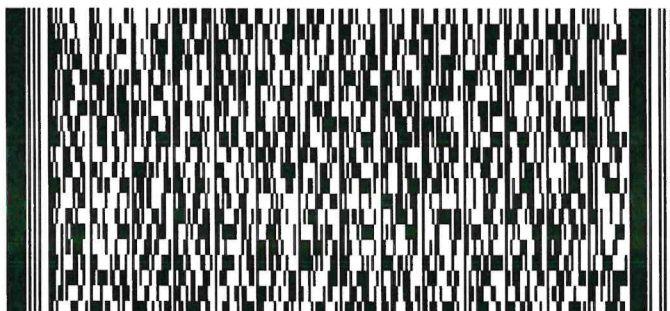
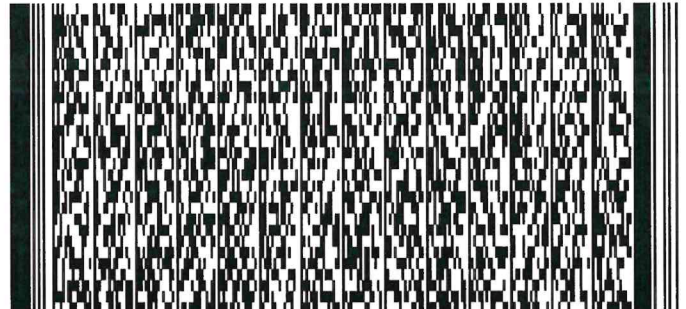
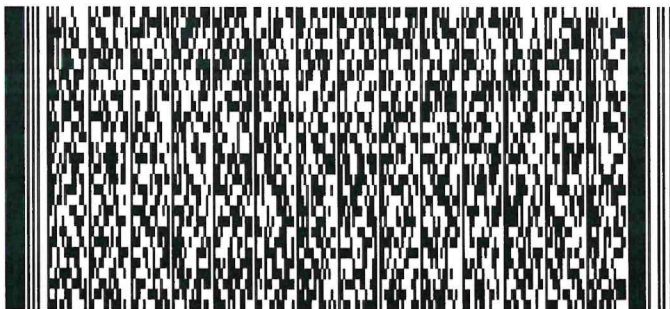
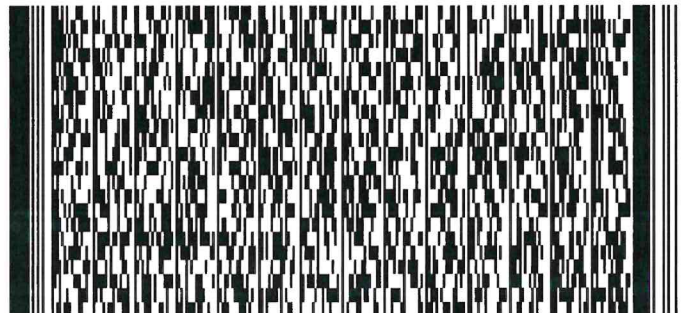
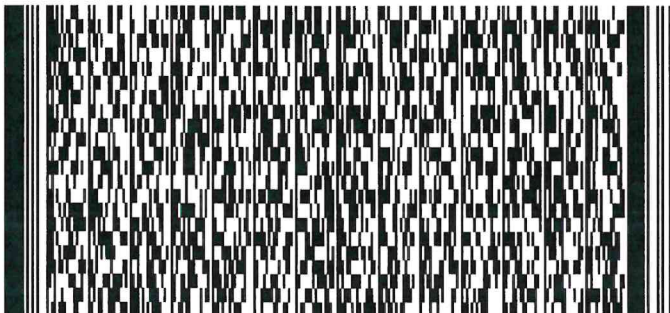
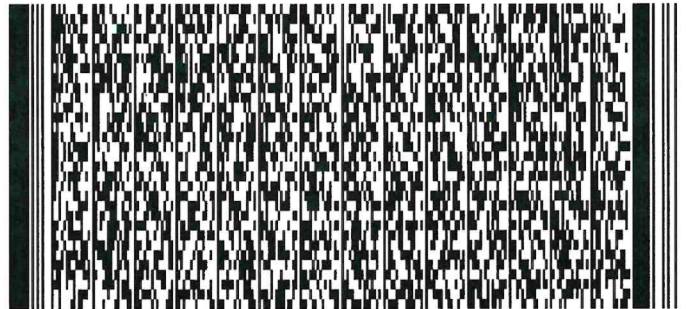
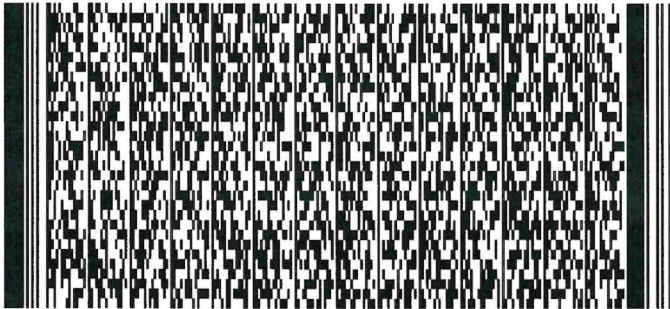


