

5. 本人 / 吾等明白本醫院的持牌人，須為本醫院的運作負上全部責任，包括確保醫院遵守或遵從《條例》、有關牌照的條件、醫院實務守則及衛生署署長就醫院發出的指示。

I / we understand that the licensee of this Hospital is wholly responsible for the operation of this Hospital, including ensuring the hospital's compliance with the Ordinance, conditions of the licence, code of practice for hospital and any directions given by the Director of Health for hospitals.

6. 據本人 / 吾等所知，本表格內所填報和就本申請提交的資料均屬真確無訛。關於不時就本申請向政府提供的所有相關資料及文件(不論是否我們管有的資料)，本人 / 吾等將確保此等資料及文件在各方面均屬真實、最新的、準確及完整。本人 / 吾等明白根據《條例》第 93 條的規定，任何人在本申請中作出或填報在要項上屬虛假或具誤導性的陳述或資料，即屬犯罪。

The information provided in this application form and submitted for this application is true and correct to the best of my / our knowledge. I / We will ensure that all information and documents to be provided to the Government from time to time in relation to the application (whether in our possession or not) are true, up-to-date, accurate and complete in all respects. I / We understand that according to section 93 of the Ordinance, any person who furnishes in this application any statement or information that is false or misleading in a material particular, commits an offence.

獲授權代表簽署 (代表申請人)
Signature of Authorized Representative
(for and on behalf of applicant)

申請人(公司/團體)印鑑
Company / Organisation Chop of the
applicant

日期：
Date



《私營醫療機構條例》(第633章) 醫院牌照申請
Application for Hospital Licence
under the Private Healthcare Facilities Ordinance (Cap. 633)

文件清單
Checklist of documents

請在適當的方格內□填上「✓」號並提供指定的項目。

Please tick as appropriate and provide the required items

甲部 - 有關申請人的資料:

Part A - Information relating to the applicant:

項目編號 Item No.	適用於所有申請人 Applicable to all Applicants:	供申請人使用 Checked by Applicant	供內部填寫 Official Use Only
1.	<p>以下已填妥及簽署/蓋章的表格: Completed and signed/stamped of the following forms:</p> <p>(i) 醫院牌照申請表 PHF 14 Application Form for Hospital Licence PHF 14</p> <p>(ii) 申請人聲明書 PHF 16 Declaration by the Applicant PHF 16</p> <p>(iii) 申請人各董事/高級人員聲明書: Declaration by each Director/Officer of the Applicant:</p> <ul style="list-style-type: none"> • 申請人的董事/高級人員聲明書 PHF 17 Declaration by Director/Officer of the Applicant PHF 17 • 申請人的董事乃公司/法人團體聲明書 PHF 18 Declaration by Director of the Applicant which is a Company or Body Corporate PHF 18 <p>(iv) 醫院醫務行政總監聲明書 PHF 19 Declaration by the Chief Medical Executive of a Hospital PHF 19</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
2.	<p>獲申請人授權作為代表申請醫院牌照的有關證明文件(包括由公司或法人團體的董事會通過有關授權的書面決議) Documentation substantiating authorization for the authorized representative to represent the applicant in the application for hospital licence (including a resolution in writing passed by the Board of Directors of the company or body corporate relating to the authorization)</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted

申請人請參閱以下所屬類別提交指定文件(請在適當的方格內加上「✓」號) –
 Applicants please refer to the following categories to provide the required items (Please tick the boxes as appropriate) –

申請人類別 Category of Applicant	指定文件 Required items
法定機構 Statutory body	項目編號 3 Item No. 3
公司 Company	項目編號 4 至 5 Item Nos. 4 to 5
並非公司或法定機構的其他法人團體 A body corporate other than company or statutory body	項目編號 6 至 7 Item Nos. 6 to 7

項目編號 Item No.	如申請人屬法定機構: If the applicant is a statutory body:	供申請人使用 Checked by Applicant	供內部填寫 Official Use Only
3.	根據有關法定機構的法例成立董事會的董事名單副本 Copy of the list of Directors of the Board of Directors established under the relevant ordinance	<input type="checkbox"/> 適用 applicable	<input type="checkbox"/> 適用 applicable <input type="checkbox"/> 不適用 Not applicable
		<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
項目編號 Item No.	如申請人屬公司: If the applicant is a company:	供申請人使用 Checked by Applicant	供內部填寫 Official Use Only
4.	由公司註冊處發出之公司註冊證明書副本 Copy of Certificate of Incorporation of the applicant issued by the Companies Registry	<input type="checkbox"/> 適用 applicable	<input type="checkbox"/> 適用 applicable <input type="checkbox"/> 不適用 Not applicable
		<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
5.	董事名單副本 (例如由公司註冊處所發之表格 NAR1) Copy of Director's List (e.g. "Form NAR1" from the Companies Registry)	<input type="checkbox"/> 適用 applicable	<input type="checkbox"/> 適用 applicable <input type="checkbox"/> 不適用 Not applicable
		<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted

