**Certificate of Compliance with Healthcare Engineering Requirements**

**Code of Practice for Private Hospitals (Cap. 633)**

**Medical gas pipeline system**

**Section A**

Information of the hospital and service covered by the application:

|  |  |  |
| --- | --- | --- |
| Hospital | : | Example: XXX Hospital  |
| Service | : | Example: Ophthalmology |
| Service Location | : | Example: 11/F, Block A, XXX Hospital  |

**Section B**

I, as the authorized representative of the Licensee of the Hospital, declare that I have arranged a Registered Professional Engineer (R.P.E.) to certify in **Section C** that the medical gas pipeline system(s) for the service described in **Section A** to be in compliance with the requirements in the *Code of Practice for Private Hospitals*,and I hereby warrant that the medical gas pipeline system(s) comply with the requirements of the *Code of Practice for Private Hospitals.*

|  |  |  |
| --- | --- | --- |
| Name | : | Example: CHAN Tai Man |
| Post Title | : | Example: Facility Manager |
| Signature | : |  |
| Date | : |   |
| Hospital Chop | : |  |

**Section C**

I, as a Registered Professional Engineer (R.P.E.), certify that the medical gas pipeline system(s) for the service described in **Section A** have been designed, installed and completed in compliance with the requirements in the *Code of Practice for Private Hospitals*:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Location | Healthcare Engineering Standard(s)  | Piped Medical Gas | Nominal Pressure (kPa) | Designed flow for each terminal unit / dental chair (L/min) | Diversified Flow (L/min) |
| Example: Operating Room 1 | HTM 02-01 (2006 Edition) | Oxygen (O2)Medical air (MA4)Medical Vacuum | 40040040 | 1004040 | 1004040 |
| Example: Recovery Area | HTM 02-01 (2006 Edition) | Oxygen (O2)Medical air (MA4)Medical Vacuum | 40040040- | 104040 | 104040 |
| Example: Treatment Room 1 | HTM 2022 – Supplement 1 (2003 Edition) | Dental compressed airDental vacuum | 55082 | 50300 | 100600 |
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**Section C (cont.)**

The particulars of the medical gas pipeline system(s) are shown in the following schematic diagrams(s) and layout plan(s):

|  |  |  |
| --- | --- | --- |
| Drawing No. | Revision | Drawing Title |
| Example: MG/S/01 | 1 | Medical Oxygen Supply Schematic Diagram |
| Example: MG/S/02 | 0 | Medical Air Schematic Diagram |
| Example: MG/S/03 | 0 | Medical Vacuum Schematic Diagram |
| Example: MG/S/04 | 0 | Dental Compressed Air Schematic Diagram |
| Example: MG/S/05 | 3 | Dental Vacuum Schematic Diagram |
| Example: MG/L/01 | 0 | Layout plan of Medical Air Compressor Plant at R/F |
| Example: MG/L/02 | 0 | MGPS Layout Plan at 10/F |
| Example: MG/L/03 | 1 | MGPS Layout Plan of OR and Recovery Area at 7/F |
| Example: MG/L/04 | 2 | DAVS Layout Plan at Dental Treatment room 1/F |
| - | - | - |
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**Section C (cont.)**

|  |  |  |
| --- | --- | --- |
| Drawing No. | Revision | Drawing Title |
| - | - | - |
| - | - | - |
| - | - | - |
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| - | - | - |

I also confirm that I have personally inspected the medical gas pipeline system(s) covered by this certificate and the results of the inspection are satisfactory.

|  |  |  |
| --- | --- | --- |
| Name | : | Example: LEE Chi Nan |
| R.P.E. Number | : | Example: RPE123456 |
| Discipline[[1]](#footnote-1) | : | Please select |
| Signature | : |  |
| Date | : |   |

1. *A Registered Professional Engineer certifying a medical gas pipeline system shall be registered in the mechanical discipline or building services discipline with the Engineers Registration Board under the Engineers Registration Ordinance (Cap. 409).* [↑](#footnote-ref-1)