Serial Number

10430005602

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  
10430 005603

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Block 2, 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             | 火警警報系統           | 2024旁,<br>3/F 4033 L4-123,<br>3/F 4042 L4-124           | 更換消防拎手 (3套)                        | 符合消防處規定                   | 11/03/2026                        |
| 15             | 火警偵測系統           | 3/F 4006 L4-111,<br>3/F 4014 L4-112,<br>3/F 4020 L4-113 | 更換煙霧感應器 (3套)                       | 符合消防處規定                   | 11/03/2026                        |

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  
Defects FS251 No. 10430 004739

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。

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:

Name: 姓名

Cheung Chi Shung, Tom

FSD/RC No.: 消防處註冊號碼

RC1 / 0430 RC2 / 0596

Company Name: 公司名稱

ACME Engineering Limited

Telephone: 聯絡電話

Date: 日期

12/03/2026

For FSD use only

Inspected

Key-in

Verified



Serial Number

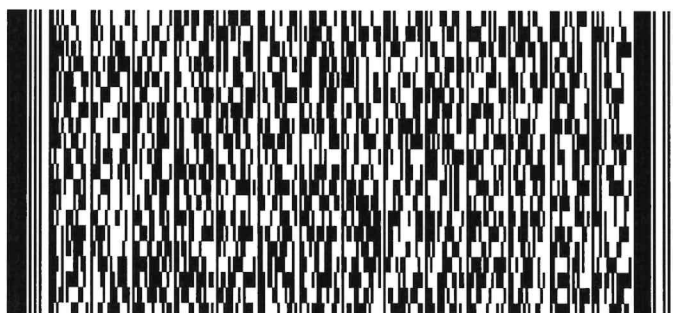
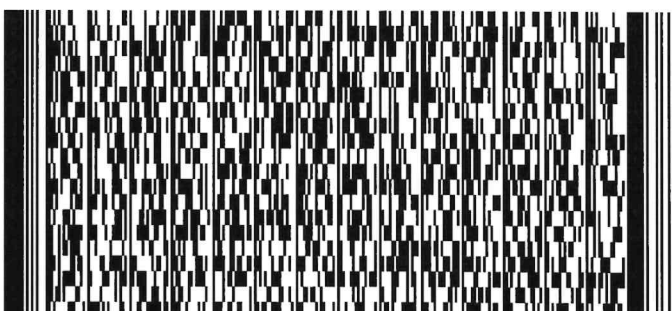
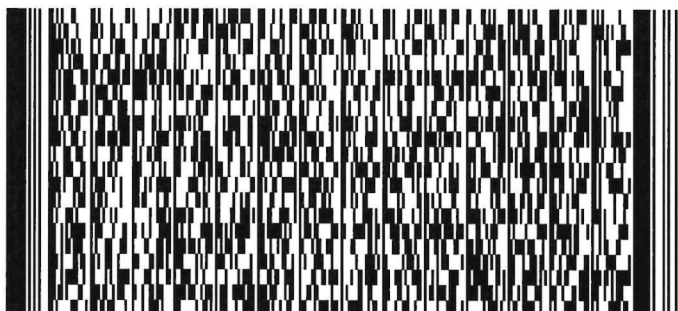
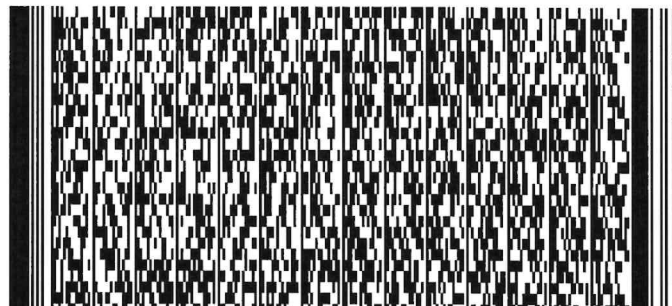
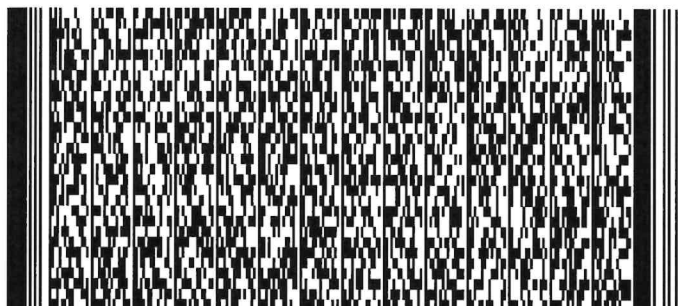
10430 005603

