

BACKFLOW PREVENTION DEVICE TEST CERTIFICATE
ATMOSPHERIC VACUUM BREAKER (AVB)

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 Zone Boundary

Location:

Manufacturer: <input type="text"/>	Serial No.: <input type="text"/>
Model: <input type="text"/>	Nominal Size: <input type="text"/> 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:

	Poppet closed when pressure increased	Poppet opened when pressure decreased
Initial test:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Test after repairs:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <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