

譯本

立法會CB(2)294/15-16(01)號文件

香港特別行政區政府
政務司司長辦公室轄下行政署



The Government of
The Hong Kong Special Administrative Region
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Chief Secretary for Administration's Office

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戴燕萍小姐

戴小姐 :

2015 年 10 月 8 日內務委員會特別會議

於 2015 年 10 月 8 日立法會內務委員會的特別會議上，有委員要求政府提供相關政府部門檢查和監察食水供應系統中所使用的水喉部件或裝置的記錄文件。由房屋署提供的有關補充資料如下。

自 90 年代，房屋委員會（房委會）已開始於公共房屋的項目中廣泛使用於地盤以外製造的預製組件，把難以在地盤上進行實地裝嵌的工程轉移到工廠環境，以便更有效地進行監察。房委會已落實多項法定和非法定的措施，以確保地盤以外製造的預製組件的品質，包括對製造工廠有認證要求、要求工廠提交品質保證計劃予房委會審批、委託獨立的專業服務供應商監督工廠中的工程、定期到工廠監察服務供應商的表現、測試及檢查所使用的物料等。為確保預製組件的品質，專業服務供應商用以在工廠進行監察的相關表格載於附件。

行政署長
(衛懿欣女士代行)

副本送：房屋署（經辦人：馬念恩女士）

二零一五年十一月十六日

List of Resident Supervisor Inspection Forms

1. Form 01 (C-1) Inspection for Works Before and During Concreting 130603 (2 pages)
2. Form 02 (F-1) Inspection Form for Finished Products 130603 (2 pages)
3. Form 03 (CT-1) Summary of Covermeter Test Witnessed by RS 130603 (1 page)
4. Form 04 (HT-1) Summary of Hammer Test Witnessed by RS 130603 (1 page)
5. Form 05 (WP-1) Summary of Works Progress 130603 (1 page)
6. Form 06 (MC-1) Summary of Checking of Materials 130603 (1 page)
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10. Form 10 (DL-1) PCSE Delivery Record 130603 (1 page)
11. Form 11 (NCC-1) Non-Conformance Report for Works Before and During Concreting 130603 (1 page)
12. Form 12 (NCF-1) Non-Conformance Report for Finished Products 130603 (1 page)
13. Form 13 (A-1) Inspection for Finished Products (Architectural Items) 130603 (2 pages)

Inspection for Works Before and During Concreting

Form no. C-1

PCSE Factory: _____ al No.: _____

Project (Contract No.): _____

Types of PCSE*: Volumetric Kitchen(VPK) / VPBathroom(VPB) / VPCum(VPC) / Façade(F) /
 Beam(B) / Refuse Chute(RC) / Partition Wall(PW) / Hanger Wall (HW) / Staircase (ST) /
 Half-landing (HL) / Semi-slab(SS) / Full-slab(FS)/Other _____ () (*Circle as
 appropriate)

Date of Inspection: _____

Product Type	Product I.D.	# (1) Steel Formwork	# (2) Reinforcement/Size /Number	# (3) Spacing/Chairs /Tying Wires	# (4) Lifting Inserts /Cast-in Items	# (5) Window Fixing/Lugs	# (6) Electrical Conduits /Accessories	# (7) Workmanship	# (8) Concreting	# (9) Others/ Pipe Sleeves/Floor/ Drain/Laundry/ RFID	# (10) Demoulding

Note: √ = Complied, X = Not Complied, NA = Not Applicable

Remarks: _____

Inspected by RS

Checked by LRS

(Name)

Date

(Name)

Date

*See overleaf for inspection checklist, guidelines and notes.

Inspection for Works Before and During Concreting

Form no. C-1 (Reverse)

Inspection Guidelines

(1) Steel Formwork

- Mould is clean and surface is smooth. Dimensions are within MPD. Mould oil applied as specified.

(2) Reinforcement

- Number, size, length, position and spacing of reinforcement are provided as specified.
- Concrete cover to reinforcement is within MPD.
- Checking the usage of passed rebars.

(3) Spacers/Chairs/Tying Wires

- Brand name, size and type of spacers/chairs/tying wires are as specified / approved; Ends of tying wires are not encroached into cover zone.

(4) Lifting Inserts/Cast-in Items

- Brand name, size, number and position of lifting inserts/cast-in items are provided as specified/approved.

(5) Window Frame/Fixing lugs

- Brand name, setting out of window frame are provided as specified/approved;
- Fixing lugs are provided as specified/approved.