Name of Client 顧客姓名

Pok Oi Hospital

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             | 火警偵測系統           | 3/F 4028 L4-114,<br>3/F 4032 L4-115,<br>3/F 4037 L4-116 | 更換煙霧感應器 (3套)                       | 符合消防處規定                   | 11/03/2026                        |
| 15             | 火警偵測系統           | 3/F 4041 L4-117,<br>3/F 4044 L4-118                     | 更換煙霧感應器 (2套)                       | 符合消防處規定                   | 11/03/2026                        |
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|                |                  |   |                                    |                           |                                   |
|                |                  |   |                                    |                           |                                   |

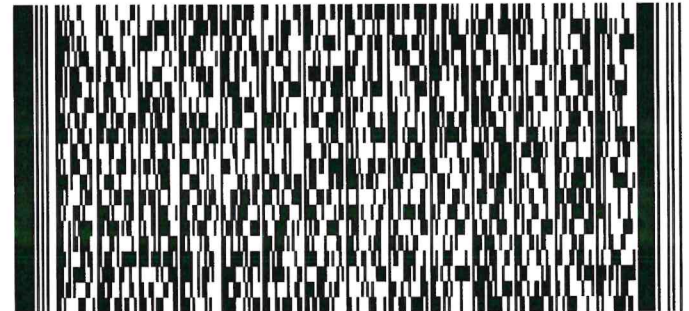
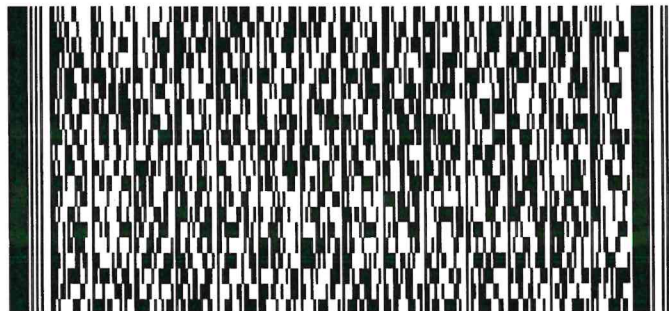
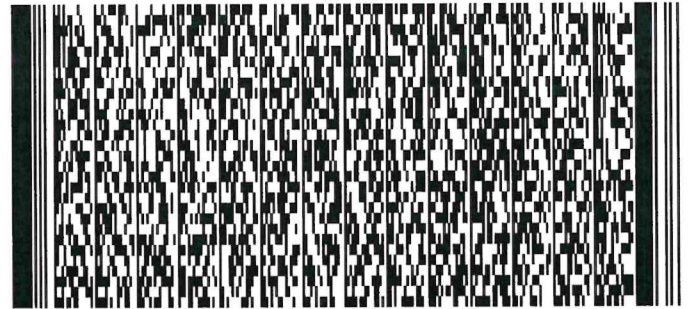
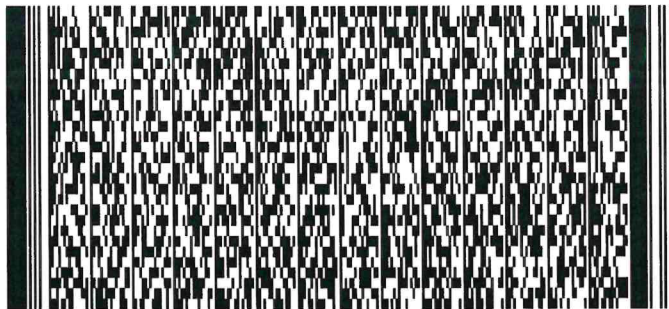
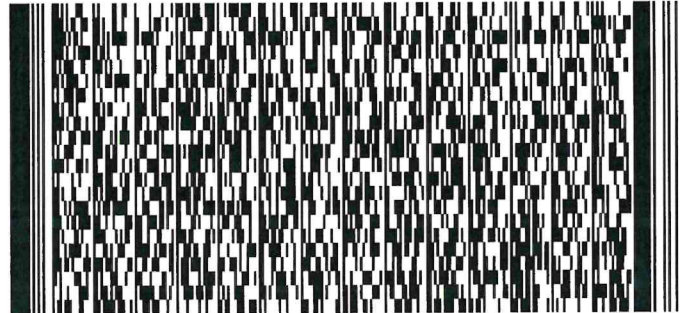
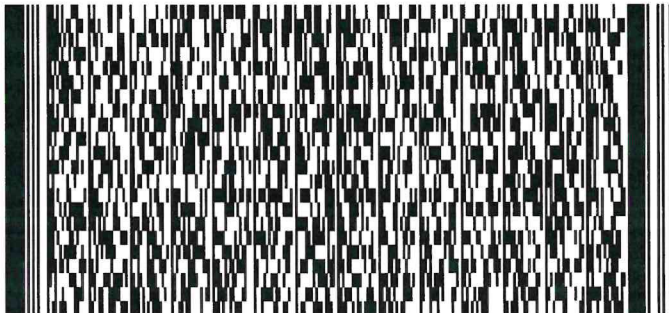
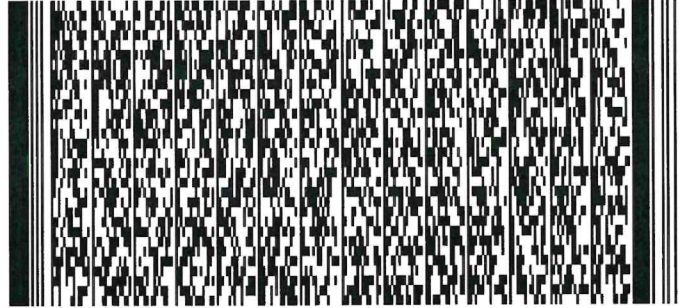
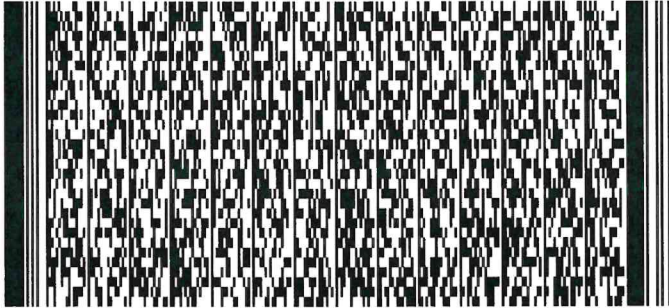


