**Certificate on Ventilation System for Kindergarten**

|  |  |  |
| --- | --- | --- |
| **Name of School** | **:** |  |
| **School No.** | **:** |  |
| **Address** | **:** |  |

I have inspected the above school premises on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yy) (inspection date) and certify the particulars in respect of the above premises as follows and in the Ventilation Assessment Report and Checklist on Ventilation System for Kindergarten:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type of occupied spaces assessed** | **Classroom** | **Function**  **Room** | **Play**  **Area** | **Staff**  **Room** | **Toilet** | **Others (please specify)** |
| **Number of occupied spaces assessed** |  |  |  |  |  |  |

*(please add supplementary sheet if necessary)*

I confirm that the ventilation of the abovementioned occupied spaces have been assessed, improvement work has been done according to the recommendations as written in the Ventilation Assessment Report.

I understand that the matters and information stated herein and the related documents submitted (if any) are subject to further checking, vetting and verification by officers of Education Bureau (EDB) or authorized officers if deems necessary by EDB.

**Note: If separate sheet is necessary, every page should be signed by the Authorized Signatory of the Registered Specialist Contractor (Ventilation Works Category).**

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(dd/mm/yy) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chop of Registered Specialist Contractor (Ventilation Works Category)  and signature of Authorized Signatory | | |
| Name of Registered Specialist Contractor  (Ventilation Works Category): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Name of Authorized Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date of Expiry of Registration(dd/mm/yy): \_\_\_\_\_\_\_\_\_\_\_\_ | |
| Registered Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Contact Tel. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Fax No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |