

HAZARDOUS AREA COMPLETION CERTIFICATE

Certificate no. _____

Client Details

Premises Name or Owner: _____

Address of Premises: _____

Project Title / Project Number: _____

Industry Type: _____

Design Team Details

Project Manager: _____ Company /Address: _____

Signature: _____ Date: _____

Person responsible for process design: _____ Company /Address: _____

Signature: _____ Date: _____

Person responsible for mechanical design: _____ Company /Address: _____

Signature: _____ Date: _____

Person responsible for ventilation design: _____ Company /Address: _____

Signature: _____ Date: _____

Person responsible for electrical design: _____ Company /Address: _____

Signature: _____ Date: _____

Project Supervisor Process (PSDP): _____ Company /Address: _____

Signature: _____ Date: _____

Other (specify) / Name: _____ Company /Address: _____

Signature: _____ Date: _____

Applicability of Certificate

Equipment & Assemblies

As part of the above project one or more mechanical assemblies have been installed or modified in ATEX zoned areas (tick as appropriate):

Yes No

Person responsible for mechanical design competence: _____

Person responsible for mechanical design signature: _____ Date: _____

Person responsible for electrical design competence: _____

Ventilation Systems

As part of the above project one or more ventilation systems have been installed, or modified to serve ATEX zoned areas (tick as appropriate):

Yes No

Person responsible for ventilation design competence: _____

Person responsible for ventilation design signature: _____ Date: _____

Electrical Systems

As part of the above project one or more electrical systems have been installed or modified in ATEX zoned areas (tick as appropriate):

Yes No

Person responsible for electrical design competence: _____

Person responsible for electrical design signature: _____ Date: _____