

**GREENHOUSE AND ENERGY
MINIMUM STANDARDS (GEMS)
PRODUCT REGISTRATION
APPLICATION QUESTIONS**

DISHWASHERS

AUSTRALIA

**Per Greenhouse and Energy Minimum Standards
(Dishwashers) Determination 2015**

February 2020

This form is designed for applicants' internal use only, not for submitting applications to the GEMS Regulator.

All applications for product registration must be submitted to the Regulator via the online registration database at <https://reg.energyrating.gov.au>.

The Regulator cannot accept any applications in hard copy.

Note that this form may be updated from time to time to reflect changes to the registration database and it is the applicant's responsibility to ensure they are using the latest version.

Any question with an asterisk (*) next to it is mandatory.

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VERSION CONTROL

Revision Date	Version	Summary of Changes
3 February 2020	1.1	Removed DoEE logo for MoG changes – no change to content.
23 March 2017	1.0	Document finalised.
28 February 2017	0.1	Initial document created.

MODELS AND MANUFACTURER

Product Model Information

Fill in one of the two boxes below, depending on if the product being registered is a single model or a family of models.

FOR SINGLE MODELS

Model Number:* _____ **Brand:*** _____

FOR FAMILY OF MODELS

What is the family name of the models covered by this application?*

Please provide details for each model covered by this registration:

Note: There is a limit of 20 model number(s) for the determination: Greenhouse and Energy Minimum Standards (Dishwashers) Determination 2015.

#1

Model Number:* _____

Brand:* _____

#2

Model Number:* _____

Brand:* _____

#3

Model Number:* _____

Brand:* _____

#4

Model Number:* _____

Brand:* _____

#5

Model Number:* _____

Brand:* _____

#6

Model Number:* _____

Brand:* _____

#7

Model Number:* _____

Brand:* _____

#8

Model Number:* _____

Brand:* _____

#9

Model Number:* _____

Brand:* _____

#10

Model Number:* _____

Brand:* _____

#11

Model Number:* _____

Brand:* _____

#12

Model Number:* _____

Brand:* _____

#13

Model Number:* _____

Brand:* _____

#15

Model Number:* _____

Brand:* _____

#17

Model Number:* _____

Brand:* _____

#19

Model Number:* _____

Brand:* _____

#14

Model Number:* _____

Brand:* _____

#16

Model Number:* _____

Brand:* _____

#18

Model Number:* _____

Brand:* _____

#20

Model Number:* _____

Brand:* _____

Manufacturing Information

Tick if the product is manufactured in-house

Please provide the following information on the manufacturer if the product is not manufactured in-house. Additional fields are included if there are more than one manufacturer for this product.

Manufacturer Name:* _____

Manufacturer ABN or Company Number:* _____

Name of Contact Person:* _____

Company Phone:* _____ **Company Fax:** _____

Company Email:* _____ **Company Website:** _____

Street Address:* _____

Suburb/Region:* _____ **Postal Code:*** _____ **State/Region:** _____

Country:* _____

Is postal address the same as the street address? Yes No

If you have ticked No, please complete the postal address fields below:

Postal Address: _____

Suburb/Region:* _____ **Postal Code:*** _____ **State/Region:** _____

Country:* _____

Second Manufacturer

If applicable, who is the second manufacturer?

Manufacturer Name:* _____

Manufacturer ABN or Company Number:* _____

Name of Contact Person:* _____

Company Phone:* _____ **Company Fax:** _____

Company Email:* _____ **Company Website:** _____

Street Address:* _____

Suburb/Region:* _____ **Postal Code:*** _____ **State/Region:** _____

Country:* _____

Is postal address the same as the street address? Yes No

If you have ticked No, please complete the postal address fields below:

Postal Address: _____

Suburb/Region:* _____ Postal Code:* _____ State/Region: _____

Country:* _____

Third Manufacturer

If applicable, who is the third manufacturer?

