Form RP7

RPZ Valve Assembly - Application for installation PLEASE DOWNLOAD THIS FORM AND SEND TO WATER REGULATIONS



BEFORE COMPLETING THIS FORM, PLEASE READ THE ACCOMPANYING "INFORMATION & GUIDANCE NOTE" NO 9-03-02

A. Applicant details (Company seeking	approval):
Name:	Contact name:
(company name where appropriate)	(incl. title and initial)
Address:	
	Postcode:
Telephone:	Email:
B. Company details (Premises owner/o	occupier - if different from A)
Name:	Name of person on site:
(company name where appropriate)	(person to be responsible for installation)
Address:	
	Postcode:
Telephone:	Email:
C. Proposed installer (if known)	
Name:	Accredited Tester Registration Number:
Address:	
	Postcode:
Telephone:	Email:
D. Valve location and use details:	
Intended location of valve:	
Type of Plant/Equipment to be supplied:	
PLEASE PROVIDE A SKETCH OF THE PRO	POSED INSTALLATION (the back of this form may be used for this purpose).
Permanent Arrangement? Temporary A	rrangement? Point of use Protection? Zone Protection? Whole Site Protection?
Cold Water Use Y / N Hot Water Use	se Y / N
E. Valve details (if known):	
Make of Valve:	Model Type:
Serial Number:	WRAS Approved value? Y / N
F. Declaration:	
	No 9-03-02 detailing the requirements for installation, on site testing and maintenance of reduced pressure zone (RPZ). I agree to comply with these conditions and understand that failure PZ.
Signature	Full Name
	(BLOCK CAPITALS)
Date	Position

G. Sketch of the proposed layout:	
H. Comments / Other information not included overleaf:	
SOUTHERN WATER USE ONLY	
Risk Assessment Application approved Application rejected Testing & Certification Frequency Fluid Category* (1 to 4)	
* An RPZ will not be permitted by SOUTHERN WATER PLC where it is considered that the backflow risk is a fluid category 5, as defined in Schedule 2, section 6.1 of the Water Supply (Water Fittings) Regulations 1999.	
Authorised by Signed by	
Date / / SW Ref No	

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