

**Certificate of Design to Healthcare Engineering Requirements**  
**Application for Hospital Licence / Variation of Service (Cap. 633)**

**Specialized ventilation system**

**Section A**

Information of the hospital covered by the application:

Hospital : \_\_\_\_\_

Address : \_\_\_\_\_

**Section B**

I, as the authorized representative of the Licensee, declare that I have arranged a Registered Professional Engineer to certify in section C that the specialized ventilation system(s) of the hospital described in section A has(have) been designed in accordance with the specified standards and requirements in the *Code of Practice for Private Hospitals*.

Name : \_\_\_\_\_

Post Title : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Licensee 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 has(have) been designed in accordance with the specified standards and requirements in the *Code of Practice for Private Hospitals*.

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

Drawing No.	Revision	Drawing Title

Full Name : \_\_\_\_\_

R.P.E. Number : \_\_\_\_\_

Discipline<sup>1</sup> : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

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<sup>1</sup> A Registered Professional Engineer 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).