Manufacturer Name:* _____

Manufacturer ABN or Company Number:* _____

Name of Contact Person:* _____

Company Phone:* _____ Company Fax: _____

Company Email:* _____ Company Website: _____

Street Address:* _____

Suburb/Region:* _____ Postal Code:* _____ State/Region: _____

Country:* _____

Is postal address the same as the street address? Yes No

If you have ticked No, please complete the postal address fields below:

Postal Address: _____

Suburb/Region:* _____ Postal Code:* _____ State/Region: _____

Country:* _____

In what country/countries is this product manufactured?*

How can the date of manufacture be determined from permanent markings on the appliance?*

- Please tick accordingly and if required, provide further information

From a date permanently marked on the rating plate in a non-encrypted format

Provide an example of the date format:

From a date permanently marked on the rating plate in an encrypted format

Describe how the date of manufacture can be determined from the markings on the appliance:

From another form of permanent marking on the product

Describe how the date of manufacture can be determined from the markings on the appliance:

No date mark

Sale Information

In what country/countries will this product be sold?* (please tick one or both, if required)

Australia New Zealand

When will this product be (or when was this product) first available for purchase?*

If applicable, please respond to the following question and provide the details requested:

This model/family replaces or supplements another model or family.

Old Model Name:* _____

Old Model Number:* _____

Old Registration Number:* _____

LABS & TEST REPORTS

Is a test report provided?*

Yes – a test report is provided (please ensure test report is provided with this form)

If you ticked yes, please answer the questions below:

What test standard was used?* (please tick one)

AS/NZS 2007.1:2005

Which laboratory performed the testing?* - please provide name of laboratory, type of lab (independent or own lab), and street and/or postal address.

Please provide details for each test report, if multiple test reports are provided.

Test Report Number:* _____

Report Signatory:* _____

Test Date:* _____

Test Unit Serial Number: * _____

No – no test report available but registration details containing test relevant to this product provided

If you ticked 'no test report available, but registration details provided', please answer the question below:

Registration number of the unit whose test forms the basis of this application*:

Comments regarding the product, the test procedure or test results that should be taken into account when assessing the product for compliance:

APPLIANCE DETAILS

Appliance Dimensions: Width: _____ mm Height: _____ mm Depth: _____ mm

Appliance type:* Built-in On bench Freestanding Mobile

Claimed program time:* _____ mins

Rated capacity (integral number of place settings):* _____

Water connection type:* Dual Single

Claimed total water consumption:* _____ L

Primary water connection mode:* Hot Cold

Supplementary water connection mode:* None Hot Dual

Does the dishwasher have a water softener?*" Yes No

If you answered yes to the previous question, please answer the following question:

Does the dishwasher use water to regenerate the water softener prior to every cycle?*

Yes No

Does the product have a power (off) switch?* Yes No

Does the product have a delay start feature?* Yes No

TEST RESULTS

Post program energy:* _____ kWh

Power consumption in 'end of cycle mode':* _____ W

Power consumption in off mode:* _____ W
(only required to be answered if the model has a power off switch)

Name of program and temperature setting used in test:* _____

Is the program name specified named 'normal' or one that implies normal?

Yes No

Is the program name specified the one recommended for a normally soiled load equal to the rated capacity in the product literature?*

Yes No

Confirm that the appliance has no other program available that is named 'normal' or one that implies normal:* (only required if the program name is not named normal or implies normal)

Confirmed Not confirmed

Load type used for testing:*

AS/NZS IEC

Amount of detergent

Prewash:* _____ g

Main:* _____ g

Rinse aid dose or setting used for test:* _____

Spinach type used for testing:* (please tick one)

Burcht Tinned Spinach Betuws Roem Leaf Spinach Other: _____

PRIMARY WATER CONNECTION

Average tested cycle duration:* _____ mins

Average test program duration:* _____ mins

Average primary cold water volume:* _____ L

Average primary hot water volume:* _____ L

Average primary cold water energy correction/load:* _____ kWh

Average primary hot water energy per load:* _____ kWh

Average primary electrical energy per load:* _____ kWh

Please provide details for each unit tested (minimum 3).

