

☐Urgent ☐Return receipt ☐Expand Group ☐Restricted ☐Prevent Copy ☐Confidential

Anson Pui Yan YING/PLAND

寄件者: [REDACTED]
寄件日期: 2026年06月24日星期三 20:19
收件者: Anson Pui Yan YING/PLAND
主旨: Fwd: S.16 Planning Application No. A/TM-SKW/143 - Departmental Comments
附件: NO.ATM-SKW143.pdf

類別: Internet Email

Dear Anson,

Please find attached the full set of valid F.S.251(s) covering all the Fire Service Installations.

Furthermore, we hereby confirm and undertake that there is no change in the layout and the proposed uses of the application site as compared with the previous application.

Best regards,
Mr. Chan Yun Ping Danny
Tel: [REDACTED]

消防處編號: _____
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

013700960000 260161

顧客姓名
Name of Client

樓宇地址
Address of Building

座
Block

樓宇名稱
Name of Building

屋邨/鄉村名稱
Name of Estate/Village

屋管處
Management Office

門牌號碼及街道/地段
Number and Name of Street/Lot

丈量約份第375約地段第638號餘段

地區
District

屯門

☐ 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)

☐ 簡樸房 Basic Housing Unit

☐ 危險品倉 Dangerous Goods Store

☐ 食物業處所 Food Premises

☐ 校舍 School Premises

請在合適表格內填
上「✓」號
Please tick the
appropriate "box"

☐ 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
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。
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 Code (1-35)	裝置類型 Type of FSI	位置 Location(s)	狀況評述 Comment on Condition	完成日期 Completion Date (DD/MM/YYYY)	到期日 Due Date (DD/MM/YYYY)
11	應急照明系統 1 No. "A&B TS-EL2053"		Conforms with FSD requirements	29/05/2026	28/05/2027
12	出口指示牌 1 No. Exit Sign		Conforms with FSD requirements	29/05/2026	28/05/2027

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

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

第三部 Part 3 欠妥事項 Defects

編碼 Code (1-35)	裝置類型 Type of FSI	位置 Location(s)	欠妥事項 Defects (請以「*」註明主要系統嚴重故障 Please indicate major defects in major system with a "*" sign)	欠妥事項評述 Comment on Defects	消防裝置牌照/證書掛號/恢復通知書 消防處檔案編號 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編訂適用於該建築物業處的《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，除在第二部分中詳列的裝置/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

註冊編號
Registration No.

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

聯絡電話
Telephone

電郵地址
Email address

日期
Date

備註
Remark



消防處編號: _____
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))

序號 Serial Number

00000000715 263045

CERTIFICATE OF FIRE SERVICE INSTALLATION AND EQUIPMENT

顧客姓名
Name of Client

樓宇地址
Address of Building

座
Block

樓宇名稱
Name of Building

屋邨/鄉村名稱
Name of Estate/Village

掃管旁

門牌號數及街道/地段
Number and Name of Street/Lot

丈量約份第375約地段第638號餘段

地區
District

屯門

☐ 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)

☐ 簡樓房 Basic Housing Unit

☐ 危險品倉 Dangerous Goods Store

☐ 食物業處所 Food Premises

☐ 校舍 School Premises

請在合適空格內填
上「✓」號
Please tick the
appropriate "box"

☐ 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
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。
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 Code (1-35)	裝置類型 Type of FSI	位置 Location(s)	狀況評述 Comment on Condition	完成日期 Completion Date (DD/MM/YYYY)	到期日 Due Date (DD/MM/YYYY)
24	1 x 9 litres Water type F.E.		Conforms with FSD requirements	29/05/2026	28/05/2027
24	1 x 5 kg Co2 gas type F.E.		Conforms with FSD requirements	29/05/2026	28/05/2027

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

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

第三部 Part 3 欠妥事項 Defects

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

本人/我們謹此聲明，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）外。
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

註冊編號
Registration No.

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

聯絡電話
Telephone

電郵地址
Email address

日期
Date

備註
Remark

