

Certificate of Accepted Building Materials and Products

HD (ICU)'s Ref. : _____ Date: ____ / ____ / 20 ____ (dd/mm/yyyy)

Address of Site/Project Title : _____

 PHCP (Phase) STT VO LOT No. _____

To : Independent Checking Unit

Part A (to be certified by Chief Professional⁺)

I, (name in full & post) _____ confirm that accepted building materials and products have been specified in the above building construction. With reference to regulation 44 of Building (Administration) Regulations, I duly endorse the attached Schedule of Building Materials and Products (Annexes A.1 & A.2).

I hereby certify that the building materials and products listed in the attached Schedule are acceptable products under relevant building regulations and that I am satisfied with the application and performance of these products.

Date : _____ / ____ / 20 ____
(dd/mm/yyyy) _____
Signature of Chief Professional⁺**Part B (to be certified by Registered Contractor)**

*I / We (name in full) _____
_____ registered
general building contractor/ registered specialist contractor in the ** _____
category, hereby confirm that the accepted building materials and products listed in the attached Schedule have been used and properly applied in the above building construction.

Certificate of BD Registration No._____
Name in Chinese of the Authorized SignatoryDate of expiry of BD _____ / ____ / 20 ____
Registration (dd/mm/yyyy)_____
Name in English of the Authorized
Signatory_____
Signature of the Registered ContractorDate : _____ / ____ / 20 ____
(dd/mm/yyyy)

Part C (to be certified by Registered Specialist Contractor in the Ventilation Works Category)

*I / We (name in full) _____ registered specialist contractor in the ventilation works category, have inspected every fire damper installed in the above building construction on _____ / _____ / 20 _____ (dd/mm/yyyy) (completion date of inspection) and hereby certify that all the fire dampers are in safe and efficient working order with reference to Clause E8.3 of the Code of Practice for Fire Safety in Buildings.

*I / We (name in full) _____ registered specialist contractor in the ventilation works category, hereby confirm that the fire dampers listed in the attached Schedule have been properly installed in the above building construction. *I / We have inspected every fire damper installed in the above premises on _____ / _____ / 20 _____ (dd/mm/yyyy) (completion date of inspection) and hereby certify that all the fire dampers are in safe and efficient working order with reference to Clause E8.3 of the Code of Practice for Fire Safety in Buildings.

Certificate of BD Registration No.

Name in Chinese of the Authorized Signatory

Date of expiry of BD _____ / _____ / 20 _____
Registration (dd/mm/yyyy)

Name in English of the Authorized Signatory

Signature of the Registered Specialist Contractor in the Ventilation Works Category

Date : _____ / _____ / 20 _____
(dd/mm/yyyy)

+ For explanatory notes on signing capacity, please refer to Appendix B of ICUI 04.

* Please delete whichever is inapplicable

** Enter the name of the sub-register for the category of specialized work

Please check as appropriate

Schedule of Building Materials and Products

ICU Reference: _____
 Address of Site/Project Title: _____
 PHCP (Phase) STT VO LOT No.: _____

(A) Fire Resisting Products

| Building Product | Product Name | Name of Manufacturer and Place of Manufacture (City and Country) | Fire Resisting Performance [@] (minutes) | | Compliance with Relevant Building Regulations & Codes of Practice | Details of Test or Assessment Reports | | | | | Remarks/Comments | |
|---|--------------|--|---|------------|---|---------------------------------------|---|------------|--------------------------------|---------------|------------------|--|
| | | | Integrity | Insulation | | Name of Laboratory Accreditation Body | Name of Laboratory/Assessing Organization | Report No. | Date of Test/Assessment Report | Validity Date | | |
| a) Fire resisting doorset | ^ | | | | | | | | | | | |
| b) Lift landing door | ^ | | | | | | | | | | | |
| c) Fire resisting glazing | ^ | | | | | | | | | | | |
| d) Fire-stop or sealing system in wall/ floor/ curtain wall, etc. | | | | | | | | | | | | |
| e) Fire damper [%] | | | | | | | | | | | | |
| f) Others (i.e. proprietary products, fire shutter, etc) | | | | | | | | | | | | |

[@] The performance on stability has to be demonstrated where applicable.
[^] Corresponding legend in approved plan should be specified where applicable.
[%] Part C of Certificate of Accepted Building Materials and Products in Appendix A of PNAP APP-13 should be completed by RSC(V).
⁺ For explanatory notes on signing capacity, please refer to Appendix B of ICUI 04.
[#] Except the administrative control specified in Building Regulations which is replaced by relevant ICU Instructions.
 Please check as appropriate

 Signature of Chief Professional⁺ (Name in full)

Date: _____ / _____ /20_____
 (dd/mm/yyyy)

Schedule of Building Materials and Products (cont'd)

(B) Other Building Materials and Products

| Building Product | Product Name | Name of Manufacturer and Place of Manufacture (City and Country) | Compliance with Relevant Building Regulations & Codes of Practice | Details of Test or Assessment Reports | | | | | Remarks/ Comments |
|---------------------------------|--------------|--|---|---------------------------------------|--|------------|---------------------------------|---------------|-------------------|
| | | | | Name of Laboratory Accreditation Body | Name of Laboratory/ Assessing Organization | Report No. | Date of Test/ Assessment Report | Validity Date | |
| a) Glazing barrier | | | | | | | | | |
| b) Cast iron pipes and fittings | | | | | | | | | |
| c) Others | | | | | | | | | |

I confirm that the above mentioned building products have been tested or assessed as stated and hereby certify that the application and performance of these products comply with the relevant Building Regulations[#].

Signature of Chief Professional⁺ (Name in full)

Date : _____ / ____ /20____
(dd/mm/yyyy)