

December 2, 2024

Electrical Patient Care Areas Declaration

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

_____ in Winnipeg.
[print or type facility name]

- I have read the Guide to electrical patient care areas (“the Guide”) (winnipeg.ca/ppd/InfoCentre/InformationBulletins.stm) and understand the area classification requirements for electrical patient care areas.

Complete only one of the following: (A, B, C or D)

- A** This health care facility does not contain any areas used primarily for the provision of diagnosis, therapy, or treatment involving body contact between a patient and medical electrical equipment. Therefore, as detailed in the Guide, the above-named facility does not contain any electrical patient care areas.
- B** This health care facility contains areas used primarily for the provision of diagnosis, therapy, or treatment involving body contact between a patient and medical electrical equipment intended by the manufacturer to be used in the diagnosis, treatment, or monitoring of a patient, or for compensation or alleviation of disease, injury, or disability. Engineered sealed documents are provided to demonstrate wiring methods and grounding and bonding to meet requirements. As detailed in the Guide,
- 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 health care facility contains electrical patient care areas which are all clearly designated on the submitted sealed drawings.
- D** This health care facility is undergoing minor electrical alterations to existing electrical patient care areas consisting of the work detailed below. The existing classifications have not changed and no new patient care areas are being created. (Minor electrical alterations may consist of adding a new receptacle, a lighting upgrade, data outlet installations using non-metallic outlet boxes, and similar minor work.)
- _____

[signature of facility administrator]

[date]

[facility address]

[administrator phone number]

[administrator email]

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