Form 9

Registration and report on inspection and testing of testable backflow prevention devices



Version 3 – 2024

This form is to be used for the purposes of sections 102(2) and 103(3) of the Plumbing and Drainage Regulation 2019 (PDR). Completion of all applicable sections is mandatory. In accordance with section 103(3) of the PDR, copies of this form must be submitted to the relevant local government and the owner of the premises within 10 business days after inspecting or testing the device.

1. Description of land The description must identify all land the subject of the application	Street address (include number, street and suburb) or Lot/plan number					
	Shop/tenancy number	Storey/level	Local government area			
2.Owner/occupier contact details	Owner/Occupier name					
	Postal address (include number, street, suburb/locality and postcode)					
	Contact phone number	State	Postcode			
	Email address (if known)					
3.Test criteria	Type of protection					
Please nominate the appropriate device type	Containment	Zone	🗌 Individual			
	Type of device Registered air gaps and registered break tanks (Appendix A)					
	Pressure-type vacuum-breaker (Appendix C)					
	Spill resistant pressure vacuum-breaker (Appendix D)					
	Reduced-pressure zone backflow prevention device (Appendix E) Double check valve (Appendix F) Reduced-pressure-detector assembly prevention device (Appendix G)					
	Double check detector assembly backflow prevention device (Appendix H)					
	Single check-valve (testable) backflow prevention device (Appendix I)					
	Single check valve detector assembly testable backflow prevention device (Appendix J)					
	Atmospheric vacuum breake	er backflow prevention devices (A	ppendix K)			
	Type of test					
	Installation/Registration test	Standard test				
	Commissioning test	Decommissioning	and Removal 🗌			
4. Device location, mains pressure and time of test	Location of device (e.g. under stairs on north side of building serving fire hose reel)					
	Mains pressure	Time of test				
		kPa	am/pm			

	Main device					
5. (a) Backflow prevention device	Make	Size	Model number	Serial n	umber	
and test results						
Record relevant test details as appropriate (leave any non-relevant fields blank)	Check valve #1		alve #2			
		kPa		kPa	kPa	
	Upstream isolating valve tight Downstream isolating valve tight					
	Upstream isolating valve leaked Downstream isolating valve leaked					
	Make	Size				
(b) By-pass device						
Record relevant test details as appropriate				Relief valve open		
(leave any non-relevant fields blank)					KPa	
neids blank)	Upstream isolating valv Upstream isolating valv			ting valve tight 🛛 ting valve leaked 🗌		
	Make	Size	Model number	Serial n	umber	
(c) Pressure type vacuum breakers	mm					
Record relevant test	Non return valve Air inlet opening pressure					
details as appropriate (leave any non-relevant	kPakPa					
fields blank)	Failed to open 🗌 🛛 🛛	Upstream isolating	g valve tight 🛛	Downstream isolating	g valve tight 🛛	
	Upstream isolating valve leaked Downstream isolating valve leaked					
6. Air gap Refer to AS 2845.2 to determine the type	Type of air gap					
	Overflow Type 1 Overflow Type 2 Overflow Type 3					
of air gap: • Type 1 storage tank	Registered air gap		Reg	istered break tank		
(Figure A1) • Type 2 storage tank	ID number Size of inlet orifice					
(Figure A2) • Type 3 rectangular weir					mm	
(Figure A3).	Total height spill level	plus air gap			mm	
	Overflow sizing				mm*	
	*If measuring Overflow Type 1 or 2, the measurements are to be read in mm. if measuring Type 3, the measurement is taken to be read mm ² .					
7. Test kit details	Test kit serial number Date test kit last verified		t kit last verified			
8. Authorised tester details	Authorised tester's name Occupational licence number		Authoris	Authorised tester's phone number		
			Contract	Contractor licence number (if applicable)		
	Date of test		Authoris	ed tester's email	-	

9. Contractor licence If the 'responsible person' is not the contractor for the work, the contractor's details must be provided here	Full name of company (or individual if not a company) Contractor's licence number		
10. Authorised tester's results	I have tested the device/s marked in this form in accordance with the relevant appendix of AS/NZS 2845.3:2020		
	Pass 🗌	Fail 🗌	
	Comments		
11. Declaration	I hereby state that the information provided in the form is true and accurate record.		
	Signature	Date	

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RTI: 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*.

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