**Appendix A**

(PNAP APP-13)

Certificate of Accepted Building Materials and Products

BD Ref. : Date :

Re :

(\*Address of development site/Location of alteration and addition works)

To the Building Authority,

**Part A (to be certified by authorized person)**

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

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.

|  |  |
| --- | --- |
|  | Signature# of authorized person |
| Certificate of Registration No. #: |  |
| Date of expiry of registration#: |  |

**Part B (to be certified by registered contractor)**

3. \*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.

|  |  |
| --- | --- |
|  | Name of authorized signatory# |
|  | Signature# of  registered contractor |
| Certificate of Registration No. #: |  |
| Date of expiry of registration#: |  |

/Part C ...

Certificate of Accepted Building Materials and Products (cont’d)

BD Ref. : Date :

Re :

(\*Address of development site/Location of alteration and addition works)

**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 (completion date of inspection) and hereby certify that all the fire dampers are in safe and efficient working order pursuant 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 dampers installed in the above premises on \_\_\_\_\_\_\_\_\_\_\_\_\_ (completion date of inspection) and hereby certify that all the fire dampers are in safe and efficient working order pursuant to Clause E8.3 of the Code of Practice for Fire Safety in Buildings.

|  |  |
| --- | --- |
|  | Name of authorized signatory# |
|  | Signature# of registered  specialist contractor  in the ventilation works category |
| Certificate of Registration No. #: |  |
| Date of expiry of registration#: |  |

#In accordance with the registration record

□ Enter “✓” in the appropriate box

\* Delete whichever is inapplicable

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

(Rev. 11/2019)

**Annex A.1**

(PNAP APP-13)

## Schedule of Building Materials and Products

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BD Ref. :** |  |  | **Re :** |  |
|  |  |  |  | (\*Address of development site/Location of alteration and addition works) |

**(A) Fire Resisting Products**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Building **Product** | | ProductName | **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 Report | | | | | Remarks/ **Comments** |
| Integrity | Insulation | **Name of Laboratory Accreditation Body** | **Name of Laboratory / Assessing Organisation** | **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 dampers**ф** | |  |  |  |  |  |  |  |  |  |  |  |
| f) Others (e.g. 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.

ф Part C of the Certificate of Accepted Building Materials and Products in Appendix A of PNAP APP-13 should be completed by RSC(V).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature# of authorized person

# In accordance with the registration record

\* Delete whichever is inapplicable

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**Annex A.2**

(PNAP APP-13)

**Schedule of Building Materials and Products (cont’d)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BD Ref. :** |  |  | **Re :** |  |
|  |  |  |  | (\*Address of development site/Location of alteration and addition works) |

**(B) Other Building Materials and Products**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Building **Product** | ProductName | **Name of Manufacturer and Place of Manufacture (City and Country)** | **Compliance with Relevant Building Regulations & Codes of Practice** | Details of Test or Assessment Report | | | | | Remarks/ **Comments** |
| **Name of Laboratory Accreditation Body** | **Name of Laboratory / Assessing Organisation** | **Report No.** | **Date of Test / Assessment Report** | **Validity Date** |
| a) Glazing barrier |  |  |  |  |  |  |  |  |  |
| 1. 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature# of authorized person

# In accordance with the registration record

\* Delete whichever is inapplicable

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**Appendix B**

(PNAP APP-13)

**Certificate of Accepted Building Materials and Products for Minor Works**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Minor works submission no. *(if available):* | **MW** |  |  |  |  |  |  |  |  |  |

Location or address of the minor works *(if minor works submission no. is not available)*:

|  |
| --- |
|  |

**To the Building Authority,**

□ **Part A : to be certified by the Authorized Person appointed**

*(for minor works with prescribed building professionals appointed)*

1. I, *(name in full)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorized person, confirm that accepted building materials and products have been specified in the carrying out of minor works in the above-mentioned submission no. Pursuant to section 56 of the Building (Minor Works) Regulation, I duly endorse the attached Schedule of Building Materials and Products for Minor Works *(Annexes B.1 & B.2)*.

