Version 2 – 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 |  |  |  |
| Email address *(if known)* |  |  |  |

#### 3. Test criteria

Please nominate the appropriate device type

|  |  |  |  |
| --- | --- | --- | --- |
| Type of protection | | | |
| 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 breaker backflow prevention devices (Appendix K) | |
| Type of test | | | |
| Installation/Registration | 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 |  | kPa | Time of test |  | am/pm |

#### 5. a) Backflow prevention device and test results

Record relevant test details as appropriate (leave any non-relevant fields blank)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Main device | | | | | | | |
| Make | | Size | | Model number | | | Serial number |
|  | |  | mm |  | | |  |
| Check valve #1 | | Check valve #2 | | Relief valve opened | | | |
|  | kPa |  | kPa |  |  | kPa |  |
| Upstream isolating valve tight | | | | Downstream isolating valve tight | | | |
| Upstream isolating valve leaked | | | | Downstream isolating valve leaked | | | |

#### 5. b) By-pass device

Record relevant test details as appropriate (leave any non-relevant fields blank)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Make | | Size | | Model number | | | Serial number |
|  | |  | mm |  | | |  |
| Check valve #1 | | Check valve #2 | | Relief valve opened | | | |
|  | kPa |  | kPa |  |  | kPa |  |
| Upstream isolating valve tight | | | | Downstream isolating valve tight | | | |
| Upstream isolating valve leaked | | | | Downstream isolating valve leaked | | | |

#### 5. (c) Pressure type vacuum breakers

Record relevant test details as appropriate (leave any non-relevant fields blank)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Make | | Size | | | Model number | Serial number |
|  | |  | | mm |  |  |
| Non return valve | | Air inlet opening pressure | | |
|  | kPa |  | | kPa |
| Failed to open | | | Upstream isolating valve tight | | | Downstream isolating valve tight |
|  | | | Upstream isolating valve leaked | | | Downstream isolating valve leaked |

#### 6. Air gap

Refer to AS 2845.2 to determine the type of air gap:

* Type 1 storage tank (Figure A1)
* Type 2 storage tank (Figure A2)
* Type 3 rectangular weir (Figure A3).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of air gap | | | | | |
| Overflow Type 1 | Overflow Type 2 | | | Overflow Type 3 | |
| Registered air gap | | 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 mm2.

#### 7. Test kit details

|  |  |  |  |
| --- | --- | --- | --- |
| Test kit serial number |  | Date test kit last verified | Click or tap to enter a date. |

#### 8. Authorised tester details

|  |  |  |  |
| --- | --- | --- | --- |
| Authorised tester’s name |  | Authorised tester’s  phone number |  |
| Occupational licence number |  | Contractor licence number  *(if applicable)* |  |
| Date of test | Click or tap to enter a date. | Authorised 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 | Click or tap to enter a date. |

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