

VALVE TEST CERTIFICATION REPORT

OCCUPIER OR PROPERTY OWNER DETAILS

backflowprevention@powerwater.com.au

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

Original white copy to PWC

Duplicate yellow copy to property owner

Triplicate green is the book copy