**BS 6920:2014**

TESTING OF NON-METALLICCOMPONENTS WITH REGARD TO THEIR EFFECT ON THE QUALITY OF WATER

*Note: All information provided in this form will be treated in the strictest confidence. Information will only disclose to relevant stakeholders who participates in this BS 6920:2014 approval process*.

**Section 1**

Please complete and send a copy of this form with every submission of samples for test.

We request the Standardmark Laboratory undertake testing of our product(s) in accordance with BS 6920:2014

|  |  |
| --- | --- |
| Name: | |
| Position: | |
| Company: | |
| Telephone: | Fax: |
| Email (invoice and final report will be sent to this address): | |
| Signed: | |

**Section Two**

**Test Required**

Please complete *one* of the following two boxes on this page if FULL or AUDIT tests are required. Please complete the box on page 6 if LIMITED tests are required.

|  |  |  |
| --- | --- | --- |
| FULL TESTSFor new products/materials | | Tick if Required |
| Full Tests of Effect on Water Quality **Cold Water Use Only** | |  |
| Full Tests of Effect on Water Quality **Hot & Cold Water Use** | |  |
| For Hot & Cold Water Use, please specify the maximum water temperature at which the product is to be used | 65 °C |  |
| 85 °C |  |
| Other  Please specify  30 °C to 85 °C  (surcharge applied) |  |
| If this testing is for WRAS approval of a fitting and you have a Regulations Testing Sample Number please give this number: | | |
|  | | |
| **OR** | | |

|  |  |
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|  | |
| AUDIT TESTS for WRAS re-approval **As specified in a letter from the Water Regulations Advisory Scheme**  ***A copy of this letter must be enclosed with the application form; please contact WRAS if you have not received this letter.*** | Tick if Required |
| Cold Water Use Only |  |
| Hot & Cold Water Use |  |
| For Hot & Cold Water Use, please specify the maximum water temperature at which the product is to be used (30 °C to 85 °C) |  |

This box should be completed only if LIMITED tests are required.

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| **LIMITED TESTS**  **For product development, reformulation, etc. or as specified by WRAS for reasons other than an audit test** | Tick if Required |
| Odour and Flavour Test *BS 6920-2.2* |  |
| Appearance of water *BS 6920-2.3* |  |
| Growth of Aquatic Micro-organisms Test (MDOD) *BS 6920-2.4* |  |
| Extraction of substances that may be of concern to public health (cytotoxicity) *BS 6920-2.5* |  |
| Extraction of metals *BS 6920-2.6* |  |
| Cold Water Use Only |  |
| Hot & Cold Water Use |  |
| For Hot & Cold Water Use, please specify the maximum water temperature at which the product is to be used (30 °C to 85 °C) |  |
| Please state the reason limited testing is required: | |

**Section Three**

It is important to give as much information as possible about the product for testing; this will assist in interpretation of the test results and preparation of the final report. Incomplete information could delay testing, report preparation and subsequent approval.

Information on the chemical composition of the product is also required for interpretation of results and to comply with Health and Safety requirements. All information provided will be treated in the strictest confidence. Please also include the Material Safety Data Sheets (MSDS) for chemicals, materials and components (where appropriate).

|  |  |
| --- | --- |
| General Information | |
| Submitting organisation |  |
| Product |  |
| Product manufacturer |  |
| Location of the product manufacturing site |  |
| Trade name, grade and reference of the product |  |
| Date product manufactured |  |
| Batch number |  |
| Material manufacturer |  |
| Location of the material manufacturing site |  |
| Trade name, grade and reference of the material |  |

|  |  |  |
| --- | --- | --- |
| Manufacturing process | Injection moulding |  |
| Compression moulding |  |
| Extrusion |  |
| Cut or stamped from sheet material |  |
| Other (please give details) |  |
| General nature of the product | Thermoplastic |  |
| Thermosetting |  |
| Elastomeric (rubber) |  |
| Other (please give details) |  |
| General composition of product  e.g. EPDM, POM, Ceramic, etc. |  | |
| Shore Hardness |  | |

|  |  |
| --- | --- |
| Please provide a detailed description of the samples sent for testing:  Include (if appropriate) name, size, colour, opacity, markings, etc. |  |

