

## Report of Completion on Dangerous Goods Premises

Submit to : **Fire Services Department**  
**Licensing & Certification Command,**  
**35/F, Revenue Tower, 5 Gloucester Road, Wan Chai, Hong Kong**

|  |   |
|--|---|
| Name of Licensee                                 |   |
| Category of DG Licence                           |   |
| Premises Address                                 |   |
| FSD VD File Reference No.                        | FP 33 /   |
| Verification Inspection Request                  | <i>Note : Please select where appropriate</i><br><input type="checkbox"/> Mechanical Ventilating System<br><input type="checkbox"/> Electrical Installation (include FSI Circuit)   |
| Document Enclosed with this Report of Completion | <i>Note : Please select where appropriate</i><br><input type="checkbox"/> System / Equipment Layout Drawing<br>( Numbered : _____ )<br><input type="checkbox"/> Equipment Schedule<br><input type="checkbox"/> Certificate of Conformity<br>Others ( Please specify : _____ ) |

### Contractor Certification :

*I have checked the mechanical ventilating system and / or electrical installation at the above premises and confirmed it in full compliance with FSD requirements.*

Name of Contractor :

Authorised Signature or Company Chop :

Name of Responsible Person :

Date of Checking : \_\_\_\_\_

### Licensee Authorisation : ( This section must be completed by licensee and select where appropriate )

- I do not appoint any person and I will attend in person during inspection.
- I hereby authorise (name) \_\_\_\_\_ (tel. no.) \_\_\_\_\_ to act on my behalf of this application submission and representing me during inspection.

Name of Licensee :

Signature of Licensee :

Contact Tel. No. : \_\_\_\_\_

Date : \_\_\_\_\_

**Note: If this form is submitted online, please do not submit again by post.**

## 危險品處所竣工通知書

呈遞至： 消防處  
牌照及審批總區  
香港灣仔告士打道 5 號稅務大樓 35 樓

|              |  |
|--------------|--|
| 申請人姓名        |  |
| 危險品類別        |  |
| 處所地址         |  |
| 消防處通風系統課檔案編號 | FP 33 /  |
| 要求核准視察       | (註：請 X 有關空格)<br><input type="checkbox"/> 機動式通風系統<br><input type="checkbox"/> 電器裝置 (包括消防裝置線路)   |
| 夾附此完工報告之文件   | (註：請 X 有關空格)<br><input type="checkbox"/> 系統／設備圖則 (編號：_____ )<br><input type="checkbox"/> 設備表列<br><input type="checkbox"/> 驗證證書<br><input type="checkbox"/> 其他 (請註明：_____ ) |

### 承建商證明：

本人已檢查上址機動式通風系統／電器裝置，並確認上述系統已符合消防處之要求完成。

承建商名稱：

負責人簽名或公司印章：

承建商負責人姓名：

檢查日期：\_\_\_\_\_

### 牌照申請人授權聲明：〔此段必須由牌照申請人完成及填妥有關空格〕

- 本人並無委託任何人士及本人將出席當日視察
- 本人現授權 (姓名) \_\_\_\_\_ (電話號碼) \_\_\_\_\_ 代表本人處理此申請及代表本人出席視察

申請人姓名：

申請人簽名：

聯絡電話：\_\_\_\_\_

日期：\_\_\_\_\_

注意：如已經網上遞交此表格，請勿再次郵寄。