

# RPZ VALVE (TYPE BA DEVICE) TEST REPORT CERTIFICATE

Name of person responsible for device:	Permission given to turn <b>off</b> supply: Name _____ Signature _____
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Name of Water Supplier:

Address of location of device:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Permission given to turn **on** supply:  
Name \_\_\_\_\_ Signature \_\_\_\_\_

Turn off time: \_\_\_\_\_ Turn on time: \_\_\_\_\_

Location of device on site:

Make of test kit:

Serial No. of test kit:

Type of plant/equipment being supplied:

Calibration date:

Installation company:

Make of device:

Size:

Model:

Serial No:

Date of installation of valve:

Date of commissioning (first test):

Isolating valve No. 1 tight?: **Yes/No**  
Isolating valve no. 2 tight?: **Yes/No**

Strainer present: **Yes/No**

Unobstructed air gap: **Yes/No**

Accessibility acceptable:  
If no comment below **Yes/No**

For criteria see WRAS AIM 08-01 Section 7.2	Check Valve 1 Closed tight	Relief Valve Opened at:	Check Valve 2 Closed tight	Check Valve 1 Differential pressure	Check Valve 2 Differential pressure
<b>Initial test</b>	<b>Yes</b> <b>No</b>	<b>Bar:</b>	<b>Yes</b> <b>No</b>	<b>Bar:</b> <b>Buffer:</b>	<b>Bar:</b>
<b>Repairs and materials used</b>					
<b>Test after repair</b>	<b>Yes</b> <b>No</b>	<b>Bar:</b>	<b>Yes</b> <b>No</b>	<b>Bar:</b> <b>Buffer:</b>	<b>Bar:</b>

Tester's name in CAPITALS:

Tester's number:

Tester's signature:

Date of completion of test:  
\_\_\_\_\_

Date for next test:  
\_\_\_\_\_

Tester's address:

Comments: