

## 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](mailto: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.

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