

PART 1 OF 3 - HAZARDOUS AREA COMPLETION CERTIFICATE-VENTILATION SYSTEM
VENTILATION DESIGNER 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: _____

Ventilation systems have been designed in accordance with the area classification.
Note: Recirculation of extract air from ATEX areas is not allowed, unless specifically addressed in the ATEX Risk Assessment.

Yes / No or N/A	Initial	Note No.s	Document Reference No. & Revision
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Design assumptions regarding air change rates and pressure profiles have been confirmed during commissioning.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Where fitted, vapor activated ventilation boost systems have been verified.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Exhaust locations are at least 3m above ground with no non-certified equipment with 2m

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Are there any open items?
 All open items must be clearly documented and attached to this certificate

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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 All open items must be clearly documented and attached to this certificate

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Ventilation Designer(s) Details	
I/We, being the person(s) responsible for the DESIGN 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)	
Responsible Person's Name: _____	Position: _____
Affiliation (CEng / Other): _____	
Signature: _____	Date: _____
for and behalf of: _____	