



Guidance Notes for Application for Hospital Licence (Cap. 633)

1. Introduction

- 1.1 The Private Healthcare Facilities Ordinance (Cap. 633) (hereafter referred as “the Ordinance”) was enacted on 30 November 2018, providing for the regulation of private healthcare facilities, namely hospitals, day procedure centres, clinics and health services establishments.
- 1.2 Pursuant to section 10(1) of the Ordinance, a person who intends to operate a private healthcare facility is required to obtain a licence under the Ordinance.
- 1.3 Pursuant to section 10(3)(a) of the Ordinance, it is an offence under the Ordinance to operate a private hospital without a licence.
- 1.4 A person may apply to the Director of Health for a licence to operate a hospital according to Part 3 (Licensing Scheme) of the Ordinance.

2. Purpose

- 2.1 This document serves as a general guide for **application for hospital licence** under the Ordinance.

3. Application Procedure

3.1 Who may apply for a hospital licence

- 3.1.1 Pursuant to section 14 of the Ordinance, the applicant for a licence issued for a hospital must be a company, or other body corporate, operated by a board of directors (however described).
- 3.1.2 The applicant for hospital licence shall authorize an authorized representative in writing to complete and submit the relevant application form (PHF 14) and the required supporting documents listed in the checklist of documents (PHF 15) on behalf of the applicant.

- 3.1.3 The document authorizing the authorized representative shall include a resolution in writing relating to the authorization passed by the Board of Directors of the company or body corporate.

3.2 What premises may be included in the application

- 3.2.1 Applicants shall take note of section 8 of the Ordinance on the interpretation of premises in relation to a private healthcare facility. It is the responsibility of the applicant to prove the premises concerned in the licence application forms the premises as interpreted in section 8 of the Ordinance. Private healthcare facilities operating on separate premises requires a separate licence.

3.3 Application Timeline

- 3.3.1 The completed application form together with all required supporting documents stated in the checklist of documents shall be submitted to the Department of Health (“DH”) **at least 9 months** before the intended date of commencement of operation of the hospital.
- 3.3.2 The applicant shall ensure completeness of the supporting documents required to be submitted to prove the hospital meeting compliance with the licensing requirements as stipulated in the Ordinance, Code of Practice for Private Hospitals (PHF(E) 11A) and relevant standards. If clarification and further information have to be sought from the applicant, amendment to the application has to be made after submission, or alteration or improvement to the premises has to be carried out to meet the licensing requirements, the time for processing and approving the application will be prolonged correspondingly.
- 3.3.3 When information necessary for conducting on-site compliance inspection has been submitted, DH will liaise with the applicant to arrange for the inspection. Please refer to section 3.7 “Inspection and notification of results of application” for details. Upon completion of inspection(s), all required alterations and improvements to the premises, necessary amendments to the application, and receipt of all information required to show compliance with the licensing requirements, the licence will be issued by the Director of Health **within 15 working days**.

Letter of Intent for application for a hospital licence

- 3.3.4 Before submitting an application for a hospital licence, the potential applicant of a hospital licence may submit a “***Letter of Intent for application for a hospital licence***” together with the following information ***no earlier than 15 months prior to the intended commencement of operation*** :
- 3.3.4.1 Scope and scale of service(s) to be provided (e.g. bed numbers, operating hours and scope of individual service)
- 3.3.4.2 Layout plan of the premises, with a master list on the location of each specific service
- 3.3.4.3 Summary of the healthcare electricity standard(s) / code(s) for critical care areas¹ with the key design parameters to be complied with for intended use.
- 3.3.4.4 Summary of the healthcare ventilation and air-conditioning standard(s) / code(s) for specialized ventilation areas² with the key design parameters to be complied with for intended use.
- 3.3.4.5 Summary of the type of piped medical gases to be provided and the relevant healthcare engineering standard(s) of the medical gas pipeline systems with the key design parameters to be complied with for intended use.
- 3.3.5 The purpose of the Letter of Intent aims to facilitate both the applicant and DH to smoothen the upcoming application process. The Letter of Intent and any documents submitted together with the “Letter of Intent” are not considered as a submission of application for hospital licence (Please refer to section 3.4.6 below) and DH will not assess whether licensing requirements are met.
- 3.3.6 DH will provide to the applicant a list of specified documents to be submitted (based upon the information provided in the “Letter of Intent”) together with the application form.

