###### \\usk\BuildCert\BuildCert Admin\Logos\TMV\TMV3 logo colour no R.jpgFORM: TMV3 Issue No. 4. Date of Issue: Oct 2012\\usk\BuildCert\BuildCert Admin\Logos\TMV\TMV3 logo colour no R.jpg

**APPLICATION FORM FOR BUILDCERT THERMOSTATIC MIXING VALVE SCHEME TYPE 3 APPROVALS**

Sample Number: **BC**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL SECTIONS MUST BE COMPLETED**

BC

**PIGGYBACK APPROVAL?** YES/NO - if yes, State original approval number:

PRODUCT INFORMATION

1. Name and address of applicant:

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

3. Invoice address (Provide purchase order number if applicable), if this section is not completed the invoice will be sent to the address indicated in section 1 above, any re-invoicing will be charged at the BuildCert rate.

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

Name: email:

Telephone number:

1. List valves requiring TMV3 approval; include comments for clarification for the approval.

Please include current TMV/BuildCert certificate numbers and WRAS approval numbers if applicable. (**Note:** include sufficient information to ensure that the product variations within a range can be identified), attach separate sheet if required.

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6. 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.

Applicants can demonstrate compliance by providing a copy of a valid ISO 9001 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.

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).

Factors must demonstrate compliance with only those aspects of ISO 9001 that affects the thermostatic mixing valve.

The following have ISO 9001 quality systems (x as appropriate)

Manufacturer of product: Factor:

If ISO 9001 certification has not been indicated then BuildCert will need to undertake a Quality Audit of the manufacturing and or distribution facilities.

This application is from: **(tick as appropriate)**

A Manufacturer:

BC

A Primary Factor: Details of original Certificate:

BC

A Secondary Factor: Details of original Certificate:

YES/NO

Secondary approval - is separate WRAS approval required for this application?

7. DECLARATION - Factors only: Is the valve supplied by your company identical to the already approved Thermostatic mixing valve (excluding identification) which includes all inlet variations? If no, supply details of variants.

YES/NO

YES/NO

8. The valves referred to in section 5 of this application are in production?

9. Ensure the following documents are attached to this application. Tick the boxes to indicate the documents attached.

(a) General Assembly Drawings

(b) Brochures

(c) Certificates, BuildCert/WRAS

(d) Installation Manual

(e) ISO 9001 Certificate

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10. Indicate the applications of use you for the range of valves specified in section 5. The quotation you receive from the Test House will only be based on the information you give in this section. Only tests that are stated in this section will be carried out on the product. If further tests are required after the quotation has been sent to the client, a further application form will be required:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Code** | **Operating Pressure**  **Range** | **Application** | \* | **Size** | **Economy ‘E’ Designation Required \*\*** |
| -HP-B | High Pressure | Bidet |  |  |  |
| -HP-S | High Pressure | Shower |  |  |  |
| -HP-W | High Pressure | Washbasin |  |  |  |
| -HP-T44 | High Pressure | Bath with fill temperature up to 44°C |  |  |  |
| -HP-T46 | High Pressure | Bath with fill temperature up to 46°C |  |  |  |
| -HP-D44 | High Pressure | Bath with fill up to 44°C & Shower up to 41°C |  |  |  |
| -HP-D46 | High Pressure | Bath with fill up to 46°C & Shower up to 41°C |  |  |  |
| -LP-B | Low Pressure | Bidet |  |  |  |
| -LP-S | Low Pressure | Shower |  |  |  |
| -LP-W | Low Pressure | Washbasin |  |  |  |
| -LP-T44 | Low Pressure | Bath with fill temperature up to 44°C |  |  |  |
| -LP-T46 | Low Pressure | Bath with fill temperature up to 46°C |  |  |  |
| -LP-D44 | Low Pressure | Bath with fill up to 44°C & Shower up to 41°C |  |  |  |
| -LP-D46 | Low Pressure | Bath with fill up to 46°C & Shower up to 41°C |  |  |  |

**\* Please tick required the required applications of use**

**\*\* If you require your valve to be tested to the Economy` designation, please tick the grey box**

11. Marks of identification to be found on the valve:

Method of marking i.e. stamped, laser etched etc.:

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12. Please declare 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. Additional comments, where applicable:

14. State the 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: ……………………………………………………Position: …………………………………

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| COMPONENTS IN CONTACT  WITH POTABLE WATER  AS SHOWN ON DRAWING No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | DETAILS OF ALL MATERIALS FROM WHICH COMPONENTS ARE MANUFACTURED | | |  | |
| 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