Serial Number

10430 005603

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  
10430 005604

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Block 3, 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             | 火警警報系統           | G/F ST3 L5-70,<br>G/F 1018 L5-072   | 更換消防掣手 (2套)                        | 符合消防處規定                   | 11/03/2026                        |
| 13             | 火警警報系統           | 3/F 4011 L6-141,<br>3/F 4010 L6-140 | 更換消防掣手 (2套)                        | 符合消防處規定                   | 11/03/2026                        |

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  
Defects FS251 No. 10430 004740

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:

Name: 姓名

Cheung Chi Shueng, Tom

FSD/RC No.: 消防處註冊號碼

RC1 / 0430 RC2 / 0596

Company Name: 公司名稱

ACME Engineering Limited

Telephone: 聯絡電話

Date: 日期

12/03/2026



For FSD use only

Inspected

Key-in

Verified



Serial Number

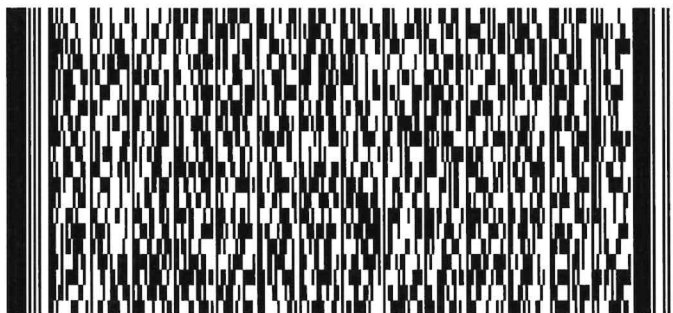
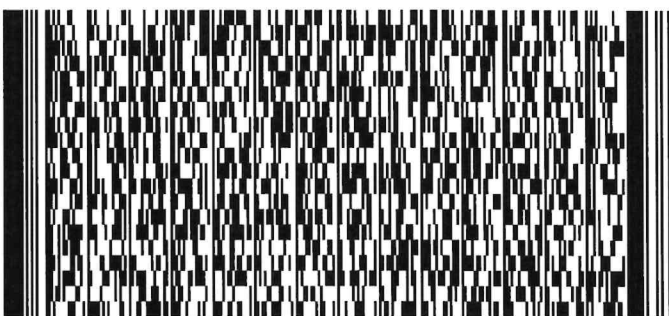
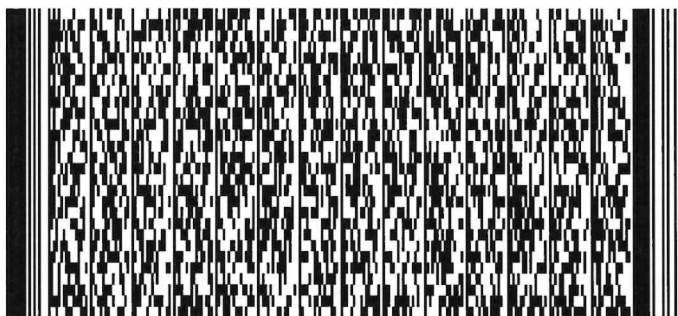
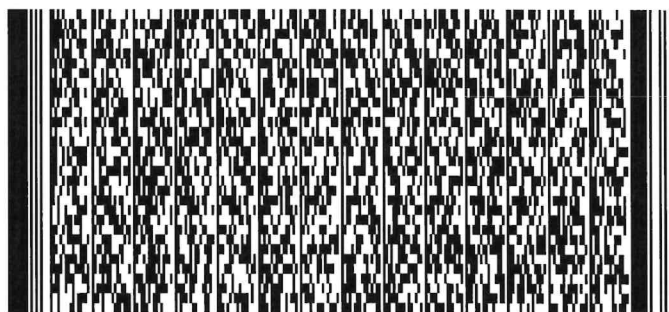
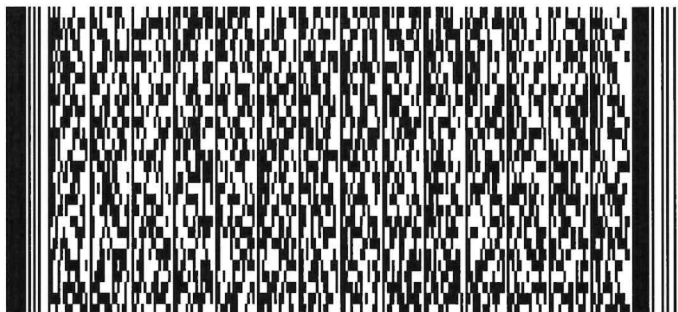
10430 005604