¹ Critical care areas are areas that provide life support or complex surgery, or where failure of equipment or system is likely to jeopardize the immediate safety or even cause major injury or death of patients or caregivers. Examples include but are not limited to operating theatre/room, cardiac catheterisation service, interventional angiography room, intensive/critical care unit, high dependency unit, special care unit, cardiac care unit, labour room, and accident & emergency resuscitation unit.

² Specialized ventilation areas are areas with special ventilation design for infection control and/or occupational safety. Examples include but are not limited to operating theatre/room, isolation room, bronchoscopy room, medical laboratory at biosafety level 3 or above, aseptic preparation facilities (e.g. facilities for cytotoxic drug reconstitution, sterile medicinal product compounding, processing cells and tissues for therapeutic purpose, radioisotope production service, etc.), central processing area for sterilization of medical and surgical instruments, burns unit, and labour room.

3.4 Submitting the Application

3.4.1 The application form and the Code of Practice for Private Hospitals can be accessed at the website of the Office for Regulation of Private Healthcare Facilities at www.orphf.gov.hk.

3.4.2 The duly completed **application form** and **all required documents** shall be submitted to DH to the following address:

Licensing Division
Office for Regulation of Private Healthcare Facilities
Department of Health
6/F, Guardian House
32 Oi Kwai Road
Wan Chai, Hong Kong

3.4.3 Upon receipt of an application, DH will check against the checklist of documents to confirm if all documents required have been submitted.

3.4.4 If all documents required to be submitted under the checklist of documents have been submitted, DH will issue a General Demand Note (“GDN”) to the applicant for payment of application fee.

3.4.5 If documents required to be submitted are incomplete, the submission will be rejected and the applicant will be notified to collect the documents submitted or the documents will be disposed of in accordance with DH procedures.

3.4.6 An application will be accepted by DH only when all required documents stated in the checklist of documents are submitted and the relevant application fee is received.

3.5 Application fee

3.5.1 The application fee for a hospital licence is specified in Schedule 4 of the Ordinance and shown in the following table :

Number of hospital beds	Fee
Up to 200 beds	\$426,000
201 to 500 beds	\$605,300
More than 500 beds	\$755,900

3.5.2 The applicant shall make payment according to the payment methods stated in the GDN on or before the specified deadline stated thereon. If payment is not received by the deadline, the submitted document will not be further processed and the applicant will be notified to collect the submitted documents or the submitted documents will be disposed of in accordance with DH procedures.

3.5.3 If payment of relevant application fee is received by the specified deadline, an acknowledgment of receipt letter with an Application Reference Number will be issued to the applicant **within 2 working days** after payment.

3.5.4 The Application Reference Number shall be quoted in all correspondences between the applicant and DH.

3.5.5 Any application fee paid will not be refunded regardless of whether the application is approved or not.

3.6 Processing of application

3.6.1 An application will be accepted by DH for processing upon payment of the specified application fee. The actual payment date on a working day will be considered as the application receipt date. Where the payment date falls on a gale warning day, black rainstorm day or public holiday, the receipt date of the application will be taken as the first working day after the payment date.

