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

**Specialized ventilation system**

**Section A**

Information of the hospital covered by the application:

|  |  |  |
| --- | --- | --- |
| Hospital | :  | Example: XXX Hospital |
| Address | : | 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) of the hospital described in **Section A** have been designed in accordance with the requirements in 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) of the hospital described in **Section A** have been designed in accordance with the requirements in the *Code of Practice for Private Hospitals*.

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  |
| - | - | - |
| - | - | - |
| - | - | - |
| - | - | - |
| - | - | - |
| - | - | - |
| - | - | - |
| - | - | - |
| - | - | - |
| - | - | - |
| - | - | - |

**Section C (cont.)**

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

|  |  |  |
| --- | --- | --- |
| 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)