



WORKS DEPARTMENT REGIONAL INFRASTRUCTURE STANDARDIZATION COMMITTEE (RISC)
PRODUCT APPROVAL APPLICATION FORM (ONE PRODUCT PER FORM) PAGE ONE OF THREE

COMPANY NAME: CONTACT NAME:

COMPANY ADDRESS:

PHONE NO.: FAX NO.: E-MAIL:

INDICATE IF MANUFACTURER OR AUTHORIZED DISTRIBUTOR

1. CATEGORY OF PRODUCT SUBMITTED (CHECK APPROPRIATE BOXES):

- ROADS, WATERMAINS, SEWERS
TRAFFIC
WATER SYSTEM
SANITARY SEWER
STORM SEWER
ROAD MATERIALS/EQUIPMENT
OTHER
TRAFFIC SIGNALS
CONTROL EQUIPMENT
POWER SUPPLY EQUIPMENT
SIGNAL POLES
DUCTS
CABLING
OTHER

PRODUCT: MANUFACTURER: PRODUCT ID#:

DESCRIPTION:

(ATTACH PRODUCT INFORMATION AND SPECIFICATIONS)

2. QUALITY MANAGEMENT/PRODUCT STANDARDS:

MANUFACTURER NAME AND LOCATION OF MANUFACTURING FACILITIES:

PROVIDE INFORMATION ON QUALITY MANAGEMENT OF MANUFACTURING PROCESSES:

ISO: OTHER INDUSTRY QUALITY STANDARDS:

INTERNAL QUALITY MANAGEMENT: (PROVIDE DETAILS, ATTACH POLICY MANUAL/PROCEDURES)

SELECT APPROPRIATE BOXES THAT PRODUCTS COMPLY WITH:

- CSA # ASTM# AWWA # OPSS / OPSD#
ANSI # CGSB# FM# UL #
OTHER

(ATTACH DOCUMENTATION RE. CERTIFICATION OF ABOVE)

3. PRODUCT DISTRIBUTION AND WARRANTY

PROVIDE THREE AUTHORIZED DISTRIBUTORS FOR SOUTHERN ONTARIO (INDICATE IF SOLE AUTHORIZED DISTRIBUTOR/AGENT):

Table with 5 columns: FIRM AND ADDRESS, CONTACT, PHONE #, FAX #, E-MAIL

HOW MANY YEARS HAS PRODUCT BEEN DISTRIBUTED IN ONTARIO? YEARS.

STATE PROVISIONS FOR EMERGENCY OR AFTER HOURS REPAIRS OR SERVICE:



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PROVIDE THREE REFERENCES, PREFERABLY MUNICIPAL SECTOR:

Table with 5 columns: NAME AND ADDRESS, CONTACT, PHONE #, FAX #, E-MAIL. Contains three rows of blank lines for input.

APPROXIMATE VALUE OF LOCAL INVENTORIES: \$ \_\_\_\_\_

WARRANTY COVERAGE (BRIEFLY DESCRIBE AND ATTACH WARRANTY DOCUMENTATION)

Three horizontal lines for describing warranty coverage.

DISPATCH LOCATION FOR WARRANTY REPAIRS/SERVICE: \_\_\_\_\_

THIS FORM IS TO BE SUBMITTED ALONG WITH APPROPRIATE SUPPORTING DOCUMENTATION TO: REGION OF DURHAM WORKS DEPARTMENT, 605 ROSSLAND ROAD EAST, WHITBY, ONTARIO, P.O. BOX 623, L1N 6A3, ATTENTION: RISC SUB-COMMITTEE CHAIR (INDICATE THE APPROPRIATE SUB-COMMITTEE)

4. PRODUCT EVALUATION FORM (TO BE COMPLETED BY APPROPRIATE RISC SUB-COMMITTEE - INDICATE IF UNSATISFACTORY, POOR, ACCEPTABLE OR EXCELLENT AND PROVIDE COMMENTS)

A. PRODUCT EVALUATION

COMPLIANCE TO REGIONAL STANDARDS/SPECIFICATIONS (IF APPLICABLE): \_\_\_\_\_

QUALITY OF CONSTRUCTION: \_\_\_\_\_

PACKAGING/INSTRUCTIONS/WHMIS: \_\_\_\_\_

INDUSTRY STANDARDS/VERIFICATIONS: \_\_\_\_\_

PRODUCT LITERATURE AND ADDITIONAL INFORMATION: \_\_\_\_\_

OVERALL PRODUCT RATING: \_\_\_\_\_

B. QUALITY MANAGEMENT (QM) OF PRODUCTS

INDUSTRY QM STANDARDS: \_\_\_\_\_

MANUFACTURER'S QM STANDARDS/PROCEDURES: \_\_\_\_\_

OVERALL QM RATING: \_\_\_\_\_



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**C. DISTRIBUTION/WARRANTY**

DISTRIBUTOR(S): \_\_\_\_\_

PROVEN QUALITY TRACK RECORD (FROM REFERENCES PROVIDED): \_\_\_\_\_

SERVICE/DELIVERY/INVENTORIES: \_\_\_\_\_

WARRANTY: \_\_\_\_\_

OVERALL DISTRIBUTION/WARRANTY RATING: \_\_\_\_\_

**5. OVERALL RECOMMENDATION:**

- NOT ACCEPTABLE
- RECOMMENDED FOR FIELD TESTING AND FURTHER EVALUATION\*
- ACCEPTED FOR INCLUSION IN THE APPROVED MANUFACTURERS' PRODUCT LIST

COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNED: \_\_\_\_\_  
(SUB-COMMITTEE CHAIR)

DATE: \_\_\_\_\_

**6. RESULTS OF FIELD TESTING (IF APPLICABLE):**

**A. NOT ACCEPTABLE (PROVIDE DETAILS)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. ACCEPTED, TO BE INCLUDED IN APPLICABLE APPROVED MANUFACTURERS PRODUCTS LISTING**

\_\_\_\_\_

SIGNED: \_\_\_\_\_  
(SUB-COMMITTEE CHAIR)

DATE: \_\_\_\_\_

COPIES OF THE COMPLETED EVALUATION TO BE SENT TO THE SUBMITTING FIRM, MANUFACTURER AND RISC CHAIR.