- 3.6.2 Following receipt of an application, the submitted information will be assessed for compliance with the licensing requirements (e.g. legal requirements stipulated in the Ordinance and criteria set out in the Code of Practice for Private Hospitals).
- 3.6.3 Before an application is approved, DH will inspect the premises of the hospital and may at any time require the applicant to submit additional supporting documents, to make necessary amendment(s) to the application, or to make alteration or improvement to the premises for fulfilling the licensing criteria. A deadline for submission will be provided to the applicant for compliance with the requirements and the applicant may apply for extension of the deadline if with reasonable grounds.
- 3.6.4 If the applicant fails to provide the required information by the deadline specified in DH's request (usually **within 10 working days**) or the extended deadline, the application is taken to have been withdrawn under section 26 of the Ordinance and a notification of the deemed withdrawal will be issued to the applicant.
- 3.6.5 If there is/are ground(s) for refusal to issue a licence, a notification of refusal specifying the reasons for refusal will be issued to the applicant. If the applicant is aggrieved by the decision, he/she may appeal to the Administrative Appeals Board.

3.7 Inspection and notification of results of application

- 3.7.1 After the hospital premises have been issued an occupation permit by the Building Authority, the applicant shall notify DH the date when the hospital premises is ready for inspection for arrangement of inspection.
- 3.7.2 DH will issue an inspection schedule to the applicant **within 3 working days** upon notification by the applicant that the premises are ready for inspection. If the required documents listed in **Appendix 1** have not been submitted to DH, they must be submitted to DH **at least 10 working days before** the inspection date.
- 3.7.3 DH will normally conduct the on-site inspection **within one calendar month** from the date the hospital is ready for inspection, subject to the applicant's meeting the inspection schedule issued by DH.

3.7.4 The applicant shall ensure that all documents listed in **Appendix 2** are available on-site for examination by the inspection team of the DH during the day of inspection.

3.7.5 If inspection findings reveal that alterations or improvements to the premises, amendments to the application, or additional information for approval of licence are necessary, the applicant will be informed of the same **within 7 working days** after the completion of the on-site inspection.

3.7.6 The applicant shall make the necessary alterations, improvements or amendments and submit the required information to the DH by the deadline specified by DH or the extended deadline. Otherwise, the application may be deemed withdrawn under section 26 of the Ordinance. The DH may arrange additional on-site inspection with the applicant after completion of all required alterations and improvements to premises, necessary amendments to the application, and receipt of all required information.

3.7.7 If the alterations or improvements required or done are not performed or do not meet the licensing requirements and there is/are ground(s) for refusing to issue a licence (see section 18 of the Ordinance), a notification of refusal specifying the reasons for refusal will be issued to the applicant **within 15 working days** from the date of last submission of documents/information from the applicant. If the applicant is aggrieved by the decision, he/she may appeal to the Administrative Appeals Board.

3.7.8 Upon completion of inspection(s), all required alterations and improvements to the premises and necessary amendment to the application and receipt of all information required that show compliance with the relevant licensing requirements, the Hospital Licence will be issued to the applicant **within 15 working days** of the inspection date or the date of last submission from the applicant (whichever is later).

3.8 Particular requirements on presentation of documents for submission

3.8.1 *Presentation of the documentation*

3.8.1.1 The applicant must submit the application form together with the required documents according to the checklist of documents and a covering letter.

3.8.1.2 The covering letter shall include a list of all documents submitted

with the application and an index of the documents with corresponding page numbers.

3.8.1.3 All documents shall be paginated, indexed and compiled as a bundle.

3.8.1.4 For subsequent submissions, requirements in sections 3.8.1.1 to 3.8.1.3 and the following additional requirements apply :

- (a) The Application Reference Number must be quoted in the covering letter;
- (b) Where amendments or updates have been made to the previously submitted documents, the covering letter shall state the parts/sections where changes have been made to the original submission and highlight the page and paragraph numbers where changes have been made. The updated/amended documents shall be provided in both tracking mode showing changes made and in clean version mode.

3.8.1.5 Where only part of a document submitted is relevant to the application or request made by DH, the relevant part must be highlighted.

3.8.1.6 Where the document does not meet the requirements as stipulated in this section, DH will not further process the submitted documents and they will be returned to the applicant.

3.8.1.7 Incomplete submission

Unless agreed by DH, incomplete replies to requests for further information will not be entertained and will be returned to the applicant until a complete response is provided to all requests for information made by DH.

