

F7 Additional Information for Operational Flushing Function Products

A	<p>For the purposes of WRAS approvals, products which incorporate an operational flushing function may be granted. However, installers, building owners and manufacturers must be aware that any proposed installation of these products in non-household premises must be notified.</p> <p>A WRAS approval, does not guarantee consent to install will be granted. Water companies retain absolute discretion in assessing whether a product is compliant with the regulations and may consider products which incorporate an operational flush function as being not be suitable for the circumstances used [see regulation 4 (1) (b)].</p> <p>Products meeting the requirements of the scheme that incorporate an operational flush function, may be granted with an IRN and note applied to the approval with the following wording:</p> <p><i>“This product may not comply with the requirements of regulation 4(1)(b). Consult your local water undertaker prior to installation”</i></p>
B	<p>Products listed in this application include an operational flushing function.</p> <p>Approval number for Product _____ or</p> <p>Sample number of Application _____</p> <p>Model Number of product(s) _____</p> <p>Please tick as appropriate</p> <p>1. Is the hygienic function factory enabled so the flush function will automatically operate on installation?</p> <p>Please tick as appropriate: Yes <input type="checkbox"/> or No <input type="checkbox"/></p> <p>2. What is the minimum time period between flushing cycles? _____</p> <p>3. What is the maximum time period between flushing cycles? _____</p> <p>4. Does the time period for the flush cycle reset on last use of product?</p> <p>Please tick as appropriate: Yes <input type="checkbox"/> or No <input type="checkbox"/></p> <p>5. What is the minimum flush period? _____</p> <p>6. What is the maximum flush period? _____</p>

DECLARATION

I / We, the Applicant, declare as follows:

- 1 I/we have read and understand and accept the terms applicable to applications for WRAS Approval as set out in the Standard Terms of Approval;
- 2 I/we warrant the accuracy and completeness of all information contained in this Form F7 and any other information now or subsequently provided by me/us to WRAS and/or the relevant test facility in pursuance of this application and confirm that none of this information is or may be construed as misleading in any way.

Signed:.....

Name:

Position in company:.....

Must be a Director or other authorised, permanent employee of the applicant.

Date:

Please return completed applications to the Test Laboratory that is processing your application.

Please note: additional copies of this form can be downloaded from the WRAS website

www.wras.co.uk