

THERMOSTATIC MIXING VALVE COMMISSIONING REPORT



Owners Details

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss.

Full name (s)

Company/business name

Contact person

Phone: (W) (H) Mobile

Email Address

Site Details

Site address

Building / department

Suburb

Postcode

Lot number Plan number

Plumbing application (PD) number

Total # Valves on site

Valve #

Responsible Person

The RESPONSIBLE PERSON means a person who:

- Is a licensed person for the work, and;
- Performs, directs the performance of, or supervises the work.

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss.

Full name (s)

Company/business name

Licence number

Phone: (W) (H) Mobile

Email Address

Signature

Date

Thermostatic Mixing Valve Information

Valve location/building

Total # valves in building

Valve #

Make

Model #

Serial #

Size (mm) Valve #

Temp of cold water (°C)

Cold water pressure (kPa)

Temp of warm water (°C)

Warm water pressure (kPa)

Cold water supply via

Pressure reducing valve fitted

YES

NO

Total outlets serviced by valve

Baths

Showers

Other: (Specify)

Basins

Sinks

Installation Conditions

Valve installed to requirements of:

- | | |
|-------------------------------------|----------|
| a) The drawing and specification | YES / NO |
| b) The valve/manufacturer/supplier | YES / NO |
| c) Standard: AS/NZS 3500.4:2003 | YES / NO |
| d) The local water supply authority | YES / NO |
| e) The HOSPLAN code | YES / NO |

If NO, give details and action taken

Valve considered satisfactory for use:

YES / NO

If NO, state reason and action taken

Valve service due

Valve commissioned by

Signature of licenced plumber

Date

Licence number

Business name