3.8.2 *Layout plan of each clinical and clinical supporting service/unit*

3.8.2.1 The layout plan of each clinical and clinical supporting service/unit shall be drawn to scale of not less than 1:100 and expressed in metric units, showing location (where applicable) of:

- a) reception and waiting area (for operating theatres);
- b) perioperative area/changing room;
- c) procedural area or operating room;
- d) area for equipment reprocessing;

- e) handwashing and sanitation facilities;
- f) dirty utility room;
- g) changing room, buffer area, ante area and compounding area of cleanrooms;
- h) location of transfer hatches (if applicable);
- i) doors (indication of interlocking where applicable); and
- j) walls shall be indicated by double lines.

3.8.2.2 The configuration and layout of the premises shown in the plans shall tally with the intended actual site situation.

3.8.2.3 Where the applicant is required to submit revised plans whenever there is any change in the layout, changes shall be coloured in the revised layout plans with a summary on the changes made to the plan submitted.

3.8.2.4 All layout plans must show its version numbers/dates.

3.8.3 *Specifications and standards*

3.8.3.1 For rooms with specialized ventilation², additional information such as the design air change per hour (total and outdoor air), relative differential pressure, filter grade, temperature, humidity, the grade of the cleanroom classification (e.g. European Union Good Manufacturing Practice (GMP) Grade or ISO-14644) and the location of transfer hatch(es) and sinks shall be provided.

3.8.3.2 For completion of the Report for Application for Hospital Licence (PHF 110), examples of reference healthcare engineering standards / codes for critical care area(s)¹, specialized ventilation area(s) and area(s) with piped medical gas supply are:

- (a) Electrical System: HTM 06-01 (for critical care area(s))
- (b) Specialized Ventilation System: HTM 03-01 or ANSI/ASHRAE/ASHE Standard 170 and “Infection Control Branch (ICB) Infection Control Guidelines” published by the Centre of Health Protection (CHP) for airborne infection isolation rooms, operating theatres and protective environment (if applicable) (for specialized ventilation area(s))
- (c) Medical Gas Pipeline System: HTM 02-01 (for area(s) with

piped medical gas supply)

- (d) Sterile preparation of medicinal products: Pharmaceutical Inspection Co-operation Scheme (PIC/S) Guide to good practices for the preparation of medicinal products in healthcare establishments

3.8.3.3 If the applicant proposes to adopt alternative standard(s) / code(s) other than the above standard(s) / code(s), justifications such as best practices and technical capability for healthcare operational needs shall be submitted with substantial project reference, technical drawings and engineering calculations.

3.8.3.4 Responsibility to justify the adoption of the appropriate/suitable standards for the facility rests with the applicant.

Critical care area

3.8.3.5 If the proposed services involve any critical care area(s), the applicant shall arrange a Registered Professional Engineer of the electrical discipline or building services discipline to certify, in a specified form, that the electrical installation(s) of the critical care area(s) has(have) been designed, installed and completed in accordance with the specified standards and requirements and in compliance with the Code of Practice for Private Hospitals. Sample certificates of design and compliance are attached at **Appendix 3** & **Appendix 4**.

Specialized ventilation area

3.8.3.6 If the proposed services involve any specialized ventilation area(s), the applicant shall arrange a Registered Professional Engineer of the mechanical discipline or building services discipline to certify, in a specified form, that the ventilation system(s) of the specialized ventilation area(s) has(have) been designed, installed and completed in accordance with the specified standards and requirements and in compliance with the Code of Practice for Private Hospitals. Sample certificates of design and compliance are attached at **Appendix 5** & **Appendix 6**

Medical gas pipeline system

3.8.3.7 If the proposed services involve any area(s) with piped medical gas supply, the applicant shall arrange a Registered Professional Engineer of the mechanical discipline or building services discipline to certify, in a specified form, that the medical gas pipeline system(s) of the service area has(have) been designed, installed and completed in accordance with the specified standards and requirements and in compliance with the Code of Practice for Private Hospitals. Sample certificates of design and compliance are attached at **Appendix 7 & Appendix 8**.

