**Certificate of Compliance with Healthcare Engineering Requirements  
Code of Practice for Private Hospitals (Cap. 633)**

**Specialized ventilation 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 specialized ventilation 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 specialized ventilation 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 specialized ventilation system(s) for the service described in **Section A** have been designed, installed and completed in compliance with requirements in the *Code of Practice for Private Hospitals*:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Location | Healthcare Engineering Standard(s) | Differential Pressure to Adjacent Areas  (Pa) | Minimum Air Change per Hour  (Outdoor air / Total air)  (ACH) | Minimum Filter Efficiency  (Outdoor air / Recirculating air / Exhaust air) | Design Room Temperature  (oC) | Design Relative Humidity  (%) |
| Example: AII Room | ANSI/ASHRAE/ ASHE Standard 170-2021 | At least -2.5 | 2 / 12 | MERV-14 / HEPA / HEPA | 21 - 24 | Max 60 |
| Example: Operating Room 1 | HTM 03-01 (2021 edition) | At least +25 | 22 / 22 | HEPA / NA / NA | 20 - 24 | 35 - 60 |
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| - | - | - | - | - | - | - |
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**Section C (cont.)**

The particulars of the specialized ventilation system(s) are shown in the following schematic diagrams(s) and layout plan(s):

|  |  |  |
| --- | --- | --- |
| Drawing No. | Revision | Drawing Title |
| Example: AC/S/01 | 1 | Air-side Main Schematic Diagram |
| Example: AC/S/02 | 0 | Water-side Main Schematic Diagram |
| Example: AC/S/03 | 1 | Air-side Schematic Diagram of specialized ventilation systems of OR2 at 2/F |
| Example: AC/L/01 | 1 | Layout plan of Chiller Plant |
| Example: AC/L/02 | 1 | Layout plan of specialized ventilation systems of OR2 at 2/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 specialized ventilation 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 (R.P.E.) certifying a specialized ventilation 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)