

**PART 2 of 3 - HAZARDOUS AREA COMPLETION CERTIFICATE- EQUIPMENT & ASSEMBLIES**  
**MECHANICAL 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: \_\_\_\_\_  
 \_\_\_\_\_

	Yes / No or N/A	Initial	Note No.s	Document Reference No. & Revision
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 mechanical 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 conditions of the mechanical equipment certification have implemented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
The mechanical installation design work covered by this certificate to the best of my knowledge and belief has been designed in accordance with standard I.S. EN 80079-36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
All mechanical equipment has been installed in accordance with the Mechanical Design's issued design documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Mechanical Installer(s) Details	
I/We, being the person(s) responsible for the INSTALL of the mechanical 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 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: _____	