

BACKFLOW PREVENTION DEVICE TEST CERTIFICATE

REDUCED PRESSURE ZONE DEVICE (RPZD)

Use Tab to move to next field.

Building Details:

Building name:	
Block / level / unit number:	
*Street address:	
Suburb:	
Compliance Schedule No.:	
Water meter number:	

Owner:

*Name:	
Contact person:	
*Address:	
Phone number:	

Occupier:

Business name:	
*Contact person:	

Type of business:	
*Phone number:	

Device Details:

Protection:	Individual source <input type="checkbox"/> Zone <input type="checkbox"/> Boundary <input type="checkbox"/>		
Location:			
Manufacturer:		Serial number:	
Model:		Nominal Size:	mm
Installation correct:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Strainer installed:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments on installation:			

Test Details:

Test kit serial number:		Calibration date:	
	First check valve	Second check valve	Relief valve opening pressure
Initial test:	tight <input type="checkbox"/> leaked <input type="checkbox"/>	tight <input type="checkbox"/> leaked <input type="checkbox"/>	kPa
Pressure reading:	kPa	kPa	tight <input type="checkbox"/> leaked <input type="checkbox"/>
Test after repairs:	tight <input type="checkbox"/> leaked <input type="checkbox"/>	tight <input type="checkbox"/> leaked <input type="checkbox"/>	kPa
Pressure reading:	kPa	kPa	tight <input type="checkbox"/> leaked <input type="checkbox"/>
Repairs and materials used (if applicable):			
Comments:			

Test Result:Pass ☐Fail ☐

Test method:

Tester Details:

Name of tester:	
IQP No:	
Signature:	
Date of test:	

Company name:	
Company address:	

NOTE: This test report only constitutes an assessment of existing devices and does not mean ALL cross connections on the site have been addressed. Neither does it mean the existing devices are appropriate for the hazard. This must be addressed by an IQP (Survey). Cross connections are a major PUBLIC HEALTH RISK and are the owner's responsibility to ensure they are addressed.

* required entry