## **RPZ VALVE COMPLIANCE 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 <u>network.regs@affinitywater.co.uk</u>

## 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:	Test Result: Pass Fail		
Address of location where RPZ valve installed:	Failure only: details of failure and any action taken		
Contact Number:	Expiry date Day Month Year of certificate:		
Email Address:	Date of Iast test:		
Method of supply: Mains Storage	Test due date: Date of testing:		
	Date of commissioning:		
Make of RPZ valve:	calibration date:		
Model of RPZ valve:			
Size:	Test interval:		
Serial No:	Make of test kit(s):		
Yes No Strainer present:	Serial number of test kit(s):		
Unobstructed air gap:			
Strainer clean:	Reason for test:		
Accessibility acceptable:			
If no please comment below:	Permission to turn <b>off</b> supply:		
	Permission to turn <b>on</b> supply:		

## **RPZ VALVE COMMISSIONING TEST REPORT**

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

AIM Field Test Pressure	differential (pd1) across/between upstream and intermediate zone bar:	Relief valve operation (pd2) Pressure differential (between upstream and intermediate zones) at which relief valve starts to discharge: >0.14bar:	Relief valve (buffer): Upstream pressure fluctuations accommodated: ±0.1 bar:	Pressure differential: Across/between intermediate and downstream zone: bar:
Initial test results				
Repairs made and materials used				
Test results after repair				

Tester's Address:

Tester's Address:	Scheme Membersh	nip:
	Scheme Name:	
		Day Month Year
Tester's Contact Number:	Date of next test:	
Tester's Email Address:	Comments:	
Tester's name in CAPITALS:		
Tester's signature:		