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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | |  |  |
| Certificate of Registration No. # | | |  |  |
|  |  |  |  |  |
| Date of expiry of |  | Date |  | Signature # of authorized person |
| registration # |  |  |  |  |

**Part B : to be certified by the Prescribed Registered Contractor appointed**

□ \*I/We, *(name in full)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, prescribed registered contractor, confirm that the accepted building materials and products listed in the attached Schedule of Building Materials and Products for Minor Works *(Annexes B.1 & B.2)* have been used and properly applied in the carrying out of minor works in the above-mentioned submission no.

□ *(For minor works without prescribed building professional appointed)* Pursuant to section 56 of the Building (Minor Works) Regulation, \*I/we (*name in full*) , prescribed registered contractor, duly endorse the attached Schedule and hereby certify that the building materials and products listed in the attached Schedule are acceptable products under relevant building regulations and that I am/we are satisfied with the application and performance of these products.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | |  |  |
| Certificate of Registration No. # | | |  | Signature# of prescribed |
|  |  |  |  | registered contractor |
|  |  |  |  |  |
|  |  |  |  |  |
| Date of expiry of |  | Date |  | Name of authorized signatory# |
| registration# |  |  |  |  |

\* Delete whichever is inapplicable

# In accordance with the registration record

□ Enter “✓” in the appropriate box

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**Annex B.1**

(PNAP APP-13)

## Schedule of Building Materials and Products for Minor Works

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Minor works submission no. *(if available)* :** | **MW** |  |  |  |  |  |  |  |  |  |  |

**Location or address of the minor works *(if minor works submission no. is not available)*:**

1. **Fire Resisting Products**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Building **Product** | | ProductName | **Name of Manufacturer & Place of Manufacture (City & Country)** | **Fire Resisting**  **Performance@**  **(Minutes)** | | **Compliance with Relevant Building Regulations & Codes of Practice** | Details of Test or Assessment Report | | | | | Remarks/ **Comments** |
| Integrity | Insulation | **Name of Laboratory Accreditation Body** | **Name of Laboratory / Assessing Organisation** | **Report No.** | **Date of Test / Assessment Report** | **Validity Date** |
| a) Service lift landing door | ^ |  |  |  |  |  |  |  |  |  |  |  |
| b) Fire resisting glazing | ^ |  |  |  |  |  |  |  |  |  |  |  |
| c) Fire-stop or sealing system in wall, floor, etc. | |  |  |  |  |  |  |  |  |  |  |  |
| d) Others | |  |  |  |  |  |  |  |  |  |  |  |

@ The performance on stability has to be demonstrated where applicable.

^ Corresponding legend in prescribed plans or plans should be specified where applicable.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| # In accordance with the registration record  □ Enter “✓”in the appropriate box | Date |  |  | Signature# of **□** authorized person *(for minor works with*  appointed *prescribed building professionals appointed)*  **□** prescribed registered contractor *(for minor works*  *without prescribed building professionals appointed)* | |

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**Annex B.2**

(PNAP APP-13)

**Schedule of Building Materials and Products for Minor Works (cont’d)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Minor works submission no. *(if available)* :** | **MW** |  |  |  |  |  |  |  |  |  |  |

**Location or address of the minor works *(if minor works submission no. is not available)*:**

1. **Other Building Materials and Products**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Building **Product** | ProductName | **Name of Manufacturer & Place of Manufacture (City & Country)** | **Compliance with Relevant Building Regulations & Codes of Practice** | Details of Test or Assessment Report | | | | | Remarks/ **Comments** |
| **Name of Laboratory Accreditation Body** | **Name of Laboratory / Assessing Organisation** | **Report No.** | **Date of Test / Assessment Report** | **Validity**  **Date** |
| a) Glazing barrier |  |  |  |  |  |  |  |  |  |
| 1. Cast iron pipes & fittings |  |  |  |  |  |  |  |  |  |
| 1. Others |  |  |  |  |  |  |  |  |  |

\*I/We 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| \* Delete whichever is inapplicable  # In accordance with the registration record  □ Enter “✓”in the appropriate box | Date |  |  | Signature# of **□** authorized person *(for minor works with*  appointed *prescribed building professionals appointed)*  **□** prescribed registered contractor *(for minor works*  *without prescribed building professionals appointed)* | |

(Rev. 11/2019)