

PART 2 OF 3 - HAZARDOUS AREA COMPLETION CERTIFICATE-VENTILATION SYSTEM
VENTILATION INSTALLER TO COMPLETE THIS SHEET

Insert
Company
Logo

Certificate no. _____

New System: Modification, Extension or Alteration to Existing System: (tick appropriate box)

Extent of system covered by this certificate _____ _____	Address: _____ _____																				
	<table border="1" style="margin: auto;"> <thead> <tr> <th style="width: 15%;">Yes / No or N/A</th> <th style="width: 15%;">Initial</th> <th style="width: 15%;">Note No.s</th> <th style="width: 55%;">Document Reference No. & Revision</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>	Yes / No or N/A	Initial	Note No.s	Document Reference No. & Revision	[]	[]	[]	_____	[]	[]	[]	_____	[]	[]	[]	_____	[]	[]	[]	_____
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I have been provided with access to the Explosion Protection Document (EPD) and related documentation including but not limited to Hazardous Area Protection Drawings.																					
The installed equipment and assemblies align with the issued design documentation, have been supplied with the required documentation and are marked suitable for the zone of use as advised by the Person responsible for ventilation design.																					
All mechanical equipment has been installed in accordance with the manufacturer's instruction.																					
All ventilation related equipment has been installed in accordance with the Ventilation Design's issued design documentation.																					
Ventilation Installer(s) Details																					
<p>I/We, being the person(s) responsible for the INSTALL of the ventilation installation in a hazardous area (as indicated by our signatures below), particulars of which are described above, having exercised reasonable skill and care when carrying out the DESIGN, hereby certify that the referenced work in this report for which we have been responsible is, to the best of our knowledge and belief, in accordance with I.S. EN 60079 series of standards, HSA ATEX Delivery Guide and current Irish Legislation, except for any departures, if any, detailed in the notes above (attach an additional sheets if required)</p> <p>Responsible Person's Name: _____ Position: _____</p> <p>Affiliation (CEng / Other): _____</p> <p>Signature: _____ Date: _____</p> <p>for and behalf of: _____</p>																					