項目編號 Item No.	如申請人屬並非公司或法定機構的其他法人團體： If the applicant is a body corporate other than a company or statutory body:	供申請人使用 Checked by Applicant	供內部填寫 Official Use Only
6.	根據相關條例註冊為法人團體的證明文件的副本 Copy of valid documentary proof of registration / incorporation as a body corporate under the relevant ordinance	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
7.	申請人的董事或關涉管理該法人團體的任何成員或高級人員的名單副本 Copy of the list of directors of the applicant, or any of the members or officers involved in its management	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted

乙部 - 有關醫院的資料:
Part B - Information about the hospital :

項目編號 Item No.	適用於所有申請人 Applicable to all Applicants:	供申請人使用 Checked by Applicant	供內部填寫 Official Use Only
8.	已填妥的醫院牌照申請報告 PHF 110 Completed "Report for Application for Hospital Licence" PHF 110	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
9.	醫院處所平面佈置圖： Layout plans of the premises of the hospital : (i) 每層圖則以不小於 1:200 比例繪製；及 Layout plan of each floor of the premises of the hospital drawn to the scale of not less than 1:200; and (ii) 每個服務/單位圖則(包括所有臨牀及輔助服務/單位) 以不小於 1:100 比例繪製 Layout plan of each service/unit (including all clinical and supporting services/units) of the premises of the hospital drawn to the scale of not less than 1:100 註：詳細要求請參考申請指引 Note : Please refer to the Guidance Notes for detailed requirements.	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted

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10.	<p>上述編號 9 所指並採用 Portable Document Format (PDF) 格式的醫院處所平面佈置圖的電子副本</p> <p>Electronic copy of the layout plan of the hospital premises specified in item 9 above in Portable Document Format (PDF).</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
11.	<p>屋宇署或其他獲授權的機構發出的批核文件以證明一般建築圖則已獲批准</p> <p>Approval document for general building plan issued by the Buildings Department or other authorized parties</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
12.	<p>建築事務監督發出同意展開及開始進行建築工程的文件</p> <p>Consent for commencement and carrying out of Building Works issued by the Building Authority</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
13.	<p>由電力工程界別或屋宇裝備界別的註冊專業工程師以訂明表格發出的設計證明書，證明醫院的電力裝置乃根據相關的國際認可標準及私家醫院實務守則的要求而設計</p> <p>A certificate of design in prescribed form issued by a Registered Professional Engineer of the electrical discipline or building services discipline that the electrical installations in the hospital have been designed in accordance with the relevant internationally acceptable healthcare engineering standard(s) and the requirements of the Code of Practice for Private Hospitals.</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted

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14.	主電力系統簡圖 Main electrical system schematic diagram(s)	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
15.	包括關鍵醫護區的個別服務的電力裝置簡圖 Schematic diagram(s) of electrical installation(s) for individual service(s) with critical care area(s)	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
16.	主要電力設備布置圖 Main electrical equipment layout plan	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
17.	包括關鍵醫護區的個別服務的電力裝置布置圖 Layout plan(s) of electrical installation(s) for individual service(s) with critical care area(s)	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
18.	<p>由電力工程界別或屋宇裝備界別的註冊專業工程師以訂明表格發出的符合規格證明書，證明醫院關鍵醫護區的電力裝置乃根據相關的國際認可標準設計、安裝及完成，符合私家醫院實務守則的規定</p> <p>A certificate of compliance in prescribed form issued by a Registered Professional Engineer of the electrical discipline or building services discipline that the electrical installations in the critical care areas 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 for Private Hospitals.</p> <p>註：必須於實地視察至少 10 個工作天前提交 Note : Must be submitted at least 10 working days before site inspection</p>	<input type="checkbox"/> 已提交 Submitted 或 or <input type="checkbox"/> 不適用 (於實地視察前提交) Not applicable (to be submitted before inspection)	<input type="checkbox"/> 已提交 Submitted 或 or <input type="checkbox"/> 不適用 Not applicable

