

表格 LE20 香港特別行政區政府 升降機及自動梯條例(第 618 章) 根據檢驗令對有關升降機或自動梯的檢驗報告

FORM LE20

THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION LIFTS AND ESCALATORS ORDINANCE, CHAPTER 618 REPORT ON EXAMINATION OF A LIFT / ESCALATOR PURSUANT TO AN EXAMINATION ORDER

請參閱「表格 LE20 備註」,並以正楷填寫此表格及在適當方格內加上√號。

Please read the "Notes to Form LE20", complete this Form in BLOCK LETTERS and enter \checkmark in the appropriate box(es).

致 : 機電工程署署長 ("署長")

To : The Director of Electrical and Mechanical Services ("the Director")

第 1 部 聯絡人資料 Part 1 Particulars of the Contact Person				
*升降機/自動梯地點編號: *Lift/Escalator Location ID.:				
装置於				
*Lift/Escalator No installed at				
聯絡人資料 Details of the Contact Person (名稱 Name)				
(室 Flat/Room) (樓 Floor) (座 Block)				
(人上 左右 55 以				
(大厦名稱 Name of Building) (屋苑名稱 Name of Estate)				
(號碼及街道名稱 No. and Name of Street)				
(地區 District)				
(注意: 本署會以上述地址與升降機/自動梯的負責人聯絡及郵寄函件。) (Note: This Department will contact the Responsible Person for the lift/escalator and mail letters through the above correspondence address.)				
聯絡電話號碼 Contact Telephone No				
電郵地址 Email Address				

第2部	聲明					
Part 2	Declaration					
本人現遵照	署長於	_年	_月	_日發出的檢驗令編號	的規定,	
附上由註冊*升降機/自動梯工程師為上述*升降機/自動梯簽發的安全報告(本表格附件 1)。						
In accordan	ce with the require	ments specifie	d in the Exam	ination Order No	_ issued by the	
Director on	the	day of		, I submit herewith	a safety report	
(Annex 1 of this Form) for the above *lift/escalator issued by a registered *lift/escalator engineer.						
			簽署	E	3期	
			Signature)ate	

表格 LE20 備註

- 1. 本表格(表格LE20)須由升降機/自動梯的負責人("負責人")或其委任的代表填寫及簽署。本署會以負責人 提供的通訊資料與其聯絡及郵寄函件。如果填報的資料有任何變更,請以書面通知本署及註明升降機 /自動梯的地點編號,以便本署更新該通訊資料。
- 2. 負責人須確保其委托的註冊升降機/自動梯工程師已填妥夾附於本表格(表格LE20)的安全報告(附件1) 及在報告上簽署。
- 3. 負責人可採用以下任何一種方法遞交本表格:
 - i) 負責人可親自到香港九龍啟成街 3 號機電工程署總部地下「客戶服務部」遞交填妥的表格。

辦公時間為:

星期一至五 上午 9 時正至下午 5 時 15 分

星期六、日及公眾假期 休息

- ii) 負責人亦可以郵寄方式將填妥的表格寄到香港九龍啟成街 3 號,註明機電工程署署長收。
- 4. 如選擇以郵寄方式遞交本表格,負責人應預留足夠時間供郵件派送,以確保表格能於相關檢驗令所指 明的限期前提交署長。

NOTES TO FORM LE20

- 1. This Form (Form LE20) must be completed and signed by the responsible person for the lift/escalator ("the Responsible Person") or a representative appointed by the Responsible Person. This Department will contact the Responsible Person or mail letters through the correspondence address provided. If there is any change to the correspondence address, the Responsible Person should notify this Department in writing and clearly state the lift/escalator location ID for updating the contact details.
- 2. The Responsible Person must ensure that the appointed registered lift/escalator engineer completes and signs the safety report in Annex 1 of this Form (Form LE20).
- 3. The Responsible Person can submit this Form through any one of the following methods:
 - i) The Responsible Person can submit the duly completed Form <u>IN PERSON</u> at the Customer Services Office of the Electrical and Mechanical Services Department, Ground Floor, 3 Kai Shing Street, Kowloon, Hong Kong.

Office Hours::

Monday to Friday 9:00 a.m. to 5:15 p.m.

Saturday, Sunday and Public Holidays closed

- ii) The Responsible Person can address the duly completed Form <u>BY POST</u> to the Director of the Electrical and Mechanical Services Department, 3 Kai Shing Street, Kowloon, Hong Kong.
- 4. If the Form is submitted by post, the Responsible Person must take into account the time required for mail handling in order to ensure that the Form could reach the Director by the deadline specified in the relevant Examination Order.

附件 1	安全報告	(此部分須由註冊升降機/自動梯工程師填寫及簽署)			
Annex 1	Safety Report	(This part must be completed and signed by a registered lift/escalator engineer			
*升降機	/自動梯地點編號:				
*Lift/Esc	alator Location ID.:				
裝置於					
		installed at			
		,為註冊*升降機/自動梯工程師(編號 RLE/REE),			
茲證明四	体人已於	_年月為上述裝置進行以下的檢驗:			
*(甲)	檢驗該*升降機/自團	動梯,及其所有相聯設備及機械,方式如下:			
*(乙)	檢驗該*升降機/自動	動梯的相關部分或其相聯設備或機械(說明詳情):			
	,而檢驗的方式如下:				
本人信約	内上述*(甲)/(乙)項所	述裝置正處於安全操作狀態。			
1	***	gistered *lift/oscalator engineer/No. DLE/DEE			
		gistered *lift/escalator engineer(No. RLE/REE), have carried on on the day of:			
^(A)	A) examine the *lift/escalator and all its associated equipment and machinery, in the manner specified below:				
	specified below				
*(B)	examine the part of the *lift/escalator or associated equipment or machinery of the *lift/escalator (with details): and in the manner specified below:				
, ,					
l am sati	isfied that the parts	specified in *(A)/(B) above are in safe working order.			
木人羽が	F. 上 整 昭 木 人 * 巠 睡	·/·並非受聘於承辦上述*升降機/自動梯保養工程的註冊*升降機/自動梯承辦商。			
		am not employed by the registered *lift/escalator contractor undertaking the			
mainten	ance works of the a	above-mentioned *lift/escalator.			
	S	註冊*升降機/自動梯工程師簽署 簽發日期 ignature of Registered *Lift/Escalator Engineer Date of Issue			





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機電工程署



重要通知

任何人士試圖向任何政府人員提供利益(根據《防止賄賂條例》(第201章)定義),以影響本申請的結果,即構成《防 止賄賂條例》所訂的罪行・並導致有關申請無效・而機電工程署會向廉政公署舉報個案。如任何政府人員或其代理人就 本申請向你索取利益,你應向廉政公署舉報(電話號碼:25266366)。

Important Notice

Any attempt to offer advantage (as defined in the Prevention of Bribery Ordinance ("POBO") (Cap. 201)) to any government officer with a view to influencing the outcome of this application constitutes an offence under the POBO and renders the application invalid. The case will be reported to the Independent Commission Against Corruption. You should report to the ICAC (Telephone No.: 2526 6366) if any government officer or their agent solicits an advantage from you in relation to this application.