

Residential Care Homes (Persons with Disabilities) Ordinance (Chapter 613, Laws of Hong Kong)

*Certificate of Compliance/Certificate of Completion for Gas Installation

Name of RCHD: _____ LORCHD Number: _____

Address: _____

(A) This is to certify that –

- * (i) All gas installations (including gas appliances) for the above premises have been *installed/modified in accordance with the following regulations and codes for safe operation –
- * (ii) All existing gas installations (including gas appliances) installed in the above premises have been *inspected/maintained/repared in accordance with the following regulations and codes for safe operation –

* (a) Gas Safety (Gas Supply) Regulations (Cap. 51 sub. leg. B)
* (b) Gas Safety (Installation and Use) Regulations (Cap. 51 sub. leg. C)
* (c) Installation Requirements for Domestic Gas Water Heaters (Rated Heat Input Up To 70 kW) (Code of Practice GU03)
* (d) For Town Gas Supply Requirements for Town Gas Installations for Catering Purposes in Restaurants and Food Preparation Establishments (Code of Practice GU21)
* (e) For LPG [*Centralized Piped/Cylinder Chamber Supply] LPG Installations for Catering Purposes in Commercial Premises (Code of Practice GU06)
* (f) Installation of Mechanical Exhaust System for Gas Appliances (Rated Heat Input Up to 70 kW) (Code of Practice GU12)
* (g) Commercial Gas Dryer Fuelled By Town Gas/Liquefied Petroleum Gas (Code of Practice GU13 - Module One/Two)
* (h) Others

(B) The installation was *installed/modified/inspected/maintained/repared on: _____ (dd/mm/yyyy)

Registered Gas Installer (RGI) Name: _____ RGI No.: _____

Classes Registered: _____ * 5/6/7

Signature: _____ Date: _____

On behalf of: _____

(Name of Company)

Company Stamp & Signature: _____ Registered Gas Contractor (RGC) No.: _____

Telephone: _____ Date: _____

Note: Please attach a copy of the related (i) Registered Gas Installer Card and (ii) Registered Gas Contractor Certificate to this Certificate for submission to the Licensing Office of Residential Care Homes for Persons with Disabilities of the Social Welfare Department.

**Delete whichever is inapplicable*