

REQUEST FORM FOR EMERGENCY REPAIR (ER) IN AIDED SCHOOLS (effective from September 2024)

Notes from school (Mandatory field) : Submission of application via the EDB's Common Log-On System (CLO) to SMART system at <http://clo.edb.gov.hk> on (date: _____) was unsuccessful

Section A - To be completed by school

(Please fax this form to District Duty Officer (DDO), Maintenance Term Contractor, Maintenance Surveyor and Senior School Development Officer (SSDO) of the Education Bureau (EDB))

To: Permanent Secretary for Education (Attn: District Duty Officer) Fax: 2834 5281 (for Contract Areas 1a & 1b)* Fax: 2112 9289 (for Contract Areas 2a & 2b)* Fax: 2114 2121 (for Contract Areas 3a)* Fax: 2811 5775 (for Contract Areas 3b)* c.c.: Maintenance Surveyor, EDB Fax: 2127 4055 SSDO() , EDB Fax: _____ Maintenance Term Contractor (for Contract Area 1a/1b/2a/2b/3a/3b)* Fax: 2572 2972 (Area 1a) 2744 6937 (Area 1b) 2744 6937 (Area 2a) 2440 0439 (Area 2b) 2440 0439 (Area 3a) 2572 2972 (Area 3b)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">School Name and Address:</td> <td style="width:15%;">School Code:</td> <td style="width:5%;"></td> <td style="width:5%;"></td> <td style="width:5%;"></td> <td style="width:5%;"></td> </tr> <tr> <td colspan="6">District: _____ <input type="checkbox"/> Non-aided portion involved</td> </tr> <tr> <td colspan="6">Type: Primary/ Secondary/ Special *</td> </tr> <tr> <td colspan="2">Name of contact person:</td> <td colspan="2">Tel:</td> <td colspan="2">Fax:</td> </tr> <tr> <td colspan="6">Description of defect (within school portion):</td> </tr> <tr> <td colspan="6">Remarks (complete if applicable):</td> </tr> <tr> <td colspan="6">This is a repeated problem and the ER Request No. of the related case is _____</td> </tr> <tr> <td colspan="6">The requested works have been inspected by School's maintenance contractor(s) on _____ and the respective _____ quotation(s) is/are attached for reference.</td> </tr> <tr> <td colspan="3">Date: _____</td> <td colspan="3">Signed: _____</td> </tr> <tr> <td colspan="6" style="text-align: right;">Head of School</td> </tr> </table>	School Name and Address:	School Code:					District: _____ <input type="checkbox"/> Non-aided portion involved						Type: Primary/ Secondary/ Special *						Name of contact person:		Tel:		Fax:		Description of defect (within school portion):						Remarks (complete if applicable):						This is a repeated problem and the ER Request No. of the related case is _____						The requested works have been inspected by School's maintenance contractor(s) on _____ and the respective _____ quotation(s) is/are attached for reference.						Date: _____			Signed: _____			Head of School					
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Section B - To be completed by District Duty Officer (DDO), EDB

To: Maintenance Surveyor, EDB Fax: 2127 4055 c.c : SSDO() , EDB Fax: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Date of receiving request for ER: _____</td> <td style="width:40%;">ER Request No.</td> </tr> <tr> <td colspan="2">Estimated Works Cost: \$ _____</td> </tr> <tr> <td colspan="2">Recommendation to the above ER : (please "✓" where appropriate)</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> ER recommended and SMS(SPM)'s approval to proceed with the works is hereby sought <input type="checkbox"/> ER not recommended </td> </tr> <tr> <td colspan="2"> <input type="radio"/> Estimated cost less than \$6,000 (primary and special school) or \$10,000 (secondary school). <input type="radio"/> Others, please specify: _____ </td> </tr> <tr> <td colspan="2">Remarks, if any:</td> </tr> <tr> <td colspan="2">Name of DDO: _____</td> </tr> <tr> <td colspan="2">Tel: _____</td> </tr> <tr> <td colspan="2">Date: _____ Signed: _____</td> </tr> <tr> <td colspan="2" style="text-align: right;">for _____ (Consultant Name)</td> </tr> </table>	Date of receiving request for ER: _____	ER Request No.	Estimated Works Cost: \$ _____		Recommendation to the above ER : (please "✓" where appropriate)		<input type="checkbox"/> ER recommended and SMS(SPM)'s approval to proceed with the works is hereby sought <input type="checkbox"/> ER not recommended		<input type="radio"/> Estimated cost less than \$6,000 (primary and special school) or \$10,000 (secondary school). <input type="radio"/> Others, please specify: _____		Remarks, if any:		Name of DDO: _____		Tel: _____		Date: _____ Signed: _____		for _____ (Consultant Name)	
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Note for SSDO: On receipt of the copy of the request from school, SSDO concerned is required to provide relevant information which warrants the attention of the SPM Section (e.g., non-aided portion involved, fee-charging school, school's request is not supported, etc.), if any, in the first instance. For works of estimated cost exceeding \$200,000, the SPM Section will contact SSDO concerned direct for confirmation.

* Please delete as appropriate