Name of Client 顧客姓名

Pok Oi Hospital

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             | 火警偵測系統           | G/F 1018 L5-52                      | 更換煙霧感應器 (1套)                       | 符合消防處規定                   | 11/03/2026                        |
| 15             | 火警偵測系統           | 2/F 3029 L6-029,<br>2/F 3005 L6-005 | 更換煙霧感應器連<br>發聲底座 (2套)              | 符合消防處規定                   | 11/03/2026                        |
| 16             | 消防栓/喉轆系統         | 消防泵房                                | 更換2吋回缸閥 (1套)                       | 符合消防處規定                   | 11/03/2026                        |
|                |                  |                                     |                                    |                           |                                   |
|                |                  |                                     |                                    |                           |                                   |

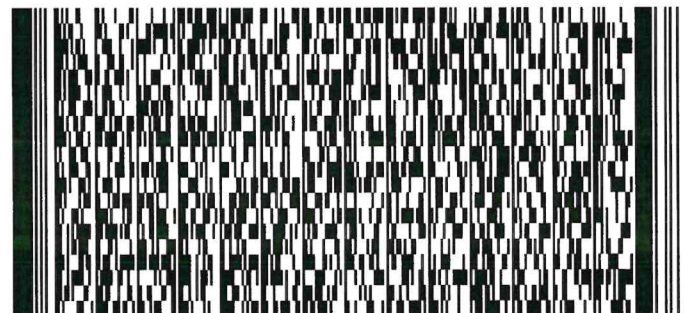
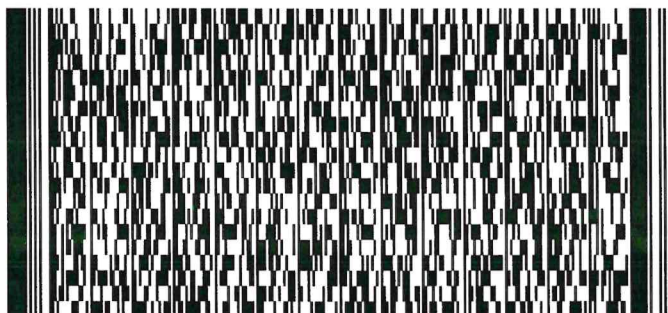
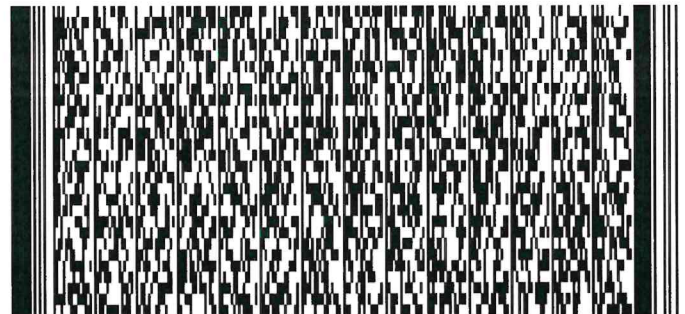
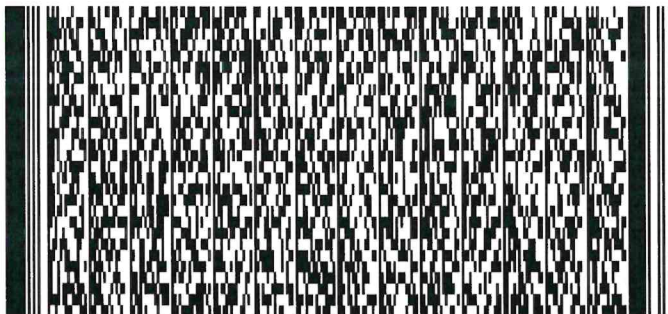
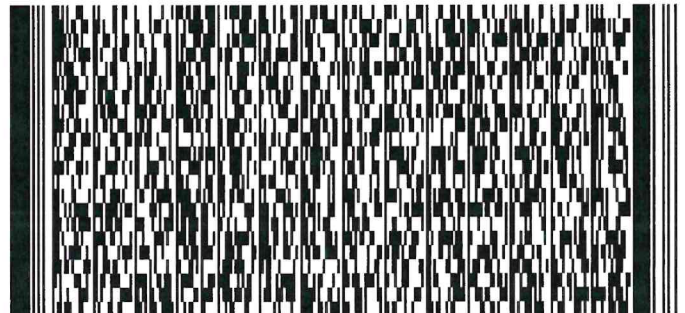
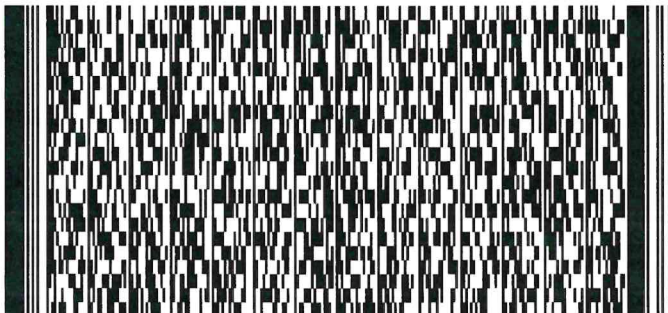
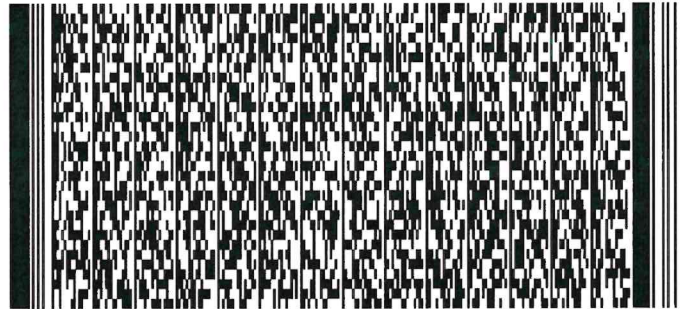
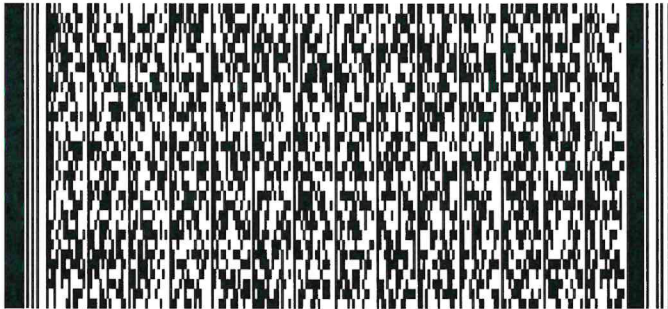


