**Form 9— Registration & report on inspection and testing of backflow prevention devices, registered air gaps and registered break tank**

Version 1 – July / 2019



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| **GENERAL NOTES: 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. This form must be submitted to local government 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. The lot and plan details (e.g. SP/RP) are shown on title documents or a rate notice. |

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| Street address (include number, street, suburb/locality and postcode) |
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|  |
| Lot and plan: |
|  |
| Shop/tenancy number  |  | Storey/level  |  | Local government area |
|  |  |  |  |  |
| *(if applicable)*  |  | *(if applicable)* |  |  |

 |
| 1. **Type of notice**
 | [ ]  Installation/registration *[ ]*  First test (new device) [ ]  Standard test [ ]  Decommission and removal   |
| 1. **Hazard level**
 | [ ]  High *[ ]*  Medium *[ ]*  Low |
| 1. **Backflow prevention device and test results**

ID Number means the number allocated to the device by the local government or otherwise the manufacturers serial number. |

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| **Type of protection** |

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| [ ]  Containment | [ ]  Zone | [ ]  Individual |

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|  |  |  |
| **Type of device** |

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| --- | --- |
| [ ]  Double check valve | [ ]  Pressure type vacuum breaker  |
| [ ]  Reduced pressure zone device | [ ]  Registered air gap (testable) |
| [ ]  Registered break tank | [ ]  Single check valve (testable) |
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| **Location of device** (eg Under stairs on North side of building serving fire hose reel) |

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| Mains Pressure |  | Time of Test |
| kPa |  | am/pm |
|  |  |  |
| **Main Device** |
| Make and Type |  | Size |  | Model Number |  | ID Number |
|  |  |  |  |  |  |  |
| Check Valve #1  |  | Check Valve #2 |  | Differential Pressure |
| kPa |  | kPa |  | kPa |
| [ ]  Upstream isolating valve tight |  | [ ]  Downstream isolating valve tight |  |  |
|  |
| **By-Pass Test Results (if applicable)** |
| Make and Type |  | Size |  | Model Number |  | ID Number |
|  |  |  |  |  |  |  |
| Check Valve #1  |  | Check Valve #2 |  | Differential Pressure |
| kPa |  | kPa |  | kPa |
| [ ]  Upstream isolating valve tight |  | [ ]  Downstream isolating valve tight |  |  |
|  |  |
| **Test Remarks** |
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| 1. **Air gap**
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| **Type of Air Gap** |

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| [ ]  Registered air gap [ ]  Registered break tank

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| Size of inlet orifice |       |

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| --- | --- |
| ID number  |       |

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| --- | --- |
| Air gap sizing |       |

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| Total height spill level plus air gap  |       |

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| 1. **Test kit**
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| Test kit serial number |  | Date test kit last verified |  |
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| 1. **Owner/occupier contact details**
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| Owner / Occupier Name |
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| Postal Address (include number, street, suburb/locality and postcode) |
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|  |
| Contact phone number |  | Email address |
|  |  |  |

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| 1. **Authorised tester details**
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| --- | --- | --- |
| Authorised testers name |  | Authorised testers phone number |
|  |  |  |
| Occupational licence number |  | Contractor licence number (if applicable) |
|  |  |  |
| Date of test |  | Authorised testers Email |
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| 1. **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)*

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 Contractor licence number

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 Phone number Email address

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| 1. **Authorised tester's completion/results**

If the test and/or commissioning does not comply with the code requirements a detailed description must be provided. | I have tested the above device/s in accordance with AS 2845.3:2010 **Appendix: (to be nominated by the tester)****[ ]** Appendix A**:** Registered air gaps and registered break tanks[ ]  Appendix C: Pressure-type vacuum-breaker[ ]  Appendix D: Reduced-pressure-zone backflow prevention device[ ]  Appendix E: Double check-valves[ ]  Appendix F: Reduced-pressure-detector assembly[ ]  Appendix G: Double check detector assembly backflow prevention device[ ]  Appendix H: Single check valve testable device[ ]  Appendix I: Single check-valve detector assemblies[ ]  **Pass** [ ]  **Fail**  |
| 1. **Declaration**
 | **I hereby state that that the information provided in this form is a true and accurate record.**Signature Date

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| **PRIVACY NOTICE**: The information on this form is collected as required under the *Plumbing and Drainage Act 2018* (PDA) by local governments. This information may be stored in the local government 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 the financial institution which handles the local government’s financial transactions and may be disclosed to other local government agencies, local government authorities, the Queensland Building and Construction Commission 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*. **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*. ©The State of Queensland (Department of Housing and Public Works) 2019. Published by the Queensland Government, July 2019, 63 George Street, Brisbane Qld 4000 |