



香港特別行政區政府海事處

MARINE DEPARTMENT

THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION

給予資料表列入與船上密閉空間工作關聯的合資格人士(CPs)名單內
Information Given for Enlisting in the List of Competent Persons (CPs) in relation to works in
Confined Space on vessels

註：填寫本表格前，請參閱第二頁的‘填表須知’。

Note: Please read the ‘Guidance Notes’ on page 2 before filling in this form.

致： 海事處處長，海事處，海事工業安全組（經 傳真：2543 7209）
（或經 郵寄給：香港中環統一碼頭道 38 號 23 樓 海港政府大樓 2315 室）
TO: Director of Marine, Marine Department, Marine Industrial Safety Section (by fax : 2543 7209)
(or by mail addressed to : Harbour Building, Room 2315, 23/F., Pier Road, Central, Hong Kong)

由：
FROM: _____
(申請者的姓名)
(Name of Applicant)

我擁有“工作守則—船上密閉空間工作”所定義合資格人士(CP)的資格和經驗。我有興趣為業界提供服務，並想把我的姓名表列入與密閉空間工作關聯的合資格人士名單內以供張貼在貴處之網頁。

I am holding the qualification and experience of Competent Person (CP) as defined in your “Code of Practice – Working in Confined Space” for vessels. I have the interest to provide my service to the industry and would like to include my name in the list of Competent Persons available for Confined Space work posted in your webpage.

我知道，通過表列本人的姓名和聯繫方式於海事處 (MD) 的合資格人士 (CP) 聯繫名單內，該資料可能會透過海事處的網站或佈告或查詢櫃檯發放，目的只用於提供資料以利業界，在進行船上密閉空間相關的工程活動前，船東或參與有關工程合約的所有人僱用合資格人士 (CP) 開展相關工程活動的風險評估。我明白與服務有關的合約內所有條款和條件，以及關於賠償責任和賠款方面，純粹是我本人與締約方之間的商議。

I am aware of that by enlisting my name and contact details in the Marine Department’s (MD) contact list of CPs, which may be disseminated through MD’s website or notices or at service counter, it serves only to provide information to facilitate the industry, owners of vessels or owners of the concerned works contract for the engagement of CP to carry out risk assessment for the works related activities carried out in confined space on vessels. I understand that all the terms and conditions, and considerations on liability and indemnity associated with the related contract of services are purely between myself and the contracting party.

對於標題所示安排的目的，我在此聲明，憑藉我的資格、訓練和經驗，我有能力進行風險評估，其中包括密閉空間的氣體測試，以及提出在船上密閉空間開展相關工程活動的安全建議；這是“工作守則—船上密閉空間工作”所提議之安全系統的一部分。我所提供給海事處 (MD) 的資料是真實和正確。我也承諾，每當有改變需要更新資料或無論何時我不再有興趣服務業界或擔任合資格人士 (CP)，我必須通知海事處 (MD)。現隨函附上我的資歷和經驗的證明文件副本。

For the purpose of captioned arrangement, I hereby declare that by the reason of my qualification and experience, I am competent to carry out risk assessment, which includes the testing of confined space atmosphere, and provide safety recommendations to the works related activities carried out in confined space on vessels; which being a part of the safe system of work as suggested in the “Code of Practice – Working in Confined Space” for vessels. The information provided by me to MD overleaf are true and correct. I also undertake that I shall notify MD for information updating whenever there are changes or whenever I am no longer interested in serving the industry or as CP. I attach herewith a copy of the proof of my qualification and experience.



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姓氏 # Surname #	
名字 # Given name #	
中文名字 (如適用) Name in Chinese (if applicable)	
電話號碼 Telephone	
傳真號碼 Fax number	
電郵地址 Email address	
通訊地址 # (中文及英文) Correspondence address # (Chinese and English)	
資格 (請在具備該資格的方格內打鈎。你可以選擇一個以上的方格。) Qualification (Please tick in the box for the qualification possessed. You can tick more than one box.)	<input type="checkbox"/> 1. 核准人士 an Approved Person <input type="checkbox"/> 2. 根據第 295B 章《危險品(一般)規例》獲消防處處長批准的人 a person approved by Director of Fire Services under DG(G)R, Cap. 295B <input type="checkbox"/> 3. 甲板高級船員合格證書(遠洋輪船)二級或以上由海事處處長簽發或認可的持有人 a holder of Class 2 Certificate of Competency as Deck Officer (Seagoing Vessel) or above issued or recognized by Director of Marine <input type="checkbox"/> 4. 輪機師合格證書(遠洋輪船)二級或以上由海事處處長簽發或認可的持有人 a holder of Class 2 Certificate of Competency as Marine Engineer Officer(Seagoing Vessel) or above issued or recognized by Director of Marine <input type="checkbox"/> 5. 根據第 59AE 章《工廠及工業經營(密閉空間)規例》獲勞工處處長承認可履行職責的合資格人士。 a person recognized by the Commissioner for Labour to carry out the duties of a competent person under Factory and Industrial Undertakings (Confined Spaces) Regulation, Cap. 59AE. 證書到期日 Certificate expiry date: _____

資料必須填寫 Mandatory Information

(簽名 Signature) _____

日期 Date : _____

(姓名 Name in block) ()

填表須知： 這是一項自願性質的安排，目的為促進符合條件的合資格人士(CPs)並感興趣對在船上密閉空間工作進行風險評估提供服務及就相關之活動提出建議。收集的資料是作為更新合資格人士名單提供給業界使用的資料。當提供的資料有疑問或不完整，本處有絕對的權利及決定不表列該資料。

Guidance Notes: This is a voluntary arrangement for the purpose to facilitate liaison between eligible CPs who are interested in providing services on conducting risk assessment and make recommendations to the works related activities carried out in confined space on vessels. The information collected is for use in updating the list of Competent Persons as information provided to the industry. The Department has the absolute right and decision not to enlist such information when the information provided is in doubt or incomplete.

Personal Data Collection Statement 收集個人資料聲明

In accordance with the Personal Data (Privacy) Ordinance (Cap. 486), data subjects have a right to request access to and correction of their personal data provided in the application form. For access to or correction of personal data in the application form, please contact the officer-in-charge, Marine Industrial Safety Section of the Marine Department.

根據《個人資料(私隱)條例》(第 486 章)，資料當事人有權要求查閱及改正在此申請表提供的個人資料。如須查閱或改正此申請表的個人資料，請與海事工業安全組聯絡。