BACKFLOW PREVENTION DEVICE TEST CERTIFICATE

REDUCED PRESSURE ZONE DEVICE (RPZD)

Use Tab to move to next field.

Building Details:			Owner:			
Building name:				*Name:		
Block / level / unit number:			Conta	act person:		
*Street address:				*Address:		
Suburb:						
Compliance Schedule No.:			Phor	ne number:		
Water meter number:						
Occupier:				-		
Business name:			Type of business:			
*Contact person:			*Phone number:			
Device Details:				-		
Protection:	Individual source ☐		Zone		Boundary 🗌	
Location:						
Manufacturer:			Serial number:			
Model:			Nominal Size:		mm	
Installation correct:	Yes 🗌 No 🗌		Strainer installed:			Yes No No
Comments on installation:						
Test Details:						
Test kit serial number:		Calibration date:				
	First check valve	Second check valve		Relief valve opening pressure		Downstream isolating valve
Initial test:	tight leaked	tight leaked	d 🗌		kPa	tight leaked
Pressure reading:	kPa		Ра		KFa	tigrit 🗀 Teaked 🗀
Test after repairs:	tight leaked	tight leaked	d 🗌		kPa	tight ☐ leaked ☐
Pressure reading:	kPa	k	Ра		Light 🗀 Houlton 🗀	
Repairs and materials used (if applicable):						
Comments:						
Toot Dooults	Dana 🗆	Fail 🗆				
Test Result:	Pass	Fail 🗌	le	st method:		
Tester Details:						
Name of tester:			Company name:			
IQP No:				y 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