

Appendix A

Record of compliance with previous approval conditions

By Post and Email

規 劃 署

粉嶺、上水及元朗東規劃處
新界荃灣青山公路 388 號
中染大廈 22 樓 2202 室



Planning Department

Fanling, Sheung Shui & Yuen Long East
District Planning Office
Unit 2202, 22/F, CDW Building,
388 Castle Peak Road, Tsuen Wan, N.T.

來函檔號 Your Reference :
本署檔號 Our Reference : () in TPB/A/YL-ST/658
電話號碼 Tel. No. : 3168 4072
傳真機號碼 Fax No. : 3168 4074 / 3168 4045

22 April 2024

Civil Engineering and Development Department
26/F, Tsuen Wan Government Offices,
38 Sai Lau Kok Road, Tsuen Wan
(Attn.: Mr. HO Kai Ho)

Dear Sir,

Compliance with Approval Condition (c)
The provision of fire service installations and water supplies for firefighting

Proposed Temporary Training Facilities until 31 October 2024,
Lots 661 S.C RP (Part), 669 RP, 674 RP (Part) and 733 S.E (Part) in D.D. 99
and Adjoining Government Land, San Tin, Yuen Long
(Planning Application No. A/YL-ST/658)

I refer to your email dated 15.4.2024 regarding the submission of a set of relevant FS251 certificate in an attempt to comply with the approval condition (c) of the subject application. Your submission is considered:

- Acceptable. The captioned condition **has been complied with.**
- Acceptable. Since the captioned condition requires both the submission and implementation of the proposal, it **has not been fully complied with.**
- Not acceptable. The captioned condition **has not been complied with.**

Yours faithfully,

(K W N G)

District Planning Officer/
Fanling, Sheung Shui and Yuen Long East
Planning Department

C.C.
D of FS
CTP/TPB(3)

(Attn: Mr. CHEUNG Wing-hei)

KWN/KAC/RC/rc

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
10390132227

Name of Client 顧客姓名

建造業議會

Address 地址

新界 新田東永安路



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)	1號及5號	檢查1號及5號MFA PANEL	Conforms with FSD requirement	18/03/2024

