**Certificate of Design to Healthcare Engineering Requirements**

**For Application for Change in Services of Private Hospital (Cap. 165)**

**(With Establishment of a New Building for Hospital Services)**

**Specialised ventilation system**

**Section A**

Information of the hospital and new building covered by the Application for Change in Services:

Hospital :      

Name of building :

Location of building :

**Section B**

I, as the authorised representative of the Licensee, declare that I have arranged a Registered Professional Engineer to certify in section C that the specialised ventilation system(s) of the building described in section A has(have) been designed in accordance with the specified standards and requirements in the *Guidelines for Healthcare Engineering Systems of Private Hospitals*.

Name :

Post Title :

Signature :

Date :

Licensee Chop :

**Section C**

I, as a Registered Professional Engineer, certify that the specialised ventilation system(s) of the building described in section A has(have) been designed in accordance with the specified standard(s) (namely            ) and requirements in the *Guidelines for Healthcare Engineering Systems of Private Hospitals*.

The particulars of the specialised 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 :

Discipline[[1]](#footnote-1) :

Signature :

Date :

1. *A Registered Professional Engineer certifying a* *specialised 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)