4 After the Hospital Licence is issued

4.1 The Licensee of Hospital shall comply with all conditions imposed on the Licence, the requirements stipulated under the Ordinance and relevant Code of Practice.

4.2 Display of the Certificate of Licence

4.2.1 The Licensee of Hospital shall display the certificate of licence (including the annex) in its original paper form or in electronic form through electronic means (e.g. using flat panel display) in a conspicuous place in the hospital. The size and clarity of the electronic display should be comparable to that of the original certificate of licence in paper form.

4.2.2 The certificate of licence and conditions in electronic form is available for download under “Licence / Exemption Profile” at [e-Licensing](#).

4.2.3 Display of a photocopy of the certificate of licence or a printout of the electronic licence is **not** acceptable.

4.3 Renewal of Licence

4.3.1 The licence for a hospital is valid for a period of not more than 2 years as specified in the licence.

4.3.2 Application for renewal of licence, if any, shall be made not less than 6 months before the expiry of the licence unless the Director of Health has

specified in writing such other period.

4.3.3 For details, please refer to the Guidance Notes for Application for Renewal of Hospital Licence.

4.4 Variations of Scale or Scope of Services

4.4.1 Within the validity period of the licence issued, the licensee of hospital may apply to the Director of Health to vary the scale or scope of services specified in the licence.

4.4.2 For details, please refer to the Guidance Notes for Application for Variation of Services in respect of a Hospital Licensed under the Private Healthcare Facilities Ordinance and Guidance Notes for Application for Extension of a Hospital Block or Redevelopment of Existing Hospital Block in relation to a Licensed Hospital.

Important note:

Under section 93 of the Private Healthcare Facilities Ordinance, if a person makes a statement or representation that is false or misleading in a material particular in this application and the person knows or is reckless as to whether the statement or representation is false or misleading in a material particular, the person commits an offence and is liable on summary conviction to a fine at level 6 and to imprisonment for 2 years.

List of documents required to submit to DH at least 10 working days before inspection*(If these documents have not been submitted to DH already)*

- (a). A certificate of compliance in prescribed form (sample at **Appendix 4**) issued by a Registered Professional Engineer registered in the electrical discipline or building services discipline with the Engineers Registration Board under the Engineers Registration Ordinance (Cap. 409) certifying that the electrical installations in the critical care areas have been designed, installed and completed in accordance with the relevant internationally acceptable healthcare engineering standard(s) and comply with the requirements of the Code of Practice.
- (b). A certificate of compliance in prescribed form (sample at **Appendix 6**) issued by a Registered Professional Engineer registered in the mechanical discipline or building services discipline with the Engineers Registration Board under the Engineers Registration Ordinance (Cap. 409) certifying that the specialized ventilation systems of the hospital have been designed, installed and completed in accordance with the relevant internationally acceptable healthcare engineering standard(s) and comply with the requirements of the Code of Practice.
- (c). A certificate of compliance in prescribed form (sample at **Appendix 8**) issued by a Registered Professional Engineer registered in the mechanical discipline with the Engineers Registration Board under the Engineers Registration Ordinance (Cap. 409) certifying that the medical gas pipeline systems of the hospital have been designed, installed and completed in accordance with the relevant internationally acceptable healthcare engineering standard(s) and comply with the requirements of the Code of Practice.
- (d). Updated list of critical medical equipment and major medical equipment supporting each service, if any.
- (e). Documentation substantiating the fitness of operation for accommodation and equipment used in aseptic preparation facilities, such as cleanroom certification reports, particle/microbial count testing reports, etc.
- (f). Documents regarding staffing
 - i. 2-week duty roster of nursing staff and supporting care staff (with staff name) after commencement of each service

- ii. 2-week duty roster of medical and allied health professionals (with staff name) for each service
- iii. On-call duty roster (with staff name) of medical, nursing and supporting care staff for emergency service provided after office hour
- iv. Specialty qualification of relevant staff for each service

