

Thermostatic Mixing Valve Commissioning Report



Owners Details

Title: Mr Mrs Ms Miss

Given name(s)

Surname

Company/business name

Contact person

Phone (W) (H)

Mobile

Email address

Site Details

Site address

Suburb

Postcode

Lot number

Plan number

Plumbing application (PD) number

Valve Location

Exact location of valve (including unit/shop/building)

Total number of valves of site

Date tested

Thermostatic Mixing Valve Information

Make

Model no.

Serial no.

Size (mm)

Valve no.

Temp of cold water (°C)

Temp of warm water (°C)

Total outlets served by the valves

Baths

Showers

Basins

Sinks

Other: (Specify)

Is the valve installed to the manufacturer's requirements

Yes No

Does the installation comply with AS/NZS 3500.4:2003

Yes No

Responsible Person

Under the SPDR the responsible person means a person who:

Is a licensed person for the work, and

- ii. Performs, directs the performance of, or supervises, the work

Title: Mr Mrs Ms Miss

Given name(s)

Surname

Company/business name

Contact person

Home phone

Mobile

Email address

Licence number (with Thermostatic Mixing Valve Endorsement):

Signature

Date

CSBPS020 – 05/01/2015

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Redland City Council PO Box 21 Cleveland QLD 4163 | T 07 3829 8999 | F 07 3829 8765 | E rcc@redland.qld.gov.au | W www.redland.qld.gov.au