

VALVE TEST CERTIFICATION REPORT

OCCUPIER OR PROPERTY OWNER DETAILS

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Name of Property Owner (Block Letters)	
Company Address	
Water Meter Number	Water Meter Size

LOCATION & DETAILS OF DEVICE

Street Name & Number	Lot Number		
Suburb	Town or City		
Device Manufacturer	Last Test Date		
Model Number	Size		
Serial Number	Strainer Installed	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SERVICE DETAILS & TEST RESULTS

Boundary Protection <input type="checkbox"/>	Zone Protection <input type="checkbox"/>	Strainer installed and cleaned before performing test <input type="checkbox"/>			
Reduced Pressure Zone Device RPZD					
Valve	Upstream Check Valve	Downstream Check Valve	Downstream Isolation Valve	Relief Valve	
Initial Test Results	<input type="checkbox"/> Closed Tight _____ kPa <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight _____ kPa <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight _____ kPa <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened At _____ kPa	
Test Results After Repair	<input type="checkbox"/> Closed Tight _____ kPa	<input type="checkbox"/> Closed Tight _____ kPa	<input type="checkbox"/> Closed Tight _____ kPa	<input type="checkbox"/> Opened At _____ kPa	
Single / Double Check Valve SCV / DCV (please circle correct valve)				Pressure Type vacuum Breaker	
Valve	Upstream Check Valve	Downstream Check Valve	Downstream Isolation Valve	Check Valve	Air Inlet
Initial Test Results	<input type="checkbox"/> Closed Tight _____ kPa <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight _____ kPa <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight _____ kPa <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight _____ kPa <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened At _____ kPa <input type="checkbox"/> Not Opened
Test Results After Repair	<input type="checkbox"/> Closed Tight _____ kPa	<input type="checkbox"/> Closed Tight _____ kPa	<input type="checkbox"/> Closed Tight _____ kPa	<input type="checkbox"/> Closed Tight _____ kPa	<input type="checkbox"/> Opened At _____ kPa
Repairs Made & Material Used					

CERTIFIER DETAILS and CERTIFICATION

Name (Block Letters)	Certifier Number
Business Name	
Test Kit Number	Calibration Certification Date

Property hazard rating has not changed	Property hazard rating has changed
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I certify that the above details are true and correct at the date tested	
Signature of Certifier	Date