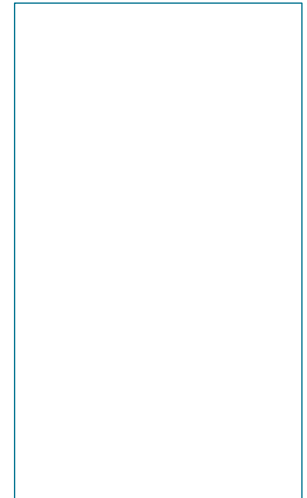


TESTING OF BACKFLOW PREVENTION DEVICES, REGISTERED AIR GAPS & REGISTERED BREAK TANKS (FORM 9 EQUIVALENT)

The information on this form is collected as required under the Plumbing and Drainage Act 2002 (PDA) by Isaac Regional Council. This information may be stored in the Isaac Regional Council database and will be used for purposes related to deciding an application and monitoring compliance under the PDA. Your personal information will be disclosed to local government authorities, the Plumbing Industry Council and third parties for purposes relating to administering and monitoring compliance with the PDA. Personal information will otherwise only be disclosed to third parties with your consent or in accordance with the Information Privacy Act 2009. The information collected on this form will be retained as required by the *Public Records Act 2002* and other relevant Acts and regulations, and is subject to the Right to Information regime established by the *Right to Information Act 2009*.



OWNER/OCCUPIER CONTACT DETAILS

BPD	<input type="checkbox"/> First Test (new device) <input type="checkbox"/> Standard Test <input type="checkbox"/> Retest <input type="checkbox"/> Audit Test		
SITE ADDRESS			
		LOT ON PLAN	
OWNER / OCCUPIER NAME			
CONTACT PERSON		PHONE	
POSTAL ADDRESS			

BACKFLOW PREVENTION DEVICE AND TEST RESULTS

<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 (testable)	<input type="checkbox"/> Pressure Type Vacuum Breaker	
LOCATION OF DEVICE			

MAIN DEVICE

MAKE AND TYPE		SIZE	
MODEL NUMBER		SERIAL NUMBER	
CHECK VALVE 1		CHECK VALVE 2	
DIFFERENTIAL PRESSURE		<input type="checkbox"/> Upstream Isolating Valve Tight <input type="checkbox"/> Downstream Isolating Valve Tight	

BY-PASS DEVICE

MAKE & TYPE		SIZE	
MODEL NUMBER		SERIAL NUMBER	
CHECK VALVE 1		CHECK VALVE 2	
DIFFERENTIAL PRESSURE		<input type="checkbox"/> Upstream Isolating Valve Tight <input type="checkbox"/> Downstream Isolating Valve Tight	

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

MAINS PRESSURE

KPA		TIME OF TEST	
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AIR GAP

Registered Air Gap Registered Break Tank Size of Inlet Orifice:

REGISTRATION/SERIAL NUMBER		AIR GAP SIZE		TOTAL HEIGHT SPILL LEVEL PLUS AIR GAP	
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REMARKS

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AUTHORISED TESTER'S AND TEST KIT DETAILS

AUTHORISED TESTERS NAME		QBCC OCCUPATIONAL LICENSE NUMBER	
PHONE		QBCC CONTRACTOR LICENSE NUMBER	
TEST KIT SERIAL NUMBER		DATE TEST KIT LAST VERIFIED	

I have tested the above device/s in accordance with AS 2845.3:2010.

Appendix _____ (to be nominated by the tester)

<input type="checkbox"/> PASS <input type="checkbox"/> FAIL			
SIGNATURE		TEST DATE	
PRINT NAME			

GENERAL NOTES

This form is to be used for the purposes of section 38 of the *Standard Plumbing and Drainage Regulation 2003*. This form must be submitted with payment of fees to local government within 10 business days after inspecting or testing the device.

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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