(6) Electrical Conduits/Accessories

- Brand name, size, routing, number and position of electrical conduits/boxes/accessories/earthing lugs are provided as specified/approved. Concrete cover to conduits/accessories is within MPD.

(7) Workmanship

- Steel mould/reinforcements are clean, free from contamination. Reinforcements are securely fixed.
- Steel mould is securely connected. Conduits/accessories are properly bent, fixed and jointed.
- Checking the condition of exposed aggregate at one side of pre-concreted window frame.

(8) Concreting

- Concreting works comply with the approved quality plan.
- To witness the Sampling of Concrete Cubes and Slump Tests on random basis.

(9) Others/ Pipe Sleeves/Floor/ Drain/Laundry/ RFID

- The materials are provided and installed as specified.

(10) Demoulding

- To check demoulding and dismantling of steel mould to be complied with the Specified / Approved method and properly carried out.
- To inspect test results of concrete cubes for demoulding in order to ensure that all PCSE are demoulded only after they have attained approved concrete strength and/or approved criteria.

Notes

- Record all inspections by marking: A cross (X Date) to denote a Fail; or a tick (√ Date) to denote a Pass.
- Do not use any symbols except those mentioned above.
- Identify the defects by marking the spots with appropriate method.
- Sign and record the date of each inspection.
- Inspected items are checked in accordance with the current DASM Site Inspection Guide Book & Specification Library.

Example:

Product Type	Product I.D.	#(1)Steel Formwork	#(2)Reinforcement Sizes/Number	#(3) Spacing/Chairs /Tying Wires	#(4)Lifting Inserts /Cast-in Items	#(5)Window Fixing /Lugs	#(6) Electrical Conduits /Accessories	#(7) Workmanship	#(8) Concreting	#(9) Others Pipe Sleeves/Floor Drain/Laundry /RFID	#(10) Demoulding
F	SSW/T65B/CF0505120 2/MFT2A	√ 1/4	√ 1/4	X 1/4	√ 1/4	√ 1/4	X 1/4	√ 1/4	√ 1/4	√ 1/4	√ 2/4
				√ 1/4			√ 1/4				
SS	SSW/T65B/CP1605121 0/S17R	√ 1/4	× 1/4	√ 1/4	√ 1/4	√ 1/4	√ 1/4	X 1/4	√ 1/4	N/A	√ 2/4
			√ 1/4					√ 1/4			

Inspection Form for Finished Products

Form no. F-1

PCSE Factory: _____

al No.: _____

Project (Contract No.): _____

Types of PCSE*: Types of PCSE*: Volumetric Kitchen(VPK) /VPBathroom(VPB) /VPCum(VPC) /Façade(F) /Beam(B) /Refuse Chute(RC) /Partition Wall(PW) /Hanger Wall (HW) /Staircase (ST) /Half-landing (HL)/Semi-slab(SS) /Full-slab(FL)/ Other _____ () (*Circle as appropriate)

Date of Inspection: _____

Product Type	Product I.D.	# (1) Concrete Surface/ Surface Receiving Tile	# (2) Construction Joints	# (3) Dimensions	# (4) Starter Bars	# (5) Engraved Logo /Date /Product I.D.	# (6) Lifting Inserts	# (7) Window Frame (Protection)	# (8) Electrical Conduits /Accessories	# (9) Wall Tiles/Nonslip Ceramic Nosing Tile	# (10) Others / Laundry Rack Support /RFID	# (11) Handling/Storage /Transportation	# (12) Curing	# (13) Hammer Test	# (14) Covermeter Test

Note: ✓ = Complied, X = Not Complied, NA = Not Applicable

Remarks: _____

Inspected by RS

Checked by LRS

 (Name) Date

 (Name) Date

*See overleaf for inspection checklist, guidelines and notes.

Inspection Form for Finished Products

Form no. F-1 (Reverse)

