Date of Issue: April 2003

APPLICATION FORM FOR BUILDCERT THERMOSTATIC MIXING VALVE SCHEME TYPE 2 APPROVALS

(FOR OFFICE USE ONLY)

Sample Number: _____

ALL SECTIONS MUST BE COMPLETED

PRODUCT INFORMATON

1. Name and address of applicant:

2. Name and address of manufacturer of product, if different from above:

3. Details of individual responsible for the approval of product(s) (i.e. contact for technical queries) please include telephone and fax number and email address.

4. Name of product range and product designation. Please include current TMV/BuildCert certificate number and WRAS approval number if applicable.
(Note: include sufficient information to ensure that the product variations within a range can be identified).

5. The Scheme requires that all BuildCert members have in place and continue to maintain a quality system that ensures that the manufactured product is of a consistent quality and that all subsequent operations have no detrimental effect.

Manufacturer's of thermostatic mixing valves can demonstrate compliance by supplying the Scheme with a copy of a valid ISO 9000 certificate and scope of accreditation or an approved quality system. Where this cannot be supplied a quality audit will be conducted by the scheme to verify compliance with the requirements of the Scheme.

A Primary factor is a company/individual who does not manufacture the valve but distributes a certified valve under his own trade name, the product having only cosmetic changes.

A Secondary factor is a company/individual who does not manufacture the valve but distributes an already certified valve under his own trade name. The valve having cosmetic changes and material changes that may affect the valves performance e.g. the addition of isolation valves etc not present in the original application made by the manufacturers.

The factors must demonstrate compliance with only those aspects of ISO 9000 that affect the Thermostatic mixing valve. Demonstration of compliance can be achieved by supplying the Scheme with a copy of a valid ISO 9000 certificate and scope of accreditation. Where this cannot be supplied a quality audit will be conducted by the scheme to verify compliance with the requirements of the Scheme.
This application is from: (tick as appropriate)

A Manufacturer. ☐

A Primary Factor ☐ Details of original certificate ETC/……..

A Secondary Factor ☐ Details of original certificate ETC/……..

6. DECLARATION Factors only: Is the valve supplied by your company identical to the already approved and licensed Thermostatic mixing valve (excluding identification) which includes all inlet variations……YES / NO
Please supply details of all variants, (if appropriate) below:

7. The sample is a production valve …….. YES / NO.

8. Make sure the following documents are enclosed. If they are not enclosed give reasons why. Please tick box to state you have enclosed the documents. The documents should include any certificates for which the product has been previously tested.

(a) Drawings ☐

(b) Brochures ☐

(c) Certificates ☐

(d) Installation Manual ☐

(e) ISO 9000 Certificate & scope of accreditation ☐

9. State all model numbers and the equivalent sizes for all models:

10. Indicate the appropriate standard that the valve requires certifying against.

BS EN 1111:1998 ☐

BS EN 1287:1999 ☐

11. Marking:

(a) Marks of identification to be found on the valve.

(b) Unique model reference.

(b) Method of marking.

12. State details of all the manufacturers of materials and components on the enclosed `Schedule of Materials` (see attached form). Include the following:

(a) Component identification on drawing.
(b) Description of item.
(c) Trade name of material or product.
(d) General nature of material, e.g. rubber, EPDM, etc.
(e) Material or product identification (manufacturer).
(f) Name and address of material or product manufacturer.

13. Comments, where applicable:

14. Test House undertaking the assessment. The test laboratory must be UKAS accredited or equivalent to BS EN 17025 and include within its scope of accreditation BS EN 1111 and/or BS EN 1287.

Signed:…….…. Name:…….

(Signature) (Block capitals)

Date:…… Status:……

COMPONENTS IN CONTACT WITH POTABLE WATER AS SHOWN ON DRAWING No:_____		DETAILS OF ALL MATERIALS FROM WHICH COMPONENTS ARE MANUFACTURED			FOR OFFICE USE ONLY _____ TAP: | LAB:
COMPONENTS IDENTIFICATON ON DRAWING (a)	DESCRIPTION OF ITEM (b)	TRADE NAME OF MATERIAL OR PRODUCT (c)	GENERAL NATURE OF MATERIAL (RUBBER, EPDM, etc) (d)	MANUFACTURER'S MATERIAL OR PRODUCT IDENTIFICATION CODE (E)	NAME AND ADDRESS OF MATERIAL OR PRODUCT MANUFACTURER (F)

NOTE: If this form does not have enough space, please photocopy