

**Certificate of Compliance with Healthcare Engineering Requirements
For Application for Variation of Service / Particulars of Hospital (Cap. 633)**

Medical gas pipeline system

Section A

Information of the Hospital and Service involved in the Application for Variation of Service / Particulars of Hospital:

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.

Full 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).