RPZ VALVE COMMISSIONING TEST REPORT

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. For further information, including where to send completed compliance test reports please contact Network Regulations Affinity Water, Redricks Lane, Sawbridgeworth, Harlow, CM21 or email network.regs@affinitywater.co.uk

Failure to provide all the required information may result in the rejection of this report. Please refer to the AIM for further information.

Name of the person responsible for the RPZ valve:	¬ .	Yes	No
	Strainer present:		
Address of location where RPZ valve installed:	All joints and seals watertight:		
	Strainer clean:		
	Air break to drain unobstructed:		
	Scheme Membership:		
Contact Number:	Scheme Name:		
Email Address:			
Method of supply: Mains Storage	Tester's Membership Number:		
Location of RPZ valve on site:	Tester's Address:		
Type of plant/equipment being supplied via RPZ valve:	:		
Has the water undertaker categorised the downstream			
risk and identified it as being no greater than fluid category 4:	Tester's Contact Number:		
Yes No	Tester's Email Address:		
Make of RPZ valve:	Tester's name in CAPITALS:		
Model of RPZ valve:	Tester's signature:		
Size:	_		
Serial No:			

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Test Result: Pass Fail	For replacement valves only:
	Serial number of RPZ valve replaced:
Failure only: details of failure and any action taken	
	Day Month Year Date of last test:
	Test interval specified by water undertaker:
Reason for commissioning:	Notification:
New installation Repair / relocation of existing RPZ valve	Has consent to install been granted? Yes No
Replacement of existing RPZ valve	Consent letter Ref No:
Scheme Membership:	Have all the conditions of consent (excluding those relating to compliance testing) been complied with:
	Yes No
Scheme Name:	If the answer to either of these is 'no' comment below
	Installation:
Tester's Membership Number:	Installed in an Yes No acceptable location:
	Accessibility Yes No
Date of installation:	Comments:
Date of commissioning:	
Date of completion of test:	