Inspection Guidelines

- (1) *Concrete Surface/Surface Receiving Tile*
 - *Concrete surface/surface receiving tile is free from defects.*
- (2) *Construction Joints*
 - *Construction joints are formed as per specifications and approved sample.*
- (3) *Dimensions*
 - *Dimensions are within MPD.*
- (4) *Starter Bars*
 - *Number, size and position of starter bars are provided as specified.*
- (5) *Engraved Logo /Date /Product I.D.*
 - *The engraved supplier's logo and casting date and printed Product's ID are as specified/approved and match with relevant certificates and delivery notes.*
- (6) *Lifting inserts*
 - *The cast-in items and lifting inserts are provided as specified/approved .*
- (7) *Window Frame (Protection)*
 - *Package is not damaged.*
- (8) *Electrical Conduits/Accessories/Earthing lugs*
 - *Brand name, size, routing, number and position of electrical conduits and accessories are provided as specified/approved. Concrete cover to conduits/accessories is within MPD. The earthing lugs are tested for electrical continuity.*
- (9) *Wall Tiles/Non-slip Ceramic Nosing Tile*
 - *The materials are provided and installed as specified.*
- (10) *Others / Laundry Rack Support /RFID*
 - *Installed as specified.*
- (11) *Handling/Storage/Transportation*
 - *The stage works comply with the approved quality plan.*
- (12) *Curing*
 - *The curing works are carried out as per specifications.*
- (13) *Hammer Tests*
 - *Schmidt hammer tests for early strength concrete have been carried out at the specified frequency (5%) and the results were satisfactory.*
- (14) *Covermeter Tests*
 - *Covermeter tests have been carried out at the specified frequency (5%) and no failed location found.*

Notes

- (1) *Record all inspections by marking:*
 - *a cross (x Date) to denote a Fail*
 - *a tick (✓ Date) to denote a Pass*
- (2) *Do not use any symbols except those mentioned above.*
- (3) *Identify the defects by marking the spots with appropriate method.*
- (4) *Sign and record the date of each inspection.*

Summary of Covermeter Test Witnessed by RS

Form no. CT-1

PCSE Factory: _____

Serial No.: _____

Project (Contract No.): _____

Date : _____

Product I.D.	Type of PCSE	Casting Date	Testing Date	Testing Result	Remarks

Note: * PCSE cast on Sunday/Public Holiday/Rest Day

Remarks: _____

Prepared by RS .

Checked by LRS .

(Name)

Date

(Name)

Date

Summary of Schmidt Hammer Test Witnessed by RS

Form no. HT-1

PCSE Factory: _____ Serial No.: _____

Project (Contract No.): _____

Date: _____

Products ID Number	Type of PCSE	Casting Date	Testing Date	Testing Result	Remarks

Note: * PCSE cast on Sunday/Public Holiday/Rest Day

Remarks: _____

Inspected by RS of _____

(Name) Date

Checked by LRS _____

(Name) Date

Summary of Works Progress

Form no. WP-1

PCSE Factory: _____ Serial No.: _____

Project (Contract No.): _____

Date : _____

Types of PCSEs	Total Number of PCSEs to be produced for the Project	Number of PCSEs Produced for this Month	Total Number of PCSEs Produced up to this Month	Percentage of Completion
Volumetric Kitchen(VPK)				
VPBathroom(VPB)				
VP Cum(VPC)				
Façade(F)				
Beam(B)				
Refuse Chute(RC)				
Partition Wall(PW)				
Hanger Wall (HW)				
Staircase (ST)				
Half-landing (HL)				
Semi-slab(SS)				
Other				
Total				

Remarks: _____

Inspected by RS

Checked by LRS

 (Name)

 Date

 (Name)

 Date

Summary of Checking of Materials

Form no. MC-1

PCSE Factory: _____ Serial No.: _____

Project (Contract No.): _____

Date : _____

Materials	Approved Brand/Supplier	Date of Checking	Shelf Life	Application	Remarks
Tile Adhesive & Grout					
Nosing Tile					
Tactile					
uPVC Electrical conduit					
uPVC Drain Pipe					

Note:

1. Inspection on the above materials shall be carried out not less than twice a month.
2. The tile adhesive, tile grout, uPVC and accessories shall be used the Approved brands.
3. The tile adhesive, tile grout and accessories shall be used before the date of expiry.
4. The application of tile adhesive, tile grout, and accessories shall be in accordance with Manufacturer's recommendation/instructions.

Remarks: _____

Inspected by RS

Checked by LRS

 (Name)

 Date

 (Name)

 Date

Hong Kong Housing Authority
 Professional Services for Factory Inspection on Precast Concrete Components Produced in
 South Region of Guangdong Province of China
HKHA Agreement No.

Defects Rectification Records

Form no. DR-1

PCSE Factory: _____ Serial No.: _____
 Project (Contract No.): _____
 Date : _____

Type of PCSE	Product I.D.	Defects Identified				Inspection after Rectification			Remarks
		Details of Defects	Date	Inspected by	Relevant Inspection Form Nos.	Inspection Result	Date	Inspected by	

Note: 1. Details of rectification works refer to the approved Quality Assurance Plan.
 2. (√) = satisfactory and (x) = unsatisfactory.

