Public Housing Building Control Section Form 202(A)

Certificate of Accepted Building Materials and Products

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

Address of Site/Project Title : _____

_____

☐PHCP (Phase) ☐STT ☐VO ☐LOT No. _____

To : Public Housing Building Control Section

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 Signatory

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

_____
Name in English of the Authorized Signatory

_____
Signature of the Registered Contractor

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

[Source : PNAP APP-13 – Appendix A Rev. 09/2021]

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 Registration ____/____/ 20____ (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 Instruction 04.
* Please delete whichever is inapplicable
** Enter the name of the sub-register for the category of specialized work
☐ Please check as appropriate

[Source : PNAP APP-13 – Appendix A Rev. 09/2021]

Form 202(A)
(Annex A.1)

Schedule of Building Materials and Products

Public Housing Building Control Section's 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 Instruction 04.

Except the administrative control specified in Building Regulations which is replaced by relevant Public Housing Building Control Section's Instructions.

☐ Please check as appropriate

_____
Signature of Chief Professional+ (Name in full)

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

[Source : PNAP APP-13 – Annex A.1 Rev. 09/2021]

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)

[Source : PNAP APP-13 – Annex A.2 Rev. 09/2021]