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19.	<p>由機械界別或屋宇裝備界別的註冊專業工程師以訂明表格發出的設計證明書，證明醫院的通風及空調系統乃根據相關的國際認可標準及私家醫院實務守則的要求而設計</p> <p>A certificate of design in prescribed form issued by a Registered Professional Engineer of the mechanical discipline or building services discipline that the ventilation and air-conditioning systems in the hospital have been designed in accordance with the relevant internationally acceptable healthcare engineering standard(s) and the requirements of the Code of Practice for Private Hospitals.</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
20.	<p>主通風及空調系統空氣側及水側簡圖</p> <p>Main ventilation and air-conditioning system air-side and water-side schematic diagram(s)</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
21.	<p>個別服務的特殊通風系統空氣側簡圖</p> <p>Air-side schematic diagram(s) for individual service(s) with specialized ventilation systems</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
22.	<p>主要通風及空調設備布置圖</p> <p>Main ventilation and air-conditioning equipment layout plan</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
23.	<p>個別服務的特殊通風系統布置圖</p> <p>Layout plan(s) of specialized ventilation system(s) for individual service(s)</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
24.	<p>由機械界別或屋宇裝備界別的註冊專業工程師以訂明表格發出的符合規格證明書，證明醫院的特殊通風系統乃根據相關的國際認可標準設計、安裝及完成，符合私家醫院實務守則的規定</p> <p>A certificate of compliance in prescribed form issued by a Registered Professional Engineer of the mechanical discipline or building services discipline 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 for Private Hospitals.</p> <p>註：必須於實地視察至少 10 個工作天前提交</p> <p>Note : Must be submitted at least 10 working days before site inspection</p>	<input type="checkbox"/> 已提交 Submitted 或 or <input type="checkbox"/> 不適用 (於實地視察前提交) Not applicable (to be submitted before inspection)	<input type="checkbox"/> 已提交 Submitted 或 or <input type="checkbox"/> 不適用 Not applicable

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25.	<p>由機械界別或屋宇裝備界別的註冊專業工程師以訂明表格發出的設計證明書，證明醫院的醫療氣體管道系統乃根據相關的國際認可標準及私家醫院實務守則的要求設計</p> <p>A certificate of design in prescribed form issued by a Registered Professional Engineer of the mechanical discipline or building services discipline that the medical gas pipeline systems in the hospital have been designed in accordance with the relevant internationally acceptable healthcare engineering standard(s) and the requirements of the Code of Practice for Private Hospitals.</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
26.	<p>醫療氣體管道系統的總簡圖</p> <p>Main schematic diagram(s) of the medical gas pipeline systems</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
27.	<p>個別服務的醫療氣體管道系統簡圖</p> <p>Schematic diagram(s) of medical gas pipeline system(s) for individual service(s)</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
28.	<p>主要醫療氣體管道系統設備布置圖</p> <p>Main medical gas pipeline system equipment layout plan</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
29.	<p>個別服務的醫療氣體管道系統布置圖</p> <p>Layout plan(s) of medical gas pipeline system(s) for individual service(s)</p>	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted

項目編號 Item No.	適用於所有申請人 Applicable to all Applicants:	供申請人使用 Checked by Applicant	供內部填寫 Official Use Only
30.	<p>由機械界別或屋宇裝備界別的註冊專業工程師以訂明表格發出的符合規格證明書，證明醫院的醫療氣體管道系統乃根據相關的國際認可標準設計、安裝及完成，符合私家醫院實務守則的規定</p> <p>A certificate of compliance in prescribed form issued by a Registered Professional Engineer of the mechanical discipline or building services discipline 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 for Private Hospitals.</p> <p>註：必須於實地視察至少 10 個工作天前提交 Note : Must be submitted at least 10 working days before site inspection</p>	<p><input type="checkbox"/> 已提交 Submitted</p> <p>或 or</p> <p><input type="checkbox"/> 不適用 (於實地視察前提交) Not applicable (to be submitted before inspection)</p>	<p><input type="checkbox"/> 已提交 Submitted</p> <p>或 or</p> <p><input type="checkbox"/> 不適用 Not applicable</p>
31.	<p>如有提交申請意向書，任何衛生署發出的相關指定文件</p> <p>Any other relevant document(s) stated in the specified list of document issued by DH if a Letter of Intent was submitted</p>	<p><input type="checkbox"/> 已提交 Submitted</p> <p>或 or</p> <p><input type="checkbox"/> 不適用 Not applicable</p>	<p><input type="checkbox"/> 已提交 Submitted</p> <p>或 or</p> <p><input type="checkbox"/> 不適用 Not applicable</p>

