



**REGIONAL INFRASTRUCTURE STANDARDIZATION COMMITTEE**  
**PRODUCT APPROVAL APPLICATION FORM (ONE PRODUCT PER FORM)**

COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

INDICATE IF MANUFACTURER ☐ OR AUTHORIZED DISTRIBUTOR ☐

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

☐ **ROADS, WATERMAINS, ☐ TRAFFIC**  
**SEWERS**

- |   |   |
|---|---|
| <input type="checkbox"/> WATER SYSTEM                 | <input type="checkbox"/> TRAFFIC SIGNALS        |
| <input type="checkbox"/> SANITARY SEWER               | <input type="checkbox"/> CONTROL EQUIPMENT      |
| <input type="checkbox"/> STORM SEWER                  | <input type="checkbox"/> POWER SUPPLY EQUIPMENT |
| <input type="checkbox"/> ROAD MATERIALS/<br>EQUIPMENT | <input type="checkbox"/> SIGNAL POLES           |
| <input type="checkbox"/> OTHER                        | <input type="checkbox"/> DUCTS                  |
|   | <input type="checkbox"/> CABLING                |
|   | <input type="checkbox"/> 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):

| FIRM AND ADDRESS | CONTACT | PHONE # | E-MAIL |
|------------------|---------|---------|--------|
| -                |         |         |        |
|                  |         |         |        |
|                  |         |         |        |

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

STATE PROVISIONS FOR EMERGENCY OR AFTER HOURS REPAIRS OR SERVICE:

\_\_\_\_\_



WORKS DEPARTMENT REGIONAL INFRASTRUCTURE STANDARDIZATION  
COMMITTEE (RISC)  
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THREE

PROVIDE THREE REFERENCES, PREFERABLY MUNICIPAL SECTOR:

| NAME AND ADDRESS | CONTACT | PHONE # | E-MAIL |
|------------------|---------|---------|--------|
|------------------|---------|---------|--------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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

WARRANTY COVERAGE (BRIEFLY DESCRIBE AND ATTACH WARRANTY DOCUMENTATION)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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:

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PACKAGING/INSTRUCTIONS/WHMIS:

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INDUSTRY STANDARDS/VERIFICATIONS:

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PRODUCT LITERATURE AND ADDITIONAL INFORMATION:

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OVERALL PRODUCT RATING:

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**B. QUALITY MANAGEMENT (QM) OF PRODUCTS**

INDUSTRY QM STANDARDS:

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MANUFACTURER'S QM STANDARDS/PROCEDURES:

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OVERALL QM RATING:

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

**C. DISTRIBUTION/WARRANTY**

DISTRIBUTOR(S):

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PROVEN QUALITY TRACK RECORD (FROM REFERENCES PROVIDED):

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SERVICE/DELIVERY/INVENTORIES:

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WARRANTY:

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OVERALL DISTRIBUTION/WARRANTY RATING:

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**5. OVERALL RECOMMENDATION:**

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

COMMENTS:

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

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

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

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

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

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

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