

**PART 3 OF 3 - HAZARDOUS AREA COMPLETION CERTIFICATE-VENTILATION SYSTEM**  
**VENTILATION INSPECTOR 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 _____<br>_____   | Address: _____<br>_____    |                                   |                          |  |
|   | <b>Yes / No<br/>or N/A</b> | <b>Initial</b>                    | <b>Note No.s</b>         | <b>Document<br/>Reference No. &amp; Revision</b> |
| ATEX Register in place and populated with all technical data.   | <input type="checkbox"/>   | <input type="checkbox"/>          | <input type="checkbox"/> | _____  |
| I have been provided with access to the Explosion Protection Document (EPD) and related documentation including but not limited to Hazardous Area Protection Drawings.  | <input type="checkbox"/>   | <input type="checkbox"/>          | <input type="checkbox"/> | _____  |
| 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.  | <input type="checkbox"/>   | <input type="checkbox"/>          | <input type="checkbox"/> | _____  |
| All mechanical equipment has been installed in accordance with the manufacturer's instruction.  | <input type="checkbox"/>   | <input type="checkbox"/>          | <input type="checkbox"/> | _____  |
| All ventilation related equipment has been installed in accordance with the Ventilation Design's issued design documentation.   | <input type="checkbox"/>   | <input type="checkbox"/>          | <input type="checkbox"/> | _____  |
| <b>Ventilation Inspector(s) Details</b>   |                            |                                   |                          |  |
| I/We, being the person(s) responsible for the INSPECTION 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 INSPECTION, 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 relevant 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: _____                   |                          |  |
| Competence: _____   |                            | Affiliation (CEng / Other): _____ |                          |  |
| Signature: _____  |                            | Date: _____                       |                          |  |
| for and behalf of: _____  |                            |                                   |                          |  |