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Australian Government
GEMS Regulator

GREENHOUSE & ENERGY
**MINIMUM
STANDARDS
REGULATOR**

ENERGY RATING PRODUCT REGISTRATION SYSTEM PRODUCT APPLICATION QUESTIONS

REFRIGERATED CABINETS

AUSTRALIA

Per Greenhouse and Energy Minimum Standards (Refrigerated Cabinets) Determination 2019

February 2022

This form is designed for applicants' internal use only, not for submitting applications to the Australian or New Zealand Regulator.

All applications for product registration must be submitted to the appropriate Regulator via the Energy Rating Product Registration System located at <https://reg.energyrating.gov.au>.

The Regulators cannot accept any applications in hard copy.

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

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

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VERSION CONTROL

Revision Date	Version	Summary of Changes
8 February 2022	1.2	“Exemption” fields added. Accessibility improved. Branding updated.
3 February 2020	1.1	Removed DoEE logo for MoG changes – no change to content.
30 August 2019	1.0	Document finalised.
13 August 2019	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, if it is a family of models:

Note: There is a limit of 25 model number(s) for the determination: Greenhouse and Energy Minimum Standards (Refrigerated Cabinets) Determination 2019.

<u>#1</u> Model Number:* _____ Brand:* _____	<u>#2</u> Model Number:* _____ Brand:* _____
<u>#3</u> Model Number:* _____ Brand:* _____	<u>#4</u> Model Number:* _____ Brand:* _____
<u>#5</u> Model Number:* _____ Brand:* _____	<u>#6</u> Model Number:* _____ Brand:* _____
<u>#7</u> Model Number:* _____ Brand:* _____	<u>#8</u> Model Number:* _____ Brand:* _____
<u>#9</u> Model Number:* _____ Brand:* _____	<u>#10</u> Model Number:* _____ Brand:* _____

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<p><u>#11</u> Model Number:* _____ Brand:* _____</p>	<p><u>#12</u> Model Number:* _____ Brand:* _____</p>
<p><u>#13</u> Model Number:* _____ Brand:* _____</p>	<p><u>#14</u> Model Number:* _____ Brand:* _____</p>
<p><u>#15</u> Model Number:* _____ Brand:* _____</p>	<p><u>#16</u> Model Number:* _____ Brand:* _____</p>
<p><u>#17</u> Model Number:* _____ Brand:* _____</p>	<p><u>#18</u> Model Number:* _____ Brand:* _____</p>
<p><u>#19</u> Model Number:* _____ Brand:* _____</p>	<p><u>#20</u> Model Number:* _____ Brand:* _____</p>
<p><u>#21</u> Model Number:* _____ Brand:* _____</p>	<p><u>#22</u> Model Number:* _____ Brand:* _____</p>
<p><u>#23</u> Model Number:* _____ Brand:* _____</p>	<p><u>#24</u> Model Number:* _____ Brand:* _____</p>
<p><u>#25</u> Model Number:* _____ Brand:* _____</p>	

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 the 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:* _____

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Is the 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 the 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?*

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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:

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?* (please specify exact date)

LABS & TEST REPORTS

Is a test report provided?*

- Yes – a test report is provided (please ensure test report is provided with this form)
 No – no test report provided, but a summary report is provided

If you ticked yes, please answer the questions below:

What type of test report is provided?* (please tick one)

- Physical test report
 Simulation test report

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

- EN 16825: 2016
 EN 16838: 2016
 EN 16901: 2016
 ISO 23953: 2015

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: * _____

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

EXEMPTION

Has an exemption from MEPS performance for this model been granted by the GEMS Regulator? (please tick one) Yes No

If you ticked yes, please answer the question below:

Did your exemption approval letter exempt your registration from payment? (please tick one) Yes No

Please attach the approval letter to this form so it can be uploaded into the system.

APPLICATION DETAILS

Is this an oversized cabinet?*

- Yes
 No

Is it low sales volume?*

- Yes
 No

Do you know the product class code of the cabinet?*

- Yes
 No

If you ticked 'Yes' to the previous question, please answer the following questions:

What is the product class code of the cabinet?* (please tick one)

- | | | | | | | |
|------------------------------|--------------------------------|--------------------------------|------------------------------|--------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> IRH | <input type="checkbox"/> IRV | <input type="checkbox"/> IRV-4 | <input type="checkbox"/> IFH | <input type="checkbox"/> IFH-5 | <input type="checkbox"/> IFV | <input type="checkbox"/> RRH |
| <input type="checkbox"/> RRV | <input type="checkbox"/> RRV-2 | <input type="checkbox"/> RFH | <input type="checkbox"/> RFV | <input type="checkbox"/> GSC | <input type="checkbox"/> ISC | <input type="checkbox"/> SRH |
| <input type="checkbox"/> SRV | <input type="checkbox"/> IFH | <input type="checkbox"/> SFH | <input type="checkbox"/> SFV | | | |

What is the cabinet type for testing?* (please tick one)

