

TESTING OF BACKFLOW PREVENTION DEVICES, & REGISTERED AIR GAPS (FORM 9 EQUIVALENT)

This form is to be used for the purposes of Section 103 of the Standard Plumbing and Drainage Regulation 2019. This form must be submitted to local government within 10 business days after inspecting or testing the device.

BPD	<input type="checkbox"/> INITIAL TEST <input type="checkbox"/> RETEST	<input type="checkbox"/> STANDARD TEST <input type="checkbox"/> AUDIT TEST	DATE OF TEST
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Owner/Occupier _____ Address _____ Suburb _____ P/Code _____ Contact _____ Phone _____ Lot on Plan: _____	Authorised Testers Name _____ Address _____ Suburb _____ P/Code _____ License No. _____ Phone _____ Test Kit Serial No. _____ Date Last Certified _____
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DEVICE DETAILS AND TEST RESULTS

Make of Device _____ Size (mm) _____ Model No. _____ Serial No. _____ Site Address _____ Location of Device _____ Mains Pressure _____ kpa Time of Test _____ <input type="checkbox"/> Containment Protection <input type="checkbox"/> Zone Protection <input type="checkbox"/> Individual Protection						
<input type="checkbox"/> Double check Valve		<input type="checkbox"/> Reduced Pressure Zone Device		<input type="checkbox"/> Single Check Valve		<input type="checkbox"/> Pressure Vacuum Breaker
Test Results	Upstream Isolation Valve	Check Valve No. 1	Check Valve No. 2	Relief Valve Differential Pressure	Air Inlet Differential Pressure	Down Stream Isolating Valve
	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Closed Tight _____ kpa <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight _____ kpa <input type="checkbox"/> Leaked <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Opened at _____ kpa <input type="checkbox"/> Not Opened <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Opened at _____ kpa <input type="checkbox"/> Not Opened <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> Not Applicable
	Notes:					

AIR GAP

<input type="checkbox"/> Registered Air Gap	<input type="checkbox"/> Registered Break Tank	<input type="checkbox"/> Size of Inlet Orifice:
Registration/Serial No.	Air Gap Size	Total Height Spill Level Plus Air Gap

I have tested the above device/s in accordance with AS 2845.3:2010. Appendix _____ (to be nominated by the tester)

AUTHORISED TESTERS SIGNATURE _____ **DATE** _____

Once completed please send form and any attachment to:	records@isaac.qld.gov.au OR Isaac Regional Council PO Box 97 Moranbah QLD 4744 OR Deliver in person to your local Isaac Regional Council Office
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PASS
 FAIL

Isaac Regional Council is collecting personal information you supply on this form to manage, monitor and improve its service delivery in relation to plumbing applications. Your personal information will be used by Council officers authorised to so. Your information will not be given to any other third parties or agencies unless required under law or unless permission is sought from the person declared within this request. Personal information is handled in accordance with the Information Privacy Act 2009.