

RPZ Valve: Commissioning Report 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 the water undertaker within 10 days of completion of the test. Send completed Commissioning Reports to RPZ@yorkshirewater.co.uk. Failure to provide all the required information may result in the rejection of this report. Refer to the AIM for further information.

Company Name & Address Where RPZ Valve is Installed:		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	
Telephone No: Email:		Other RPZ Valves on site? <input type="checkbox"/> YES <input type="checkbox"/> NO	Total RPZ's on Site:
Name of the Person Responsible for the RPZ Valve: Email:		Change of Test Date Request: <input type="checkbox"/> YES <input type="checkbox"/> NO	Requested Test Date:
Date of Installation:	Date of Commissioning:	Consent to Install Granted: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Consent Ref No:
Existing Valve Details: Manufacturer: Model: Serial No: Size: Date of Last Test:		New/Replacement RPZ Valve Details: Manufacturer: Model of RPZ Valve: Serial No: Size:	
Location of RPZ Valve on site:		Method of Supply: <input type="checkbox"/> MAINS <input type="checkbox"/> STORAGE	
Type of Plant/Equipment being Supplied:		Name of Installer/Company (If known):	
Commissioning Result: <input type="checkbox"/> In Service <input type="checkbox"/> Not in Service		Is Valve Location Acceptable: <input type="checkbox"/> YES <input type="checkbox"/> NO	Installed to AIM: <input type="checkbox"/> YES <input type="checkbox"/> NO
Strainer Present: <input type="checkbox"/> YES <input type="checkbox"/> NO	Strainer Clean: <input type="checkbox"/> YES <input type="checkbox"/> NO	RPZ valve Isolated: <input type="checkbox"/> YES <input type="checkbox"/> NO	Proposed Test Date:
Unobstructed Air break: <input type="checkbox"/> YES <input type="checkbox"/> NO	Joints and Seals Watertight: <input type="checkbox"/> YES <input type="checkbox"/> NO	Accessibility Acceptable: <input type="checkbox"/> YES <input type="checkbox"/> NO	Photos of installation: <input type="checkbox"/> YES <input type="checkbox"/> NO
Tester's name in CAPITALS:		Test Interval (Months): <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12	
Tester's Signature:		Scheme Name:	Membership No:
Tester's Address: Telephone No: Email:		Comments:	