BACKFLOW PREVENTION DEVICE TEST CERTIFICATE

PRESSURE VACUUM BREAKER (PVB)

Use Tab to move to next field **Building Details:** Owner: Building name: *Name: Block / level / unit number: Contact person: *Street address: *Address: Suburb: Compliance Schedule No.: Phone number: Water meter number: Occupier: Business name: Type of business: *Contact person: *Phone number: **Device Details:** Protection: Individual source Zone Boundary Location: Manufacturer: Serial No.: Model: Nominal Size: mm Installation correct: No □ Strainer installed: Yes □ No 🗌 Yes 🗌 Comments on installation: **Test Details:** Test kit serial number: Calibration date: Check valve Air inlet valve Downstream isolating valve Initial test: opened did not open opened _ did not open tight ☐ leaked ☐ kPa kPa Pressure reading: opened [did not open opened [did not open Test after repairs: tight ☐ leaked ☐ Pressure reading: kPa kPa Repairs and materials used (if applicable): **Comments: Test Result:** Pass Fail 🗌 Test method: **Tester Details:** Name of tester: Company name: IQP No: Company address: Signature: Date of test:

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