Serial Number

10430005604

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.:   
消防處權號

Serial Number  
10430 005605

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Block 5, 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             | 火警警報系統           | 1/F ST1 L8-103,<br>1/F ST2 L8-104,<br>2/F ST3 L9-107 | 更換消防拎手 (3套)                        | 符合消防處規定                   | 11/03/2026                        |
| 15             | 火警偵測系統           | 1/F 2067 L8-091,<br>1/F 2064 L8-090                  | 更換煙霧感應器 (2套)                       | 符合消防處規定                   | 11/03/2026                        |

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  
Defects FS251 No. 10430 004741

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:

Name: 姓名

Cheung Chi Shueng, Tom

FSD/RC No.: 消防處註冊號碼

RC1 / 0430 RC2 / 0596

Company Name: 公司名稱

ACME Engineering Limited

Telephone: 聯絡電話

Date: 日期

12/03/2026



For FSD use only

Inspected

Key-in

Verified



Serial Number

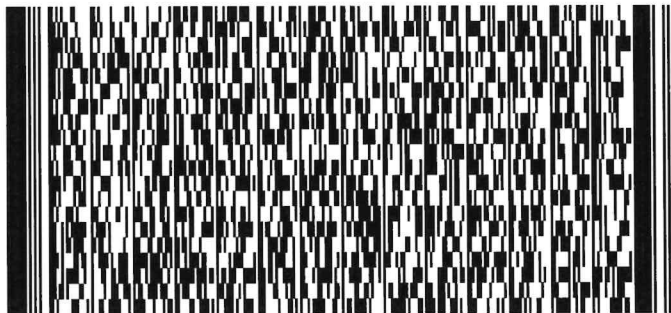
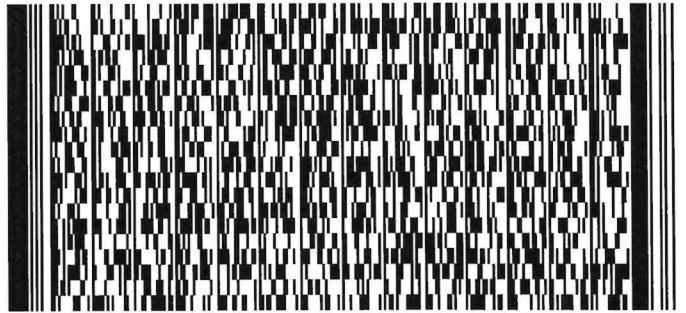
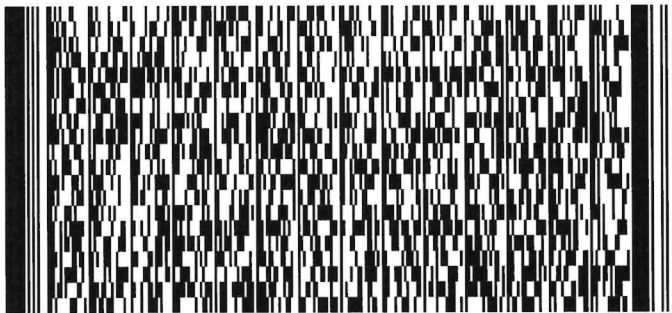
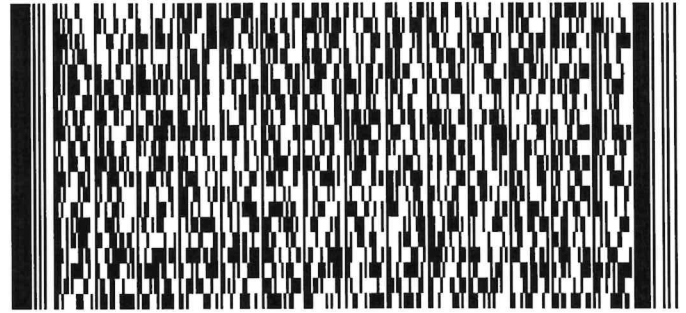
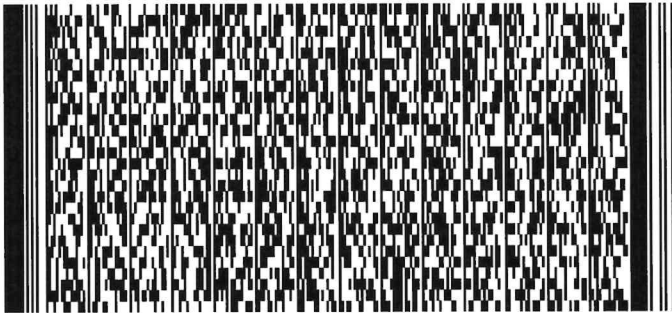
10430 005605

Name of Client 顧客姓名

Pok Oi Hospital

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             | 火警偵測系統           | 1/F 2050 L8-088,<br>1/F 2044 L8-087 | 更換煙霧感應器 (2套)                       | 符合消防處規定                   | 11/03/2026                        |
|                |                  |                                     |                                    |                           |                                   |
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|                |                  |                                     |                                    |                           |                                   |

