**Certificate of Compliance with Healthcare Engineering Requirements**

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

**Medical gas pipeline system**

**Section A**

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

|  |  |  |
| --- | --- | --- |
| DPC | : | Example: ABC Endoscopy Centre |
| Specialized Service | : | Example: Endoscopic procedure, anaesthetic procedure |
| Service Location | : | Example: Unit 1003, 10/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 medical gas pipeline system(s) for the service described in **Section A** to be in compliance with the requirements 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 medical gas pipeline system(s) for the service described in **Section A** have been designed, installed and completed in compliance with 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) | Designed Flow for each Terminal Unit (L/min) | Diversified Flow (L/min) |
| Example: Operating Room | OxygenMedical airMedical vacuum | 40040040 | 1004040 | 1004040 |
| Example: Recovery Area | OxygenMedical airMedical vacuum | 40040040 | 104040 | 104040 |
| - | - | - | - | - |
| - | - | - | - | - |
| - | - | - | - | - |
| - | - | - | - | - |
| - | - | - | - | - |

… to be continued

**Section C (continued)**

The particulars of the medical gas pipeline system(s) are shown in the following schematic diagrams(s) and layout plan(s):

|  |  |  |
| --- | --- | --- |
| Drawing No. | Revision | Drawing Title |
| Example: MG/S/01 | 1 | Medical Oxygen Supply Schematic Diagram |
| Example: MG/S/02 | 0 | Medical Air Schematic Diagram |
| Example: MG/S/03 | 0 | Medical Vacuum Schematic Diagram |
| Example: MG/L/01 | 0 | MGPS Layout Plan at 10/F |
| Example: MG/L/02 | 1 | MGPS Layout Plan at OR and Recovery Area |
| - | - | - |
| - | - | - |

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.

|  |  |  |
| --- | --- | --- |
| 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 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).* [↑](#footnote-ref-1)