

## **ELECTRICAL PATIENT CARE AREAS DECLARATION FORM** for Health Care Facilities

I, \_\_\_\_\_, am the administrator of  
[print name of Health Care Facility administrator]

\_\_\_\_\_  
[print facility name]

\_\_\_\_\_  
[print facility address]

\_\_\_\_\_  
[Administrator phone number]

\_\_\_\_\_  
(Administrator email)

\_\_\_\_\_  
[signature of Health Care Facility Administrator]

\_\_\_\_\_  
[date]

- ☐ **I have read and understand the accompanying document titled “Guide to Electrical Patient Care Areas for Health Care Facilities”**

**(Check one of the following boxes only - A, B or C)**

**A** ☐ This facility **does not contain** any areas where permanently-connected or cord-connected medical electrical equipment is used for the purpose of intentional body contact at a patient's skin surface or internally during a patient's treatment, diagnostics, therapy, monitoring or care. Therefore, as per the definitions in the Canadian Electrical Code Section 24 the above facility **does not** contain any electrical patient care areas.

**B** ☐ This facility **contains** areas where permanently-connected or cord-connected medical electrical equipment is used for the purpose of intentional contact at a patient's skin surface or internally during a patient's treatment, diagnostics, therapy, monitoring or care. As per the definitions in the Canadian Electrical Code

- the following rooms are classified electrically as Basic Care Areas:

\_\_\_\_\_

- the following rooms are classified electrically as Intermediate Care Areas:

\_\_\_\_\_

- the following rooms are classified electrically as Critical Care Areas:

\_\_\_\_\_

**C** ☐ This facility **contains** electrical patient care areas which are all clearly designated on the submitted Engineer sealed project drawings.