|  |  |  |  |
| --- | --- | --- | --- |
| This form must be completed for all bidet installation requests. Provide client / carer and home owner (if different to client) with a copy of page 3 and 4 of this form.  Attach page 1 and 2 of this form to a completed Equipment Prescription / Request Form and email [des.frontdesk@sa.gov.au](mailto:des.frontdesk@sa.gov.au). | | | |
| **SECTION 1: ASSESSOR TO COMPLETE** | | | |
| Client Name: | | | |
| Assessor Name: | | | Phone: |
| **Bidet Specifications (if known)** | | | |
| Proposed System and Model Number |  | | |
| Proposed Supplier |  | | |
| **Information about house / toilet for installation**  Address: | | | |
| Year house built / approx. age or house:  Toilet is in  separate room  bathroom  ensuite | | Asbestos in walls?  yes  no  unknown  Toilet is on  internal or  external wall of house | |
| Provide basic sketch of room / toilet position, indicate outer walls: | | | |
| **Assessor Checklist**  The Information sheet about bidet installation (pages 3 & 4) has been provided to client / carer  The Information sheet about bidet installation (pages 3 & 4) has been provided to home owner (where different to the client/carer)  Equipment Prescription / Request form completed, including home owner consent  Photographs of toilet/bathroom area attached including main switchboard and closest power point  Basic diagram of bathroom / toilet included (indication of what is on other side of the walls to where toilet is)  Copy of relevant approvals sent to DES (if homeowner is Housing SA or other Community Housing Group)  Quote from supplier for supply of bidet  The “*Terms and Conditions for Installation of Home Modifications” and the “Terms and Conditions and information on use of Equipment”* document s have been provided to the participant / advocate / guardian and the home owner (where these people differ) | | | |

|  |
| --- |
| **SECTION 2: CLIENT / GUARDIAN / ADVOCATE TO COMPLETE** |
| I have been involved in the decision-making and to the best of my knowledge, I believe the recommendations will meet the needs of those using the bidet  I understand the item is on loan from DES to me as long as I need it. If any repairs are required, I will contact DES to organise these  I understand that provision of this item is subject to approval by the relevant funder  I agree for DES to coordinate the installation and annual maintenance of the recommended bidet through the appropriately qualified trade’s people  I understand if the item is no longer required, I must notify DES to organise the removal, decommissioning and relevant forms to the Office of Technical Regulator  I have received, read, understood and accept the *“Information about Bidets”,* “*Terms and Conditions of Installation of Home Modifications*” and *“Terms and Conditions and information on use of equipment”*  I am the home owner, and am giving permission for the installation of the Bidet into my home (if no, home owner to complete section 3)  Signature:       Date:  Name:       Best Contact Number:  Email Address (Required): |
| **SECTION 3: OWNER OF THE PROPERTY – for private rental houses (if different to section 2)** |
| I, the owner of this dwelling, give permission for the installation of the bidet into this property.  I agree for Domiciliary Equipment Service (DES) to coordinate the installation and annual maintenance of the recommended bidet through the appropriately qualified tradespeople.  I understand that DES will provide information relevant to the installation of the bidet to the Office of Technical Regulator as legislatively required.  I have received, read, understood and accept the *“Information about Bidets”,* “*Terms and Conditions of Installation of Home Modifications*” and *“Terms and Conditions and Information on use of Equipment”*.  Signature:       Date:  Name:       Best Contact Number:  Email Address (Mandatory): |
| **SECTION 4: INTERNAL USE ONLY** |
| Copy of compliance certificate received and sent to OTR Date:  Notification of bidet installation Date:  Copy of Bidet Specification and Agreement Form sent to client and Home Owner Date:  All documents saved in objective Date: |
| Processed by:  Name:       Signature:      Date: |
| **Information about Bidets (Client / Carer to Keep)**  **Purpose of a Bidet** http://www.thebidetshop.com.au/product_images/d/553/Coway-BA-08-Bidet-Toilet-Seat-Image-03__86277_zoom.jpg  Hands free cleaning of perineal area for clients who are unable to manage their hygiene needs. After using the toilet, the occupant presses the cleansing button waterproof remote control.  A copy of the bidet manual, with instructions of use, will be provided to you at the time of installation.  **Weight Tolerance**  Equipment is weight tested to Australian Standards and has limited weight tolerances. The Health Care bidet is weight rated to 180kg. If you experience significant weight gain the equipment may become unsafe, please advise DES if you have significantly gained weight.  **Installation Requirements**  Power Points and Electrical Safety  A power point will need to be available close to the toilet to enable use of the Bidet. This power point must also comply with Bathroom Electrical Safety guidelines as determined by the installer.  Back Flow Device and Water Safety  Bidets are classed by the Office of the Technical Regulator as a ‘high hazard fixture’. Where the outlet of the wand of the bidet is located less than 25mm above the overflow level of the toilet pan, a high hazard backflow prevention device must be installed.    Wand / spout  Where Spacers are used to raise the height of the bidet, a high hazard backflow prevention device must still be installed. Spacers do not raise the outlet of the bidet, instead they raise the height of the overflow level of the toilet.  **What is an RPZ device and how does it work?**  A high hazard backflow prevention device is a Reduced Pressure Zone device (RPZD).  This is what an RPZD looks like.  They are usually installed on the outer wall, depending on the layout of the house. These devices prevent the backflow of contaminated water into mains drinking water supply. Further information is available on the Plumbing Advisory Note regarding Backflow prevention requirements for toilet seat douche outlets and flexible hoses on the [Office of the Technical Regulator website](https://www.sa.gov.au/topics/energy-and-environment/electrical-gas-and-plumbing-safety-and-technical-regulation).  A small amount of water may be discharged from the device any time water is used in the house. The plumber installing it must ensure that it discharges over an approved outlet such as a tundish and will talk to you about what needs to be done before starting. If the bidet is removed from use, the RPZ device must be decommissioned and removed and the OTR notified of this.  The installation work must be carried out by an appropriately licenced plumber, who is required to issue a Certificate of Compliance and a [Backflow prevention device - Commission, inspection and maintenance report](https://www.sa.gov.au/__data/assets/pdf_file/0014/20822/OTR-Backflow-Prevention-Device-Form_Apr-2014-editable.pdf) to the Office of the Technical Regulator within 7 days of completing the installation. These must also be tested annually by a licenced plumber with the above report resubmitted.  Domiciliary Equipment Service (DES) will take responsibility for coordinating the installation and annual maintenance checks with permission from the client and homeowner, at an additional cost. For National Disability Insurance Scheme and Lifetime Support Scheme participants, the maintenance costs will need to be incorporated into their plan.  **What if the bidet packaging states that it is certified and has a backflow prevention valve incorporated?**  All bidets must be compliant with the Australian Standards and be WaterMarked. However, they must also be installed to meet the plumbing standards especially with regards to backflow prevention. Where the bidet has been certified and marked as complying with the AS.NZS 2845.1 or AS2845.2 no further backflow prevention device is required. For any additional information call, The Office of the Technical Regulator- Plumbing, contact Robert Knowles M: 0400 881 271, email: [*robert.knowles@sa.gov.au*](mailto:robert.knowles@sa.gov.au)*.* |