Remarks: _____

Inspected by RS

Checked by LRS

(Name)

Date

(Name)

Date

Hong Kong Housing Authority
Professional Services for Factory Inspection on Precast Concrete Components Produced in
South Region of Guangdong Province of China
HKHA Agreement No. :

Summary of Surveillance Sampling & Testing

Form no. ST-1

PCSE Factory: _____

Serial No.: _____

Project (Contract No.): _____

Date : _____

Date of Sampling	Materials	Type of Testing	Number of Sample	Result	Date of Test Report Received	Remarks
1 July 2011	Cement	Physical				
	Aggregate 10mm					
	Aggregate 20mm					
	Stone Fines					
	GGBS					

Remarks: _____

Prepared by LRS

(Name)

Date

Summary Record of Hammer & Covermeter Test

Form no. SHC-1

PCSE Factory: _____ Serial No.: _____

Project (Contract No.): _____

Date : _____

Type of PCSE	Number of PCSEs produced this month	No. of Hammer Test	Percentage of Hammer Test for this month (%)	No. of Covermeter Test	Percentage of Covermeter Test of this month (%)
Façade (e.g)					

Remarks: _____

Inspected by RS

Checked by LRS

 (Name)

 Date

 (Name)

 Date

Hong Kong Housing Authority
 Professional Services for Factory Inspection on Precast Concrete Components Produced in
 South Region of Guangdong Province of China
 HKHA Agreement No. _____

PCSE Delivery Record

Form no. DL-1

PCSE Factory: _____

Serial No. _____

Project (Contract No.): _____

Delivery Date	Product Type	Product I.D.	Detailed Inspection Before Concreting	Schmidt Hammer Test	Inspection on Finished Product before Delivery	Cover meter Test	Delivery Docket No.	Remarks

Remarks: _____

- Note: i) Any non-conformities should be marked in remark column;
 ii) PQCM of PCSE Factory should be notified for any Non-conformities; and
 iii) PQCM of PCSE Factory should confirm the Non-conformities have been rectified, if any.

Prepared by RS

N.C. in Remarks column
 has been rectified

Checked by LRS

 (Name) Date

 (Name/PQCM) Date

 (Name) Date

Non-Conformance Report for Works Before and During Concreting Form no. NCC-1

PCSE Factory: _____ Serial No.: _____

Project (Contract No.): _____

Types of PCSE*: Volumetric Kitchen(VPK) / VPBathroom(VPB) / VPCum(VPC) / Façade(F) /
 Beam(B) / Refuse Chute(RC) / Partition Wall(PW) / Hanger Wall (HW) / Staircase (ST) /
 Half-landing (HL) / Semi-slab(SS) / Other _____ () (*Circle as appropriate)

Date of Inspection: _____

Product Type: F Product I.D. : _____

Non-compliance Items: *(1) / (2) / (3) / (4) / (5) / (6) / (7) / (8) / (9) / (10) / _____ (other)

Deficiencies Identified for Each Non-Compliance Items:

Item	Deficiencies Identified

Date of Rectification Works : _____

Rectification Works for Each Non-Compliance Items:

Item	Rectification Works

Remarks: _____

Inspected by RS _____

Checked by LRS _____

 (Name)

 Date

 (Name)

 Date

Non-Conformance Report for Finished Products

Form no. NCF-1

PCSE Factory: _____ Serial No.: _____

Project (Contract No.): _____

Types of PCSE*: Volumetric Kitchen(VPK) / VPBathroom(VPB) / VPCum(VPC) / Façade(F) /
 Beam(B) / Refuse Chute(RC) / Partition Wall(PW) / Hanger Wall (HW) / Staircase (ST) /
 Half-landing (HL) / Semi-slab(SS) / Other _____ () (*Circle as appropriate)

Date of Inspection: _____

Product Type: _____ Product I.D. : _____

Non-compliance Items: *(1) / (2) / (3) / (4) / (5) / (6) / (7) / (8) / (9) / (10) / (11) / (12) / (13) / (14)
 / _____ (other)

Deficiencies Identified for Each Non-Compliance Items:

Item	Deficiencies Identified

Date of Rectification Works: _____

Rectification Works for Each Non-Compliance Items:

Item	Rectification Works

Remarks: _____

Inspected by RS _____

Checked by LRS _____

 (Name)