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

Lam Tung Chiu

FSD/RC No.: 消防處註冊號碼

RC1 / 0390 RC2 / 0555

Company Name: 公司名稱

Best Engineering Services Limited

Telephone: 聯絡電話

Date: 日期

18/03/2024

For FSD use only

Inspected

Key-in

Verified

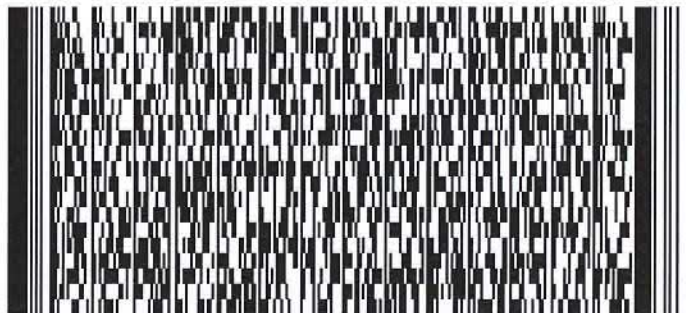
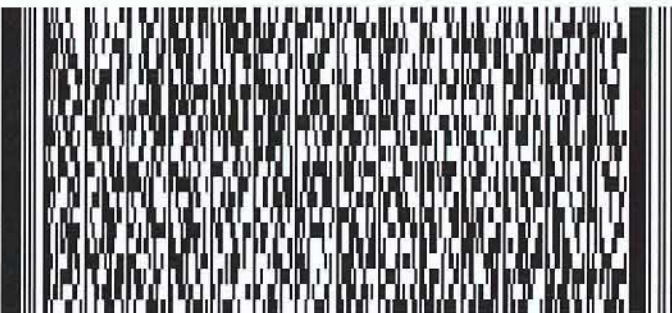
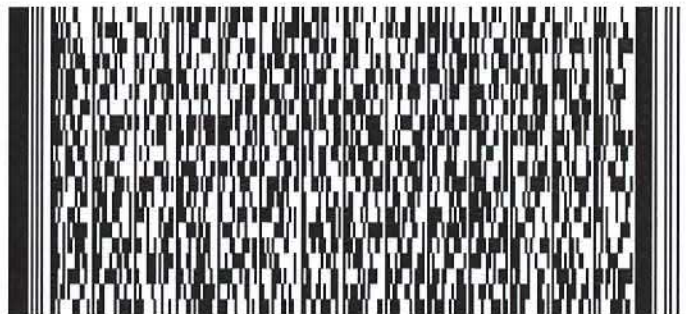
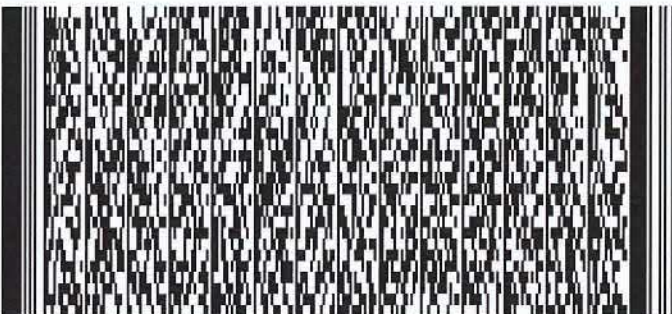
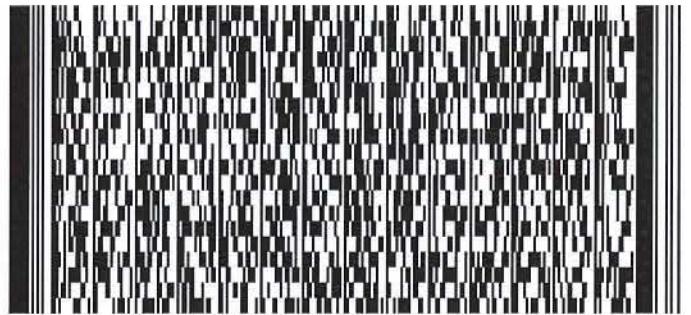
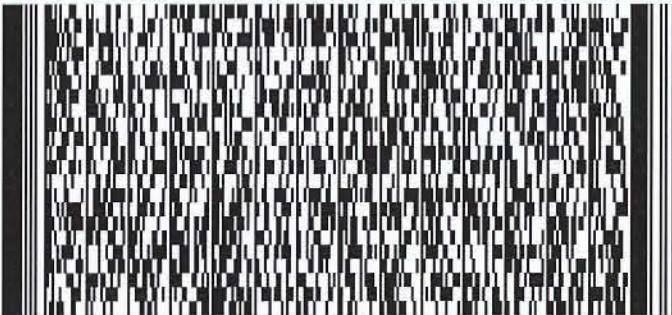
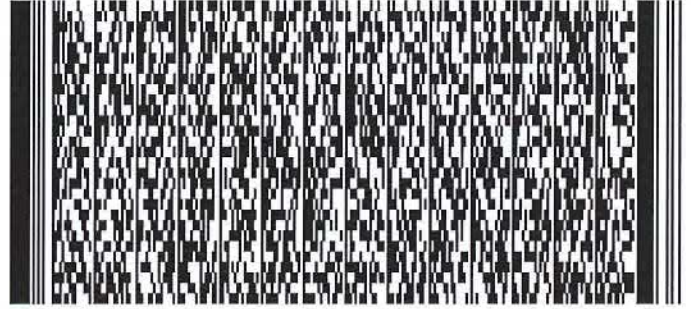
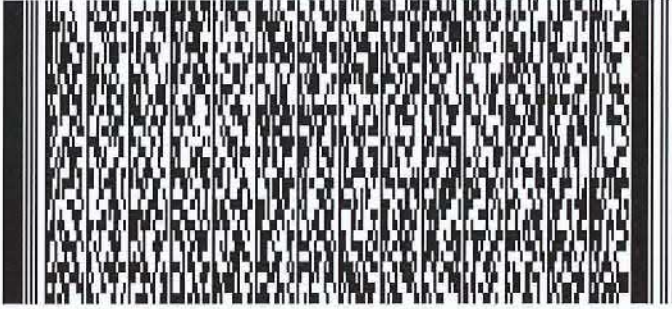


Serial Number

10390 132227

Name of Client 顧客姓名

建造業議會



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
10390 132314

Name of Client 顧客姓名

建造業議會

Address 地址

新界 新田東永安路



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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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)

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13	Fire Alarm System (MFA)	2號Panel、3號Panel、4號Panel	檢查MFA PANEL	Conforms with FSD requirement	13/04/2024

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

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Authorized

Signature:

Name: Lam Tung Chiu

FSD/RC No.: RC1 / 0390 RC2 / 0555

Company Name: Best Engineering Services Limited

Telephone:

