**Certificate of Compliance with Guidelines for Dental Compressed Air and Vacuum Systems, Annex III, Code of Practice for Day Procedure Centres**

**Day Procedure Centre (Cap. 633)**

**Dental compressed air and vacuum system**

**Section A**

Information of the Day Procedure Centre (DPC) and service covered by the application:

|  |  |  |
| --- | --- | --- |
| DPC | : | Example: ABC Dental Centre |
| Specialized Service | : | Example: Dental procedure, anaesthetic procedure |
| Service Location | : | Example: Unit 1603, 16/F, DEF Commercial Centre, XXX Nathan Road, Mongkok, Kowloon, Hong Kong |

**Section B**

I, as the (\*\*\*please select\*\*\*) of the Day Procedure Centre, declare that I have arranged a Registered Professional Engineer (R.P.E.) to certify in **Section C** that the dental compressed air and vacuum system(s) for the service described in **Section A** to be in compliance with the requirements in the *Guidelines for Dental Compressed Air and Vacuum Systems*, Annex III in the *Code of Practice for Day Procedure Centres.*

|  |  |  |
| --- | --- | --- |
| Name | : | Example: CHAN Tai Man |
| Post Title | : | Example: Chief Medical Executive |
| Signature | : |  |
| Date | : |  |
| Company Chop | : |  |

**Section C**

I, as a Registered Professional Engineer (R.P.E.), certify that the dental compressed air and vacuum system(s) for the service described in **Section A** have been designed, installed and completed in compliance with the *Guidelines for Dental Compressed Air and Vacuum Systems*, Annex III in the *Code of Practice for Day Procedure Centres*, and in accordance with the specified standard(s) (namely \*\*\*please specify\*\*\*) and requirements described herewith.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Location | Piped Medical Gas | Nominal Pressure (kPa) | Minimum Flow for Each Dental Chair (L/min) | Diversified Flow (L/min) |
| Treatment Room 1 to 2 | Dental compressed air | 550 | 50 | 100 |
| Treatment Room 1 to 2 | Dental vacuum | 82 | 300 | 600 |
| - | - | - | - | - |
| - | - | - | - | - |
| - | - | - | - | - |

… to be continued

**Section C (continued)**

The particulars of the dental compressed air and vacuum system(s) are shown in the following schematic diagrams(s) and layout plan(s):

|  |  |  |
| --- | --- | --- |
| Drawing No. | Revision | Drawing Title |
| Example: DAVS/S/01 | 1 | DAVS Schematic Diagram |
| Example: DAVS/L/01 | 0 | DAVS Layout Plan at 16/F |
| - | - | - |
| - | - | - |
| - | - | - |

I also confirm that I have personally inspected the dental compressed air and vacuum system(s) covered by this Certificate and the results of the inspection are satisfactory.

|  |  |  |
| --- | --- | --- |
| Name | : | Example: LEE Chi Nan |
| R.P.E. Number | : | Example: RPE123456 |
| Discipline[[1]](#footnote-1) | : | Please select |
| Signature | : |  |
| Date | : |  |

1. *A Registered Professional Engineer certifying a dental compressed air and vacuum 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)