<u>Unit 1</u> PAEC:* _____ kWh/y	<u>Unit 2</u> PAEC:* _____ kWh/y
<u>Unit 3</u> PAEC:* _____ kWh/y	<u>Unit 4</u> PAEC:* _____ kWh/y
<u>Unit 5</u> PAEC:* _____ kWh/y	<u>Unit 6</u> PAEC:* _____ kWh/y
<u>Unit 7</u> PAEC:* _____ kWh/y	<u>Unit 8</u> PAEC:* _____ kWh/y
<u>Unit 9</u> PAEC:* _____ kWh/y	<u>Unit 10</u> PAEC:* _____ kWh/y

CEC:* _____ kWh/annum

SUPPLEMENTARY WATER CONNECTION

You only need to fill this in if your model has a supplementary water connection.

Average tested supplementary program duration:* _____ mins

Average supplementary cold water volume:* _____ L

Average supplementary hot water volume:* _____ L

Average supplementary cold water energy correction/load:* _____ kWh

Average supplementary hot water energy per load:* _____ kWh

Average supplementary electrical energy per load:* _____ kWh

Please provide details for each unit tested (minimum 3):

<u>Unit 1</u> Supplementary PAEC:* _____ kWh/y	<u>Unit 2</u> Supplementary PAEC:* _____ kWh/y
<u>Unit 3</u> Supplementary PAEC:* _____ kWh/y	<u>Unit 4</u> Supplementary PAEC:* _____ kWh/y
<u>Unit 5</u> Supplementary PAEC:* _____ kWh/y	<u>Unit 6</u> Supplementary PAEC:* _____ kWh/y
<u>Unit 7</u> Supplementary PAEC:* _____ kWh/y	<u>Unit 8</u> Supplementary PAEC:* _____ kWh/y
<u>Unit 9</u> Supplementary PAEC:* _____ kWh/y	<u>Unit 10</u> Supplementary PAEC:* _____ kWh/y

Average supplementary comparative energy consumption:* _____ kWh/y

Supplementary water consumption per wash:* _____ L

WASHING AND DRYING

<u>Reference Machine</u> Model:* _____	<u>Reference Machine</u> Serial number*: _____
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Please provide details for each unit tested (minimum 3).

<u>Test Unit #1</u> Serial number of test machine:* _____ Test machine place settings:* _____ Test machine total wash score:* _____ Reference machine place settings:* _____ Reference machine total wash score:* _____ Washing index:* _____ Total drying score:* _____ Drying index:* _____ Regeneration fills – test machine wash test:* _____ Total operation fills – test machine wash test:* _____

<u>Test Unit #2</u> Serial number of test machine:* _____ Test machine place settings:* _____ Test machine total wash score:* _____ Reference machine place settings:* _____ Reference machine total wash score:* _____ Washing index:* _____ Total drying score:* _____ Drying index:* _____ Regeneration fills – test machine wash test:* _____ Total operation fills – test machine wash test:* _____

Test Unit #3

Serial number of test machine:* _____

Test machine place settings:* _____

Test machine total wash score:* _____

Reference machine place settings:* _____

Reference machine total wash score:* _____

Washing index:* _____

Total drying score:* _____

Drying index:* _____

Regeneration fills – test machine wash test:* _____

Total operation fills – test machine wash test:* _____

Test Unit #4

Serial number of test machine:* _____

Test machine place settings:* _____

Test machine total wash score:* _____

Reference machine place settings:* _____

Reference machine total wash score:* _____

Washing index:* _____

Total drying score:* _____

Drying index:* _____

Regeneration fills – test machine wash test:* _____

Total operation fills – test machine wash test:* _____

Test Unit #5

Serial number of test machine:* _____

Test machine place settings:* _____

Test machine total wash score:* _____

Reference machine place settings:* _____

Reference machine total wash score:* _____

Washing index:* _____

Total drying score:* _____

Drying index:* _____

Regeneration fills – test machine wash test:* _____

Total operation fills – test machine wash test:* _____

Test Unit #6

Serial number of test machine:* _____

Test machine place settings:* _____

Test machine total wash score:* _____

Reference machine place settings:* _____

Reference machine total wash score:* _____

Washing index:* _____

Total drying score:* _____

Drying index:* _____

Regeneration fills – test machine wash test:* _____

Total operation fills – test machine wash test:* _____