List of documents to be available on site for inspection

1. Electrical systems
 - (a) Summary of applicable standard(s)
 - (b) List of key system parameters
 - (c) Engineering calculations
 - (d) As-fitted layout plans
 - (e) As-fitted main electrical schematic diagram(s)
 - (f) As-fitted electrical schematic diagrams for individual services with critical care areas
 - (g) Major equipment specifications
 - (h) Inspection and test reports
 - (i) Statutory certificates
2. Ventilation and air-conditioning systems
 - (a) Summary of applicable standard(s)
 - (b) List of key system parameters, e.g. temperature, humidity, pressure differential
 - (c) Engineering calculations
 - (d) As-fitted layout plans
 - (e) As-fitted main air-side and water-side schematic diagrams
 - (f) As-fitted air-side schematic diagrams for individual services with specialized ventilation areas
 - (g) Major equipment specifications
 - (h) Inspection and installation/acceptance test reports
 - (i) Statutory certificates
3. Medical gas pipeline systems
 - (a) Summary of applicable standard(s)
 - (b) List of key system parameters
 - (c) Engineering calculations
 - (d) As-fitted layout plans
 - (e) As-fitted main medical gas pipeline schematic diagrams
 - (f) As-fitted medical gas pipeline schematic diagrams for individual services
 - (g) Major equipment specifications
 - (h) Inspection and acceptance test reports, including analysis reports on piped medical gases

- (i) Statutory certificates
4. Medical equipment and other major equipment
- (a) Proof of fitness of the critical medical equipment and major medical equipment supporting the services provided (e.g. satisfactory acceptance test report, test results of the quality of water for dialysis for renal dialysis service)
 - (b) Valid certificate(s) to prove fitness for safe operation of the equipment (e.g. irradiating apparatus licence under the Radiation Ordinance Cap. 303)
 - (c) Maintenance schedule as advised by the manufacturer and the record of last maintenance
 - (d) Information on whether the equipment has means of alternative power supply other than normal power source (e.g. built-in battery)
5. Staffing
- (a) List of training records and/or training plans of relevant staff for each service
 - (b) Records of relevant drills for the service, e.g. code blue, fire, electricity or water suspension drills, blood spillage drill etc.
 - (c) Training records, supported by relevant testing reports as applicable, for relevant staff of the aseptic preparation services
6. Policies and procedures on relevant services as stipulated in relevant chapters in the Code of Practice for Private Hospitals.

Reference Number

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

Electrical installation

Section A

Information of the hospital covered by the Application for Hospital Licence:

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 electrical installation(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, certify that the electrical installation(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 electrical installation(s) are shown in the following schematic diagrams(s) and layout plan(s):

Drawing No.	Revision	Drawing Title

Name : _____

R.P.E. Number : _____

Discipline¹ : _____

Signature : _____

Date : _____

¹ A Registered Professional Engineer certifying an electrical installation shall be registered in the electrical discipline or building services discipline with the Engineers Registration Board under the Engineers Registration Ordinance (Cap. 409).

Reference Number

Certificate of Compliance with Healthcare Engineering Requirements
Application for Hospital Licence (Cap. 633)

Electrical installation

Section A

Information of the hospital and service covered by the Application for Hospital Licence:

Hospital : _____

Service : _____

Service Location : _____

Section B

I, as the authorized representative of the Licensee, declare that I have arranged a Registered Professional Engineer to certify in section C the electrical installation(s) of the critical care area(s) for the service described in section A to be in compliance with the specified standards and requirements in the *Code of Practice for Private Hospitals*, and I hereby warrant that the electrical installation(s) comply with the requirements of the *Code of Practice for Private Hospitals*.

