

Electrical Patient Care Areas Declaration for Health Care Facilities

I, _____, am the administrator of
[print name of facility administrator]

_____ in Winnipeg.
[print facility name]

- I have read and understand the Definition and the entire document titled "Guide to Electrical Patient Care Areas" winnipeg.ca/ppd/Documents/InfoCentre/Electrical/Patient-Care-Areas-Guide.pdf

Check one box only: A, B or C

- A This facility **does not contain** any areas where permanently-connected or cord-connected electrical medical 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. Therefore, as per the definition in the Winnipeg Electrical Bylaw,

_____ [print facility name]
does not contain any electrical patient care areas.

- B This facility **contains** areas where permanently-connected or cord-connected electrical medical 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 Winnipeg Electrical Bylaw (see Guide for definitions),

- 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 sealed drawings.

[signature of facility administrator]

[date]

[print facility address]

[administrator phone number]

[administrator email]

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