Date: 15/04/2024



For FSD use only

Inspected

Key-in

Verified

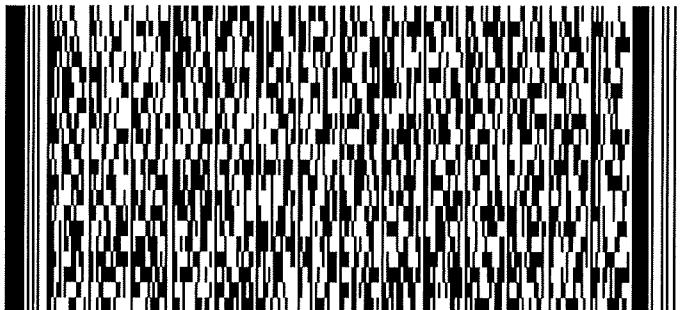
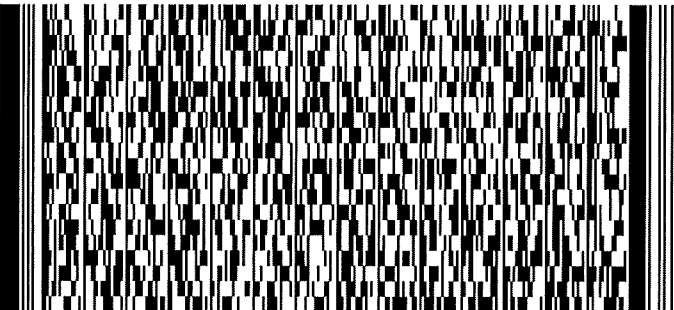
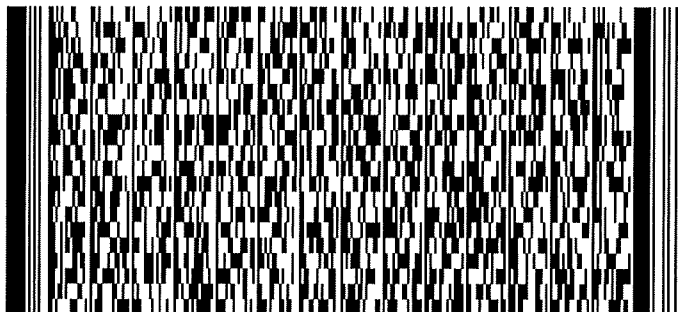
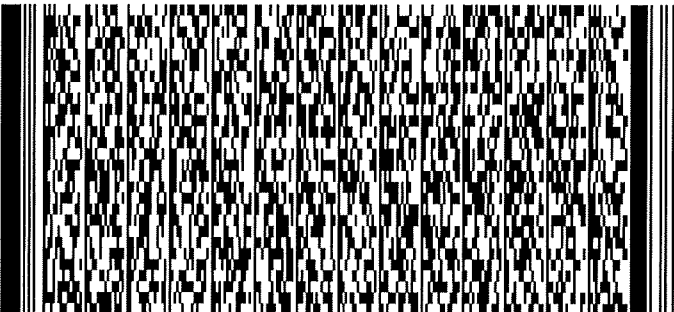
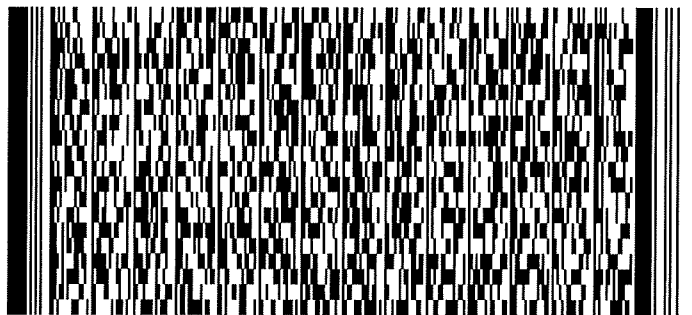
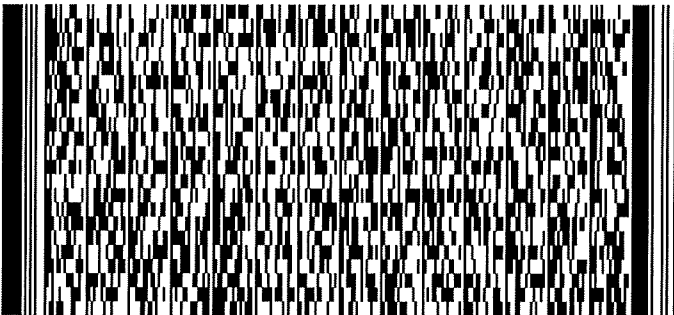
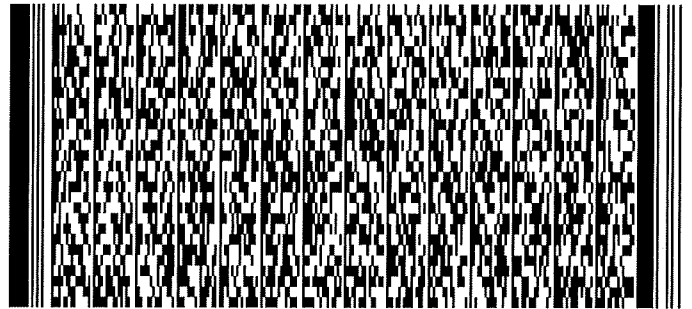
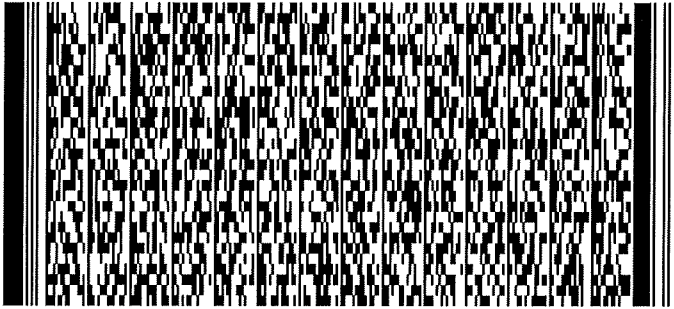


