

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 the water undertaker within 10 days of completion of the test. Failure to provide all the required information may result in the rejection of this 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:		Email:		Reason for Commissioning:		Consent to Install Granted:		Change of Test Date Request:			
Telephone No:		<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		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES <input type="checkbox"/> NO		Requested Test Date:			
Email:		Method of Supply:		<input type="checkbox"/> MAINS <input type="checkbox"/> STORAGE		Total RPZ's on Site:					
<u>Existing Valve Details:</u>			<u>Test Kit Details:</u>			<u>New/Replacement RPZ Valve Details:</u>					
Manufacturer: Model: Serial No: Size: Date of Last Test: Test Interval (Months): <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12			Manufacturer: Model: Serial No: Calibration Date: Location of RPZ Valve on Site: Type of Plant/Equipment Supplied:			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		Photos of Installation: <input type="checkbox"/> YES <input type="checkbox"/> NO		Installed to RPZ AIM: <input type="checkbox"/> YES <input type="checkbox"/> NO		Strainer Present & Clean: <input type="checkbox"/> YES <input type="checkbox"/> NO		Unobstructed Air Gap: <input type="checkbox"/> YES <input type="checkbox"/> NO	
All Joints and Seals Watertight: <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:	1 st 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:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Bar:	Bar:	Bar:	2 nd 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:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Bar:	Bar:	Bar:	Tester's Address:	
Comments/Failure details:				Scheme Name:		Membership No:		Telephone No: Email:			
				Tester's Name (in CAPITALS):		Tester's Signature:					