- | | | | | | | |
|-------------------------------|-------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> IHC1 | <input type="checkbox"/> IHC2 | <input type="checkbox"/> IHC3 | <input type="checkbox"/> IHC4 | <input type="checkbox"/> IHC5 | <input type="checkbox"/> IHC6 | <input type="checkbox"/> IHC7 |
| <input type="checkbox"/> IHC8 | <input type="checkbox"/> IVC1 | <input type="checkbox"/> IVC2 | <input type="checkbox"/> IVC3 | <input type="checkbox"/> IVC4 | <input type="checkbox"/> IVC4M2 | <input type="checkbox"/> IYC1 |
| <input type="checkbox"/> IYC2 | <input type="checkbox"/> IYC3 | <input type="checkbox"/> IYC4 | <input type="checkbox"/> IYC4M2 | <input type="checkbox"/> IHF1 | <input type="checkbox"/> IHF3 | <input type="checkbox"/> IHF4 |
| <input type="checkbox"/> IHF5 | <input type="checkbox"/> IHF6 | <input type="checkbox"/> IHF7 | <input type="checkbox"/> ICFT | <input type="checkbox"/> ICFS | <input type="checkbox"/> IVF1 | <input type="checkbox"/> IVF2 |
| <input type="checkbox"/> IVF4 | <input type="checkbox"/> IYF1 | <input type="checkbox"/> IYF2 | <input type="checkbox"/> IYF3 | <input type="checkbox"/> IYF4 | <input type="checkbox"/> RHC1 | <input type="checkbox"/> RHC2 |
| <input type="checkbox"/> RHC3 | <input type="checkbox"/> RHC4 | <input type="checkbox"/> RHC5 | <input type="checkbox"/> RH6 | <input type="checkbox"/> RHC7 | <input type="checkbox"/> RHC8 | <input type="checkbox"/> RVC1 |
| <input type="checkbox"/> RVC2 | <input type="checkbox"/> RVC3 | <input type="checkbox"/> RVC4 | <input type="checkbox"/> RYC1 | <input type="checkbox"/> RYC2 | <input type="checkbox"/> RYC3 | <input type="checkbox"/> RYC4 |
| <input type="checkbox"/> RHF1 | <input type="checkbox"/> RHF3 | <input type="checkbox"/> RHF4 | <input type="checkbox"/> RHF5 | <input type="checkbox"/> RHF6 | <input type="checkbox"/> RHF7 | <input type="checkbox"/> RVF1 |
| <input type="checkbox"/> RVF2 | <input type="checkbox"/> RVF4 | <input type="checkbox"/> RYF1 | <input type="checkbox"/> RYF2 | <input type="checkbox"/> RYF3 | <input type="checkbox"/> RYF4 | <input type="checkbox"/> GF1 |
| <input type="checkbox"/> GF2 | <input type="checkbox"/> GF3 | <input type="checkbox"/> IC1 | <input type="checkbox"/> IC2 | <input type="checkbox"/> LD | <input type="checkbox"/> ND | <input type="checkbox"/> HD |

If you ticked 'No' to the previous question, answer the following questions:

What is the application type?* (please tick one)

- Refrigerated Display Cabinet (RDC)
 Refrigerated Storage Cabinet (RSC)
 Scooping Cabinet
 Small Ice Cream Freezer Cabinet

What is the refrigeration system configuration?* (please tick one)

- Integral
 Remote

Is the cabinet a refrigerator or freezer?* (please tick one)

- Refrigerator
 Freezer

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What is the orientation of the cabinet?* (please tick one)

- Horizontal
 Vertical

Is the Integral Freezer a Small Ice cream freezer?* (please tick one)

(You only need to answer this question if you have indicated that your cabinet is a horizontal integral freezer.)

- Yes
 No

Is the Integral Refrigerated Vertical Cabinet intended for display of non-perishable beverages?* (please tick one)

(You only need to answer this question if you have indicated that your cabinet is an integral refrigerated vertical cabinet.)

- Yes
 No

Is this an open, medium temperature cabinet?* (please tick one)

(You only need to answer this question if you have indicated that your cabinet is a remote refrigerated vertical cabinet.)

- Yes
 No

What is the cabinet type for testing?* (please tick one)

