



TE TARI TIAKI PŪNGAO  
ENERGY EFFICIENCY & CONSERVATION AUTHORITY

Greenhouse and Energy  
Minimum Standards Regulator

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

## **DISHWASHERS**

## **NEW ZEALAND**

### **Per AS/NZS 2007.2:2005**

### **August 2019**

**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

<b>Revision Date</b>	<b>Version</b>	<b>Summary of Changes</b>
30 August 2019	1.1	EECA logo updated.
24 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?\*

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Please provide details for each model covered by this registration:

**#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:\* \_\_\_\_\_

## 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:**

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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:**

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From another form of permanent marking on the product

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

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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?\***

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## **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.

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*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\*:

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

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## **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

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).*

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

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

Average supplementary comparative energy consumption:\* \_\_\_\_\_ kWh/y

Supplementary water consumption per wash:\* \_\_\_\_\_ L

## **WASHING AND DRYING**

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

<b><u>Test Unit #1</u></b> 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:* _____
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<b><u>Test Unit #2</u></b> 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:* _____
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**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:\* \_\_\_\_\_