Name : _____

Post Title : _____

Signature : _____

Date : _____

Licensee Chop : _____

Section C

I, as a Registered Professional Engineer, certify that the electrical installation(s) of the critical care area(s) for the service described in section A have been designed, installed and completed in accordance with the specified standards and requirements described herewith and in compliance with the *Code of Practice for Private Hospitals*:

Electrical service	Healthcare Engineering Standard	Source of power supply (N/E/U)*	Backup time of power supply (minute)	Connected to IPS (Yes/No)*
Critical medical equipment				
General medical equipment				
Fixed medical lighting				
General lighting				
Others ()				

N : Normal power supply; E : Emergency power supply; U : Uninterruptible power supply/battery

IPS : Isolated Power Supply

* : Please delete as appropriate.

I also confirm that I have personally inspected the electrical installation(s) covered by this Certificate and the results of the inspection are satisfactory.

Name : _____

R.P.E. Number : _____

Discipline¹ : _____

Signature : _____

Date : _____

¹ A Registered Professional Engineer certifying an electrical installation shall be registered in the electrical discipline or building services discipline with the Engineers Registration Board under the Engineers Registration Ordinance (Cap. 409).

Reference Number

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

Specialized ventilation system

Section A

Information of the hospital covered by the Application for Hospital Licence:

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, 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 diagrams(s) and layout plan(s):

Drawing No.	Revision	Drawing Title

Name : _____

R.P.E. Number : _____

Discipline¹ : _____

Signature : _____

Date : _____

¹ 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).

Reference Number

Certificate of Compliance with Healthcare Engineering Requirements
Application for Hospital Licence (Cap. 633)

Specialized ventilation system

Section A

Information of the Hospital and Service covered by the Application for Hospital Licence:

Hospital : _____

Service : _____

Service Location : _____

Section B

I, as the authorized representative of the Licensee, declare that I have arranged a Registered Professional Engineer to certify in section C the specialized ventilation system(s) for the service described in section A to be in compliance with the specified standards and 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 : _____

Post Title : _____

Signature : _____

Date : _____

Licensee Chop : _____

Section C

I, as a Registered Professional Engineer, certify that the specialized ventilation system(s) for the service described in section A have been designed, installed and completed in accordance with the specified standards and requirements described herewith and in compliance with the *Code of Practice for Private Hospitals*:

Location	Healthcare Engineering Standard	Differential Pressure to Adjacent Areas (Pa)	Air Change Per Hour (Outdoor/ Total)	Relative Humidity (%)	Room Temperature (°C)	Filter Efficiency (MERV/ HEPA)

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 : _____

R.P.E. Number : _____

Discipline¹ : _____

Signature : _____

Date : _____

¹ 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).

Reference Number

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

Medical gas pipeline system

Section A

Information of the hospital covered by the Application for Hospital Licence:

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 medical gas pipeline 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, certify that the medical gas pipeline 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 medical gas pipeline system(s) are shown in the following schematic diagrams(s) and layout plan(s):

Drawing No.	Revision	Drawing Title

Name : _____

R.P.E. Number : _____

Discipline¹ : _____

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).

Reference Number

Certificate of Compliance with Healthcare Engineering Requirements
Application for Hospital Licence (Cap. 633)

Medical gas pipeline system

Section A

Information of the Hospital and Service involved in the Application for Hospital Licence:

Hospital : _____

Service : _____

Service Location : _____

Section B

I, as the authorized representative of the Licensee, declare that I have arranged a Registered Professional Engineer to certify in section C the medical gas pipeline system(s) for the service described in section A to be in compliance with the specified standards and 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 : _____

Post Title : _____

Signature : _____

Date : _____

Licensee Chop : _____

Section C

I, as a Registered Professional Engineer, certify that the medical gas pipeline system(s) for the service described in section A have been designed, installed and completed in accordance with the specified standards and requirements described herewith and in compliance with the *Code of Practice for Private Hospitals*:

Location	Piped Medical Gas	Healthcare Engineering Standard	Nominal Pressure (kPa)	Diversified Flow (L/min)

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 : _____

R.P.E. Number : _____

Discipline¹ : _____

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).