

VALVE TEST CERTIFICATION REPORT

Occupier or property owner details

Name of Property Owner (Block Letters):

Company name:

Company address:

Location of service and meter details

Lot No:

Street address:

Suburb/Town:

Water Meter No:

Water Meter Size:

Backflow device details

Device Manufacturer:

Last Test Date:

Low pressure valve: Yes No

Model Number:

Size:

Serial Number:

Strainer Installed: Yes No

TEST RESULTS

Boundary Protection

Zone Protection

Strainer installed and cleaned before performing test

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 Check Valve Testable SCVT / Double Check Valve DCV (please circle correct valve)

Valve	Upstream Check Valve	Downstream Check Valve	Downstream Isolation Valve	Upstream Isolation 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 <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked
Test Results After Repair	<input type="checkbox"/> Closed Tight _____ kPa	<input type="checkbox"/> Closed Tight _____ kPa	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight

Repairs Made & Material Used:

Certifier details and Certification

Name (Block Letters):

Business name:

Plumber Licence No:

Valve Test Passed Yes No

Property hazard rating **has not** changed

Property hazard rating **has** changed

I certify that the above details are true and correct at the date tested

Signature of Certifier

Date

Send to us

Email Backflowprevention@powerwater.com.au

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