項目 編號 Item No.	如所提供的服務涉及注射製品的無菌注射製劑配製服務： If services provided involve <u>aseptic preparation service for injectable products</u>:	供申請人使用 Checked by Applicant <input type="checkbox"/> 不適用 Not applicable	供內部填寫 Official Use Only <input type="checkbox"/> 不適用 Not applicable
32.	<p>國際認可第三方無塵房潔淨驗收報告，以證明符合相關的無塵房標準(例如符合歐盟 GMP A 級或 ISO 5 級環境空氣潔淨度(以微塵粒子計算))</p> <p>Cleanroom certification report issued by an internationally recognized third party (e.g. meeting European Union GMP grade A environment or ISO Class 5 of air cleanliness by particle concentration)</p> <p>註：必須於實地視察至少 10 個工作天前提交</p> <p>Note : Must be submitted at least 10 working days before site inspection</p>	<input type="checkbox"/> 已提交 Submitted 或 or <input type="checkbox"/> 不適用 (於實地視察前提交 Not applicable (to be submitted before inspection) 或 or <input type="checkbox"/> 不適用 Not applicable	<input type="checkbox"/> 已提交 Submitted 或 or <input type="checkbox"/> 不適用 Not applicable
33.	<p>無塵房的微生物檢測報告，以證明符合國際認可的無塵房相關標準</p> <p>Microbial testing reports showing compliance with requirements for the relevant clean room(s) in accordance with international standards</p> <p>註：必須於實地視察至少 10 個工作天前提交</p> <p>Note : Must be submitted at least 10 working days before site inspection</p>	<input type="checkbox"/> 已提交 Submitted 或 or <input type="checkbox"/> 不適用 (於實地視察前提交) Not applicable (to be submitted before inspection) 或 or <input type="checkbox"/> 不適用 Not applicable	<input type="checkbox"/> 已提交 Submitted 或 or <input type="checkbox"/> 不適用 Not applicable

項目編號 Item No.	如所提供的服務涉及注射製品的無菌注射製劑配製服務： If services provided involve <u>aseptic preparation service for injectable products</u>:	供申請人使用 Checked by Applicant <input type="checkbox"/> 不適用 Not applicable	供內部填寫 Official Use Only <input type="checkbox"/> 不適用 Not applicable
34.	<p>無菌製劑配製設備設施(例如生物安全櫃、製藥用隔離器)測試報告，以證明符合國際認可相關的無菌製劑儀器標準(例如符合歐盟 GMP A 級或 ISO 5 級環境空氣潔淨度(以微塵粒子計算))</p> <p>Acceptance reports for equipment for aseptic preparation (e.g. biosafety cabinets and pharmaceutical isolators) showing compliance with internationally acceptable standards (e.g. meeting European Union GMP grade A environment or ISO Class 5 of air cleanliness by particle concentration)</p> <p>註：必須於實地視察至少 10 個工作天前提交 Note : Must be submitted at least 10 working days before site inspection</p>	<input type="checkbox"/> 已提交 Submitted 或 or <input type="checkbox"/> 不適用 (於實地視察前提交) Not applicable (to be submitted before inspection)	<input type="checkbox"/> 已提交 Submitted 或 or <input type="checkbox"/> 不適用 Not applicable
35.	<p>無菌製劑配製設備的微生物檢測報告，以證明符合國際認可的無菌製劑配製設備相關標準，例如：生物安全櫃和藥品隔離器</p> <p>Microbial testing reports showing compliance with the relevant requirements for equipment for aseptic preparation (e.g. biosafety cabinets and pharmaceutical isolators) in accordance with international standards</p> <p>註：必須於實地視察至少 10 個工作天前提交 Note : Must be submitted at least 10 working days before site inspection</p>	<input type="checkbox"/> 已提交 Submitted 或 or <input type="checkbox"/> 不適用 (於實地視察前提交) Not applicable (to be submitted before inspection)	<input type="checkbox"/> 已提交 Submitted 或 or <input type="checkbox"/> 不適用 Not applicable