 Date

 (Name)

 Date

Inspection Form for Finished Products (Architectural Items)

Form no. A-1

PCSE Factory: _____ Serial No.: _____

Project (Contract No.): _____

Types of PCSE : Volumetric Precast Bathroom(VPB)/ Volumetric Precast Kitchen(VPK)/
Volumetric Precast Bathroom cum Kitchen(VPC)

Date of Inspection: _____

Product Type	Product I.D.	# (1) Waterproofing Item 3,4,5,6,7 (10%)	# (2) Painting Item 2,3,4 (10%)	# (2) Painting Item 5,7 (Random)	# (3) Wall Tiles Item 3,4,6,8,9,10,11,12,13 (10%)	# (3) Wall Tiles Item 2,5 (Random)	# (4) Floor Tiles Item 3,4,6,8,9,10,11,12,13,14 (10%)	# (4) Floor Tiles Item 2,5 (Random)	# (5) Screeding Item 2,5,7,8,9 (10%)	# (5) Screeding Item 3,4 (Random)	# (6) Aluminum Window Installation Item 3,4,5,6,7,8 (10%)	# (6) Aluminum Window Installation Item 1,2 (Random)	# (7) Shower Tray Item 1,2,3,4,5 (10%)

Note: √ = Complied, x = Not Complied, NA = Not Applicable
Remarks: _____

Inspected by RS

Checked by LRS

(Name) _____ Date _____

(Name) _____ Date _____

*See overleaf for inspection checklist, guideline and notes.

Inspection Guidelines

Waterproofing WAT6.03	
Item	Recommended Inspection %
3 Background Preparation	10%
4 Materials & Type	10%
5 Application	10%
6 Thickness and coats	10%
7 Curing and Protection	10%

Floor Tiles FIN5.03	
Item	Recommended Inspection %
2 Material, Type and Size	Random
3 Background Preparation	10%
4 Tile Preparation	10%
5 Mixing of Bedding	Random
6 Bedding & Fixing	10%
8 Tile Joint	10%
9 Grouting	10%
10 Finish	10%
11 Levels & Falls	10%
12 Alignment of Joints	10%
13 Cleanliness	10%
14 Soundness	10%

Screeding FIN3.01	
Item	Recommended Inspection %
2 Background Preparation	10%
3 Mix of Screed	Random
4 Laying Screeds	Random
5 Thickness of Screeds	10%
7 Finish	10%
8 Evenness & Fall	10%
9 Soundness	10%

Painting FIN7.01	
Item	Recommended Inspection %
2 Background Preparation	10%
3 Wood Preservative / Sealer	10%
4 Stop, Knot and Prime	10%
5 Mixing and Application of Paint	Random
7 Undercoats	Random

Aluminium Windows Installation COM2.03	
Item	Recommended Inspection %
1 Pivot and Stay	Random
2 Drainage	Random
3 Bituminous Paint	10%
4 Fixing Lugs	10%
5 Transom & Mullion Stiffener	10%
6 Positioning & Fixing	10%
7 Protection	10%
8 Equipotential Bonding	10%

Wall Tiles (Internal) FIN5.01	
Item	Recommended Inspection %
2 Materials, Type and Size	Random
3 Background Preparation	10%
4 Tiles Preparation	10%
5 Mixing of Bedding	Random
6 Bedding & Fixing	10%
8 Tile Joints	10%
9 Grouting	10%
10 Finish	10%
11 Cleanliness	10%
12 Evenness & Alignment	10%
13 Soundness	10%

Miscellaneous Works - Shower tray MIS.01	
Item	Recommended Inspection %
1 Dimension Check	10%
2 Surface Quality	10%
3 Two-way floor drain	10%
4 Galvanized mesh under shower tray	10%
5 Protection	10%

Note:

- Do not use any symbols except those mentioned above.
- Identify the defects by marking the spots with appropriate method.
- Sign and record the date of each inspection.
- Inspection for painting is applied for KT1A project
- Inspection for shower tray is applied for KT1B project
- Examples for showing how to use the form:
- Example 1: If RS inspected Item 3 of any work stage and found passed, then the corresponding cell shall be filled as:

3	√
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- Example 2: If RS inspected all items of any work stage and found passed, then the corresponding cell shall be filled as:

A	√
---	---

- Example 3: If RS inspected Item 5 of any work stage and found failed, then the corresponding cell shall be filled as:

5	x
---	---

- If re-inspection passed, the lower cell shall be filled as:

5	√
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