

**PART 1 of 3 - HAZARDOUS AREA COMPLETION CERTIFICATE- EQUIPMENT & ASSEMBLIES**  
**MECHANICAL 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: \_\_\_\_\_  
 \_\_\_\_\_

	Yes / No or N/A	Initial	Note No.s	Document Reference No. & Revision
All selected mechanical equipment and assemblies are certified and marked suitable for the zone of use, internal and external zones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
All conditions of the equipment certification have been clearly documented, additionally this documentation has been issued to the installer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Monitoring requirements for Ex(h) or Ex(b) certification to the correct Safety Integrity Level (SIL) have been incorporated in the design, additionally this documentation has been issued to the installer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
The required frequency of ATEX inspections is documented and forms part of the handover documentation to the client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
The mechanical installation work covered by this certificate to the best of my knowledge and belief in accordance with standard I.S. EN 80079 series.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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"/>	_____

Mechanical Designer(s) Details	
I/We, being the person(s) responsible for the DESIGN of the mechanical design 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 installation, 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: _____	