

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.

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

<p><b>5. (a) Backflow prevention device and test results</b></p> <p>Record relevant test details as appropriate (leave any non-relevant fields blank)</p>	<b>Main device</b>			
	Make	Size	Model number	Serial number
	..... mm .....			
	Check valve #1	Check valve #2	Relief valve opened	
..... kPa	..... kPa	..... kPa		
Upstream isolating valve tight	<input type="checkbox"/>	Downstream isolating valve tight	<input type="checkbox"/>	
Upstream isolating valve leaked	<input type="checkbox"/>	Downstream isolating valve leaked	<input type="checkbox"/>	
<p><b>(b) By-pass device</b></p> <p>Record relevant test details as appropriate (leave any non-relevant fields blank)</p>	Make			
	Size			
	..... mm .....			
	Model number			
Serial number				
.....				
Check valve #1	Check valve #2	Relief valve opened		
..... kPa	..... kPa	..... kPa		
Upstream isolating valve tight	<input type="checkbox"/>	Downstream isolating valve tight	<input type="checkbox"/>	
Upstream isolating valve leaked	<input type="checkbox"/>	Downstream isolating valve leaked	<input type="checkbox"/>	
<p><b>(c) Pressure type vacuum breakers</b></p> <p>Record relevant test details as appropriate (leave any non-relevant fields blank)</p>	Make			
	Size			
	..... mm .....			
	Model number			
Serial number				
.....				
Non return valve		Air inlet opening pressure		
..... kPa		..... kPa		
Failed to open	<input type="checkbox"/>	Upstream isolating valve tight	<input type="checkbox"/>	
		Downstream isolating valve tight	<input type="checkbox"/>	
		Upstream isolating valve leaked	<input type="checkbox"/>	
		Downstream isolating valve leaked	<input type="checkbox"/>	
<p><b>6. Air gap</b></p> <p>Refer to AS 2845.2 to determine the type of air gap:</p> <ul style="list-style-type: none"> <li>Type 1 storage tank (Figure A1)</li> <li>Type 2 storage tank (Figure A2)</li> <li>Type 3 rectangular weir (Figure A3).</li> </ul>	<b>Type of air gap</b>			
	<input type="checkbox"/> Overflow Type 1		<input type="checkbox"/> Overflow Type 2	
	<input type="checkbox"/> Registered air gap		<input type="checkbox"/> Registered break tank	
	ID number			
	Size of inlet orifice	..... mm		
	Air gap sizing	..... mm		
	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 <sup>2</sup> .			
	<p><b>7. Test kit details</b></p>	Test kit serial number		Date test kit last verified
.....		.....		
<p><b>8. Authorised tester details</b></p>	Authorised tester's name		Authorised tester's phone number	
	.....		.....	
	Occupational licence number		Contractor licence number (if applicable)	
	.....		.....	
Date of test		Authorised tester's email		
.....		.....		

<p><b>9. Contractor licence</b> If the 'responsible person' is not the contractor for the work, the contractor's details must be provided here</p>	<p>Full name of company (or individual if not a company) ..... Contractor's licence number .....</p>
<p><b>10. Authorised tester's results</b></p>	<p><b>I have tested the device/s marked in this form in accordance with the relevant appendix of AS/NZS 2845.3:2020</b></p> <p style="text-align: center;">Pass <input type="checkbox"/> <span style="margin-left: 200px;">Fail <input type="checkbox"/></span></p> <p>Comments .....</p> <p>.....</p>
<p><b>11. Declaration</b></p>	<p><b>I hereby state that the information provided in the form is true and accurate record.</b></p> <p><b>Signature</b> <span style="margin-left: 200px;"><b>Date</b></span></p> <p>.....</p>

**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 monitoring compliance with the PDA. Personal information will be disclosed to the local government and may be disclosed to the financial institution which handles the local government's financial transactions, 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 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*.

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