

RPZ Valve: Commissioning & Compliance Test Form

Please note: the original report shall be retained by the customer, where the original is held off site a copy must be made available on demand. A copy shall be sent to RPZ@yorkshiewater.co.uk within 10 working days of completion of the test. Failure to provide all the required information may result in the rejection of this test report. Refer to the AIM for further information.

Business Name & Address:		Name of Person Responsible for the RPZ Valve:		Consent Ref No:		Installation/Test Date:		Next Test Date:			
Post Code: Telephone No: Email:		Email:		Reason for Commissioning: <input type="checkbox"/> New installation <input type="checkbox"/> Repair <input type="checkbox"/> Replacement of Existing RPZ valve <input type="checkbox"/> Relocation of Existing RPZ valve		Consent to Install Granted: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		Change of Test Date Request: <input type="checkbox"/> YES <input type="checkbox"/> NO		Requested Test Date:	
		Method of Supply: <input type="checkbox"/> MAINS <input type="checkbox"/> STORAGE				Total RPZ's on Site:					
		Existing Valve Details: Manufacturer: Model: Serial No: Size: Date of Last Test: Test Interval (Months): <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12				Test Kit Details: Manufacturer: Model: Serial No: Calibration Date:				New/Replacement RPZ Valve Details: Manufacturer: Model: Serial No: Size: Test Interval (Months): <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12	
Permission to Turn OFF/ON <input type="checkbox"/> YES <input type="checkbox"/> NO		Isolation Valves Installed: <input type="checkbox"/> YES <input type="checkbox"/> NO		Location of RPZ Valve on Site:				Strainer Present & Clean: <input type="checkbox"/> YES <input type="checkbox"/> NO		Unobstructed Air Gap: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Photos of Installation: <input type="checkbox"/> YES <input type="checkbox"/> NO		Installed to RPZ AIM: <input type="checkbox"/> YES <input type="checkbox"/> NO						Type of Plant/Equipment Supplied:			
Compliance Test		Check Valve 1: Closed Tight:	Relief Valve: Opened At:	Check Valve 2: Closed Tight:	Check Valve 1: Pressure Diff:	Buffer:	Check Valve 2: Pressure Diff:	1st Test Result: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL			
1st Test:		<input type="checkbox"/> YES <input type="checkbox"/> NO	Bar:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Bar:	Bar:	Bar:	2nd Test Result: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL			
2nd Test:		<input type="checkbox"/> YES <input type="checkbox"/> NO	Bar:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Bar:	Bar:	Bar:	Tester's Address:			
Comments/Failure details:				Scheme Name:		Membership No:					
				Tester's Name (in CAPITALS):		Tester's Signature:					
						Telephone No: Email:					