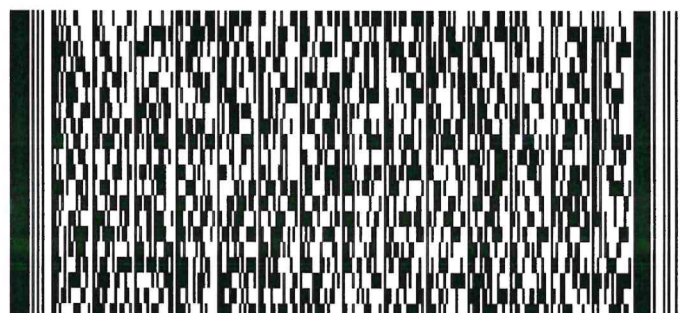
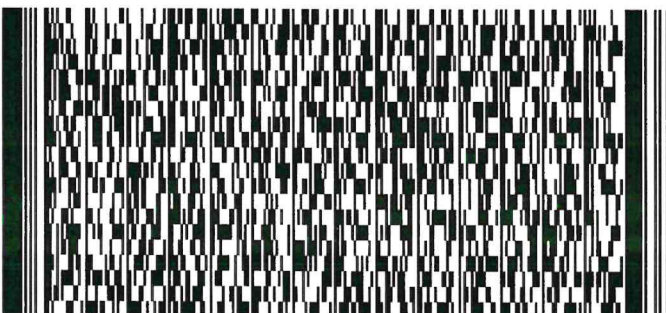
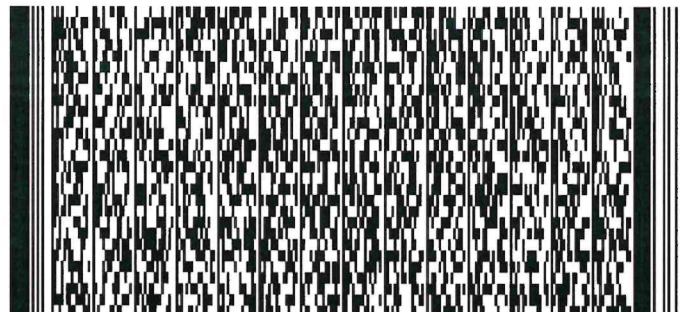
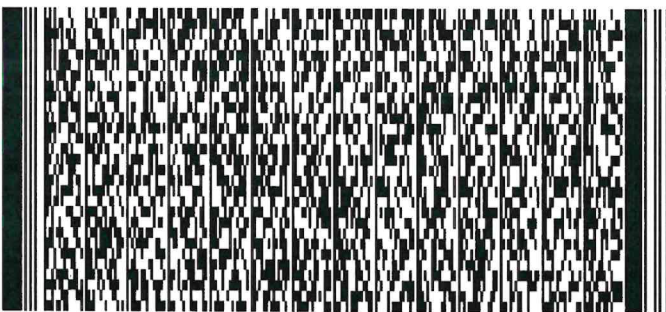
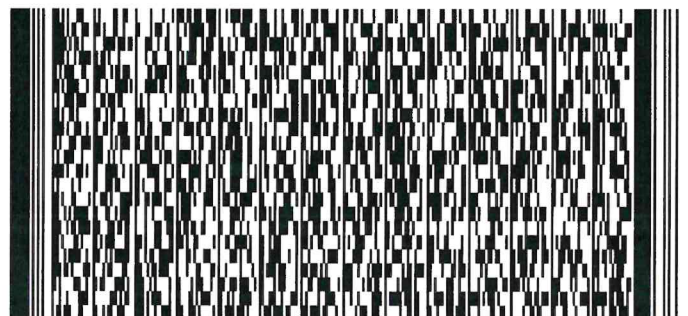
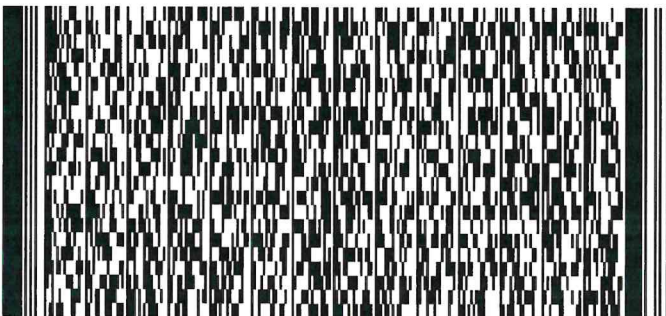
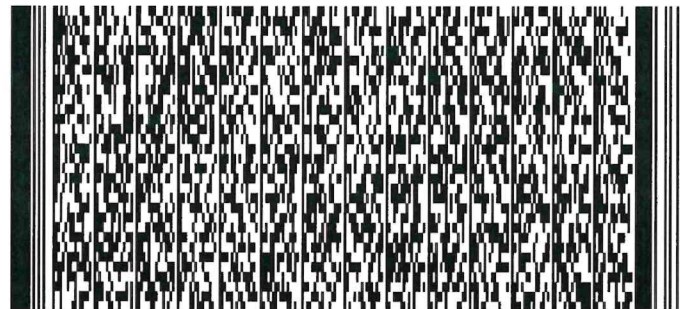
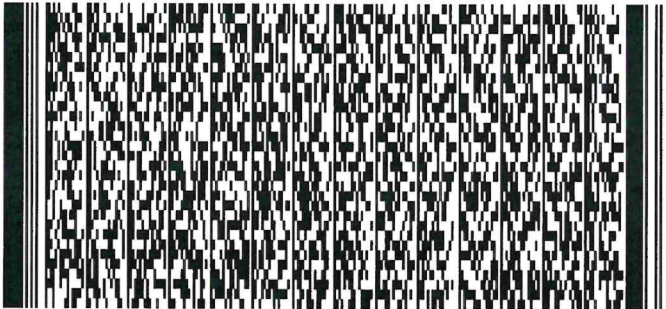


Serial Number

10430 005605

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  
10430 005606

Name of Client 顧客姓名

Pok Oi Hospital

Address 地址

Amenity Block 2, 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

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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) |
|----------------|------------------|---------------|---------------------------|-----------------------------------|----------------------------------|
|                |                  |               |                           |                                   |                                  |
|                |                  |               |                           |                                   |                                  |

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) |
|----------------|------------------|---------------|------------------------------------|---------------------------|-----------------------------------|
| 16             | 消防栓/喉轆系統         | R/F           | 更換消防補壓泵壓力掣 (1套)                    | 符合消防處規定                   | 11/03/2026                        |
| 28             | 花灑系統             | 花灑泵房          | 更換花灑泵旁通掣 (1套)                      | 符合消防處規定                   | 11/03/2026                        |

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  
Defects FS251 No. 10430 004743

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.

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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: 姓名

Cheung Chi Shung, Tom

FSD/RC No.: 消防處註冊號碼

RC1 / 0430 RC2 / 0596

Company Name: 公司名稱

ACME Engineering Limited

Telephone: 聯絡電話

Date: 日期

12/03/2026



For FSD use only

Inspected

Key-in

Verified



Serial Number

10430005606

Name of Client 顧客姓名

Pok Oi Hospital