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| --- | --- |
| Typical use of the product |  |
|  | |
| If the product is manufactured from a WRAS approved material please give the WRAS approval number | |
| WRAS approval number |  |

|  |
| --- |
| Chemical Composition, please provide information on the chemical composition of the product (see note on page 2): |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other Testing | | | |
| Has the product or any of the ingredients been subject to any Toxicological evaluation? | Yes | No | Not known |
| Has the product or any of the ingredients been subject to any Migration tests? | Yes | No | Not known |
| Has the product or any of the ingredients been subject to any Biodeterioration or Biodegradation evaluation? | Yes | No | Not known |
| Does the product contain a Biocide? | Yes | No | Not known |
| If you have answered yes to any of the above questions please provide/attach any relevant information. | | | |
|  | | | |
| Has the product been previously tested by a WRAS accredited Test Laboratory? | Yes | No | Not known |
| If yes please provide details here: | | | |
|  | | | |
| Is the product a modification of any product previously tested by a WRAS accredited Test Laboratory? | Yes | No | Not known |
| If yes please provide details here: | | | |

**Section Four**

**Specific information for elastomeric (Rubber) products – required for WRAS material only approval, not if part of a WRAS fitting approval application.**

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| *NOTE* Freshly cured elastomeric products should be stored for at least four weeks in unsealed containers and a clean atmosphere before being submitted for testing. | | | |
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| Method of manufacture  e.g. extrusion, moulding, calendaring, pultrusion, etc. |  | | |
| Cure time |  | | |
| Cure temperature (°C) |  | | |
| Post cure treatment  e.g. hot air, steam, etc. |  | | |
| Post cure time |  | | |
| Post cure temperature |  | | |
| Is the vulcanisation/curing process identical for the test sample and production samples? | Yes | No | Not known |
| Has a mould release agent been used? | Yes | No | Not known |
| If yes, is this the only mould release agent that will be used? | | | |
| Please give details of the mould release agent(s): | | | |
| Please provide the trade name, composition, and supplier of the mould release agent(s): | | | |

**Section Five**

**Specific information for site applied products**

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| --- | --- | --- | --- |
| This Section should be completed for site applied coatings, linings, paints, cements, putties, adhesives, etc. | | | |
| *NOTE* Site applied products must be prepared (or the preparation witnessed) by the test laboratory and any pre-test curing done at the test laboratory. | | | |
|  | | | |
| Please provide details and typical applications for the product: | | | |
| Is a primer or undercoat used with the product | | Yes | No |
| If yes, then the primer or undercoat and full instructions for application must be supplied with the product for testing. | | | |
|  | | | |
| Product preparation | | | |
| The following information must be provided for each product application. NSF-WRc reserves the right to refuse to prepare your test samples if this information is not provided.  Sufficient details for preparation such Instructions for use for product preparation, as supplied to the customer or end user.  Relevant Product Data Sheets and Health and Safety Information. | | | |
|  | | | |
| Please provide the following details, including tolerances, as would be expected to be used on site (please provide details of curing curves if available). | | | |
| Normal cure period (minimum cure period): | | | |
| Normal cure temperature (°C ±): If this is above 7 °C please state how this will be achieved on site. | | | |
| Normal humidity (% relative humidity ±): | | | |
| Wet film thickness (μm ±): | | | |
| Mix ratios (wt/wt, vol/vol): | | | |

**Section Six**

**Specific information for factory applied products – required for WRAS material only approval, not if part of a WRAS fitting approval application**

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| --- | --- | --- |
| This section should be completed for factory applied coatings, linings, paints, cements, putties, adhesives, etc. | | |
|  | | |
| Please provide details and typical applications for the product: | | |
|  |
| Please provide the following details of the test sample preparation. | | |
| Date of preparation: | | |
| Method of preparation: | | |
| Number, nature and thickness of coats applied (including primers): | | |
| Method of application: | | |
| Was the product prepared in accordance with the application instructions? (Y/N) | | |
| Substrate onto which the product was applied e.g. glass, stainless steel: | | |
| Ambient temperature at time of application (°C): | | |
| Cure Period: | | |
| Cure temperature (°C ±): | | |