- | | | | | | | |
|-------------------------------|-------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> IHC1 | <input type="checkbox"/> IHC2 | <input type="checkbox"/> IHC3 | <input type="checkbox"/> IHC4 | <input type="checkbox"/> IHC5 | <input type="checkbox"/> IHC6 | <input type="checkbox"/> IHC7 |
| <input type="checkbox"/> IHC8 | <input type="checkbox"/> IVC1 | <input type="checkbox"/> IVC2 | <input type="checkbox"/> IVC3 | <input type="checkbox"/> IVC4 | <input type="checkbox"/> IVC4M2 | <input type="checkbox"/> IYC1 |
| <input type="checkbox"/> IYC2 | <input type="checkbox"/> IYC3 | <input type="checkbox"/> IYC4 | <input type="checkbox"/> IYC4M2 | <input type="checkbox"/> IHF1 | <input type="checkbox"/> IHF3 | <input type="checkbox"/> IHF4 |
| <input type="checkbox"/> IHF5 | <input type="checkbox"/> IHF6 | <input type="checkbox"/> IHF7 | <input type="checkbox"/> ICFT | <input type="checkbox"/> ICFS | <input type="checkbox"/> IVF1 | <input type="checkbox"/> IVF2 |
| <input type="checkbox"/> IVF4 | <input type="checkbox"/> IYF1 | <input type="checkbox"/> IYF2 | <input type="checkbox"/> IYF3 | <input type="checkbox"/> IYF4 | <input type="checkbox"/> RHC1 | <input type="checkbox"/> RHC2 |
| <input type="checkbox"/> RHC3 | <input type="checkbox"/> RHC4 | <input type="checkbox"/> RHC5 | <input type="checkbox"/> RH6 | <input type="checkbox"/> RHC7 | <input type="checkbox"/> RHC8 | <input type="checkbox"/> RVC1 |
| <input type="checkbox"/> RVC2 | <input type="checkbox"/> RVC3 | <input type="checkbox"/> RVC4 | <input type="checkbox"/> RYC1 | <input type="checkbox"/> RYC2 | <input type="checkbox"/> RYC3 | <input type="checkbox"/> RYC4 |
| <input type="checkbox"/> RHF1 | <input type="checkbox"/> RHF3 | <input type="checkbox"/> RHF4 | <input type="checkbox"/> RHF5 | <input type="checkbox"/> RHF6 | <input type="checkbox"/> RHF7 | <input type="checkbox"/> RVF1 |
| <input type="checkbox"/> RVF2 | <input type="checkbox"/> RVF4 | <input type="checkbox"/> RYF1 | <input type="checkbox"/> RYF2 | <input type="checkbox"/> RYF3 | <input type="checkbox"/> RYF4 | <input type="checkbox"/> GF1 |
| <input type="checkbox"/> GF2 | <input type="checkbox"/> GF3 | <input type="checkbox"/> IC1 | <input type="checkbox"/> IC2 | <input type="checkbox"/> LD | <input type="checkbox"/> ND | <input type="checkbox"/> HD |

APPLIANCE DETAILS

Refrigerant Type: * (please tick one)

- | | | | | | | |
|---------------------------------------|---------------------------------|---------------------------------|---------------------------------|-----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> R-123 | <input type="checkbox"/> R-134a | <input type="checkbox"/> R-290 | <input type="checkbox"/> R-32 | <input type="checkbox"/> R-600a | <input type="checkbox"/> R-404A | <input type="checkbox"/> R-407A |
| <input type="checkbox"/> R-407C | <input type="checkbox"/> R-407F | <input type="checkbox"/> R-410A | <input type="checkbox"/> R-448A | <input type="checkbox"/> R-449A | <input type="checkbox"/> R-452A | <input type="checkbox"/> R-507A |
| <input type="checkbox"/> R-513A | <input type="checkbox"/> IYC4M2 | <input type="checkbox"/> IHF1 | <input type="checkbox"/> IHF3 | <input type="checkbox"/> IHF4 | <input type="checkbox"/> IHF5 | <input type="checkbox"/> IHF6 |
| <input type="checkbox"/> ICFT | <input type="checkbox"/> R-744 | <input type="checkbox"/> R-1150 | <input type="checkbox"/> R-1270 | <input type="checkbox"/> R-1234yf | <input type="checkbox"/> R-1234ze | |
| <input type="checkbox"/> Other: _____ | | | | | | |

Refrigerant quantity: _____ g

Test room climate class: * (please tick one)

- 3 4 5

M-Package Temperature Class: * (please tick one)

- | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> M0 | <input type="checkbox"/> M | <input type="checkbox"/> M1 | <input type="checkbox"/> M2 | <input type="checkbox"/> L1 | <input type="checkbox"/> L2 | <input type="checkbox"/> L3 |
| <input type="checkbox"/> H1 | <input type="checkbox"/> H2 | <input type="checkbox"/> G1 | <input type="checkbox"/> G2 | <input type="checkbox"/> G3 | <input type="checkbox"/> C1 | <input type="checkbox"/> C2 |

What is the access? * (please tick one)

- Open Lids Doors Drawers

If you ticked 'Open' to the previous question, answer the following question:

Does the cabinet have a night blind? * (please tick one)

- Yes
 No

Cabinet lighting control: * (please tick one)

- Manual Auto None No lights

Anti-sweat heater control: * (please tick one)

- Manual Auto None No anti sweat heaters

Total Energy Consumption (TEC): * _____ kWh/24h

Total Energy Consumption (Reference): * _____ kWh/24h

(You only need to answer this question if your cabinet is either an integral refrigerated display cabinet that is of low sales volume and/or oversize, or a refrigerated storage cabinet that is of low sales volume.)

Cabinet Dimensions

Depth: * _____ mm Height: * _____ mm Length: * _____ mm

Total Display Area (TDA): * _____ m²

(You only need to answer this question if your cabinet is a refrigerated display cabinet or a scooping cabinet.)

Calculation of Net Volume

Net volume: * _____ litres

(You only need to answer this question if your cabinet is a refrigerated storage cabinet or a small ice cream freezer.)