Serial Number

10390 132314

Name of Client 顧客姓名

建造業議會



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消防(裝置及設備)規例
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13	Fire Alarm System (MFA)	2號Panel、3號Panel、4號Panel	更換6件12V 7.2AH電池	Conforms with FSD requirement	13/04/2024

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

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受權人簽署

Name: Lam Tung Chiu
姓名

FSD/RC No.: RC1 / 0390 RC2 / 0555
消防處註冊號碼

Company Name: Best Engineering Services Limited
公司名稱

Telephone:
聯絡電話

Date: 15/04/2024
日期



For FSD use only

Inspected

Key-in

Verified

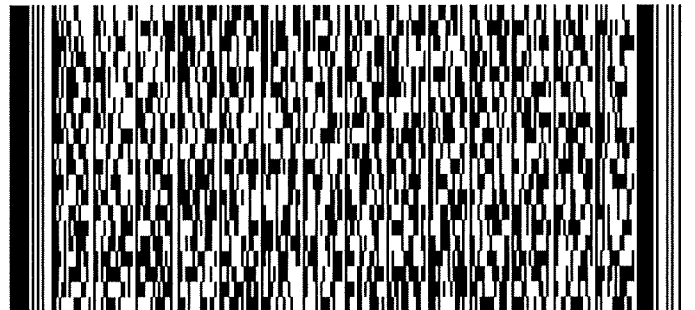
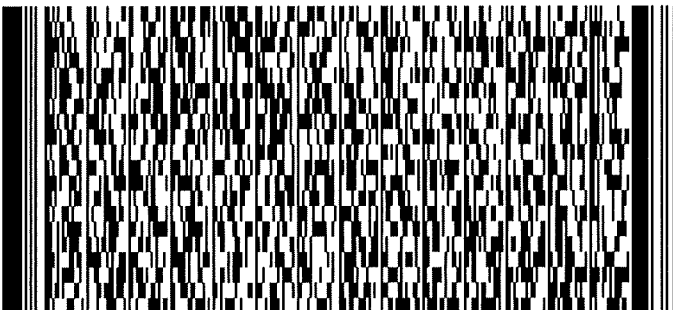
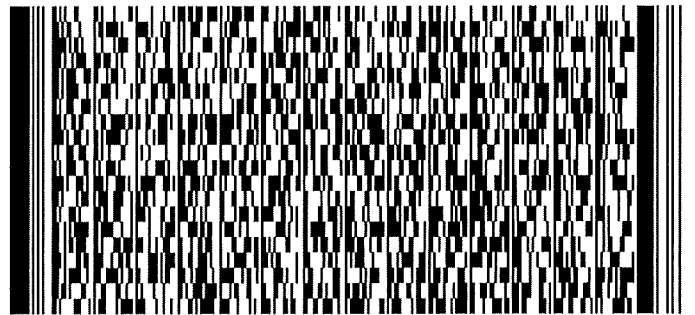
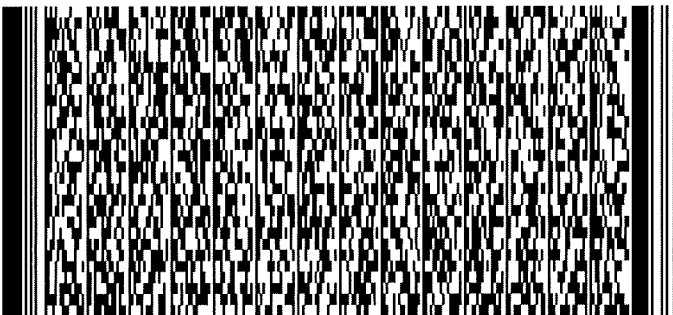
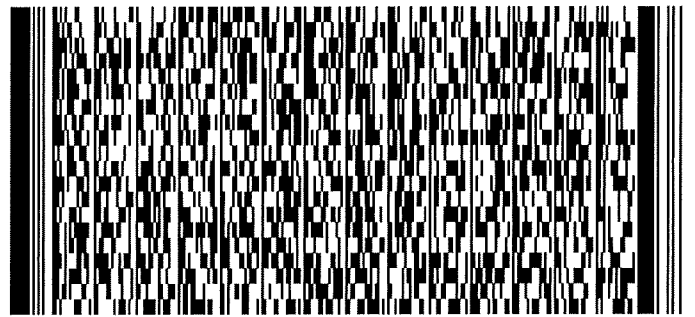
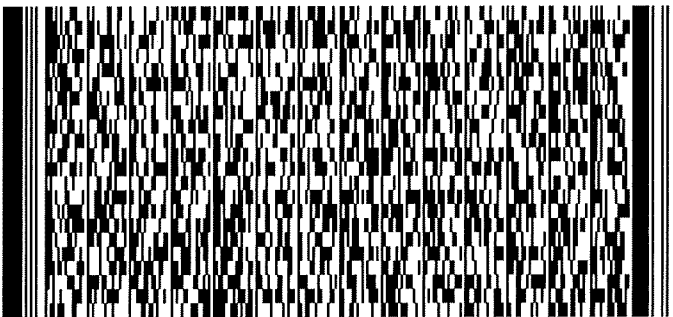
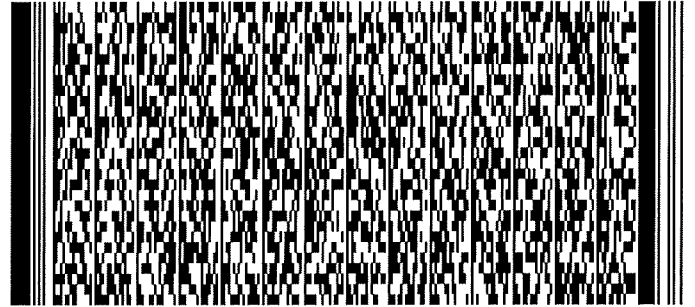
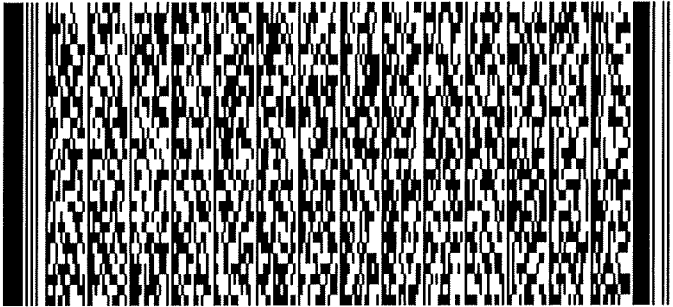


Serial Number

10390 132313

Name of Client 顧客姓名

建造業議會



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 9272351

FSD Ref.:
消防處編號

Name of Client: 顧客姓名 **百佳國際工程有限公司**

地盤: 新田方鵬醫院

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: 新界 Area: 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

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*****	*****	*****	*****	*****	*****

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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)
24	800 NOS X 2KG DRY POWDER TYPE F.E.	地盤用	TO SUPPLY	CONFORMS WITH FSD REQUIREMENTS	30/10/2023

Part 3 第三部 Defects 損壞事項

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

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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:

Signature: *Wu Kin Yung*

Name: **WU KIN YUNG**

FSD/RC No.: **RC3/671**

Company Name: **TAI HING FIRE ENGINEERING LTD. 大興消防工程有限公司**

Telephone: **[REDACTED]**

Date: **31/10/2023**

Appendix B

Technical assessments conducted in the
previously approved application