

RPZ Valve: Compliance Test Report

Please note: The original report shall be retained by the customer; a copy shall be sent to RPZ@yorkshirewater.co.uk within 10 days of completion of the test. Failure to provide all the required minimum information may result in the rejection of this test report. Where the original document is held off site, a copy shall be available on demand. Refer to the RPZ AIM Issue 2 for further information.

Business Name & Address:		Reason for Compliance Test: <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> RELOCATION <input type="checkbox"/> REPAIR		Test Date:		
Post Code: Telephone No: Email:		RPZ Valve Details: Manufacturer: Model: Serial No: Size:		Installation Date:		
Name of Person responsible for RPZ Valve: Email:				Next Test Date:		
Location of RPZ Valve:		Type of Plant/Equipment Supplied:		Date of Last Test:		
Consent Ref No:						
Test Kit Details:		Method of Supply: <input type="checkbox"/> MAINS <input type="checkbox"/> STORAGE		RPZ Valve Commissioned: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Manufacturer: Model: Serial No: Calibration Date:		Permission to Turn OFF Supply: <input type="checkbox"/> YES <input type="checkbox"/> NO		Permission to Turn ON Supply: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Isolation Valve Immediately Upstream: <input type="checkbox"/> YES <input type="checkbox"/> NO		Isolation Valve Immediately Downstream: <input type="checkbox"/> YES <input type="checkbox"/> NO		Accessibility Acceptable: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Installed as per RPZ 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		
				Unobstructed Air Gap: <input type="checkbox"/> YES <input type="checkbox"/> NO		
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:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Bar:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Bar:	Bar:	Bar:
2nd Test:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Bar:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Bar:	Bar:	Bar:
Failure Details: Repairs made, and materials used:				1st Test Result:	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
				2nd Test Result:	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
Tester's Name (in CAPITALS):		Scheme Name:		BS 13959 Check Valve: <input type="checkbox"/> YES <input type="checkbox"/> NO		Photos of Installation: <input type="checkbox"/> YES <input type="checkbox"/> NO
Tester's Signature:		Tester's Membership No:		Test Interval: <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months		
Tester's Address:			Comments:			
Telephone No: Email:						