

**BACKFLOW PREVENTION DEVICE TEST CERTIFICATE**  
**HOSE CONNECTION VACUUM BREAKER**

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 <input type="checkbox"/>	Zone <input type="checkbox"/>	Boundary <input type="checkbox"/>
		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Location:		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
		Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

**Installation:**

Atmospheric vacuum breaker connected to hosedaps as a backflow prevention device.  
 Device shall vent through atmospheric ports with 1m head water column. Visual inspection

**Comments:**

**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.