

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).