

Backflow Prevention Device Testing Certificate

Building and Environmental Health Unit

A1 Property Owner Details

Surname/s	<input type="text"/>	Given Name/s	<input type="text"/>
Applicants Address	<input type="text"/>	Postal Address	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>
Facsimile	<input type="text"/>	Email	<input type="text"/>
Contact Person	<input type="text"/>		

A2. Device Details

Back Flow Device Number	<input type="text"/>	Date Tested	<input type="text"/>
Water Meter Number	<input type="text"/>	Size	<input type="text"/>
Exact location of device	<input type="text"/>		
Type of Test	<input type="checkbox"/> Initial	<input type="checkbox"/> Annual	<input type="checkbox"/> Audit <input type="checkbox"/> Retest
Device Purpose	<input type="checkbox"/> Individual	<input type="checkbox"/> Containment	<input type="checkbox"/> Zone
Device Type	<input type="checkbox"/> RPZD	<input type="checkbox"/> DCV	<input type="checkbox"/> PVB <input type="checkbox"/> DCDA
Make	<input type="text"/>	Model	<input type="text"/>
Serial No.	<input type="text"/>	Size	<input type="text"/>
Test Results:			
RPZ	<input type="checkbox"/> Check 1 Pressure <input type="text"/>	<input type="checkbox"/> Check 2 Closed Tight <input type="text"/>	<input type="checkbox"/> Relief opened at <input type="text"/>
DCV	<input type="checkbox"/> Check 1 Pressure <input type="text"/>	<input type="checkbox"/> Check 2 Pressure <input type="text"/>	
DCDA	<input type="checkbox"/> Check 1 Pressure <input type="text"/>	<input type="checkbox"/> Check 2 Pressure <input type="text"/>	
PTVB	<input type="checkbox"/> Air Inlet opened at <input type="text"/>	<input type="checkbox"/> Check Valve opened at <input type="text"/>	
Secondary Water System	<input type="checkbox"/> Yes	<input type="checkbox"/> No	System Details <input type="text"/>
Nature of water use after device:	<input type="text"/>		
Testing Gauge	<input type="text"/>	Serial Number	<input type="text"/>
Date Tested	<input type="text"/>		

Backflow Prevention Device Testing Certificate
Planning and Regulation

A3. Comments

Test Summary PASS FAIL

Details of Valve replacement/s

Additional Comments

A4 Authorised Tester Details and Signature

Surname/s Given Name/s

OR

Company/
Organisation ABN

Applicants
Address Postal
Address

Telephone Mobile

Facsimile Email

License No