## Form 9

## Registration and report on inspection and testing of testable backflow prevention devices



Version 2 - 2024

This form is to be used for the purposes of sections 102(2) and 103(3) of the Plumbing and Drainage Regulation 2019 (PDR). Completion of all applicable sections is mandatory. In accordance with section 103(3) of the PDR, copies of this form must be submitted to the relevant local government and the owner of the premises within 10 business days after inspecting or testing the device.

1. Description of land	Street address (include number, street and suburb) or Lot/plan number						
The description must identify all land the subject of the application							
	State Postcode						
	Shop/tenancy number	Storey	/level	Local government area			
		,		<b>C</b>			
	0	••••••					
2.Owner/occupier contact details	Owner/Occupier name						
	Postal address (include number, street, suburb/locality and postcode)						
			State	Postcode			
	Contact phone number						
	Email address (if known)						
3.Test criteria	Type of protection						
Please nominate the	☐ Containment	□ Zo	ne	□ Individual			
appropriate device type	Type of device						
	☐ Registered air gaps and registered break tanks (Appendix A)						
	☐ Pressure-type vacuum-breaker (Appendix C)						
	☐ Spill resistant pressure vacuum-breaker (Appendix D)						
	☐ Reduced-pressure zone backflow prevention device (Appendix E)						
	☐ Reduced-pressure-detector assembly prevention device (Appendix G)						
	□ Double check detector assembly backflow prevention device (Appendix H)						
	☐ Single check-valve (testable) backflow prevention device (Appendix I)						
	☐ Single check valve detector	table backflow preve	ntion device (Appendix J)				
	□ Atmospheric vacuum breaker backflow prevention devices (Appendix K)						
	Type of test						
	Installation/Registration test		Standard test				
	Commissioning test		Decommissioning a	and Removal 🔲			
4. Device location, mains pressure and time of test	Location of device (e.g. under stairs on north side of building serving fire hose reel)						
	Mains pressure	•••••	Time of test				
		kF	Pa	am/pm			
		••••••	•••••	······································			

			Main device			
5. (a) Backflow	Make	Size	Model number	Serial nu	mber	
prevention device and test results			_mm			
Record relevant test details as appropriate (leave any non-relevant fields blank)	Check valve #1		valve #2	Relief valve opene		
		kPa		kPa	kPa	
	Upstream isolating valve tight   Downstream isolating valve tight					
	Upstream isolating va	lve leaked 🛚	Downstream	isolating valve leaked		
	Make	Size	Model number	Serial nu	mber	
(b) By-pass device			mm		······	
Record relevant test details as appropriate (leave any non-relevant fields blank)				Relief valve opene		
		kPa		kPa	kPa	
	Upstream isolating va	_				
	Upstream isolating va			ting valve leaked 🏻		
()5	Make	Size	Model number	Serial nu		
(c) Pressure type vacuum breakers					······	
Record relevant test			inlet opening pressure			
details as appropriate (leave any non-relevant		kPa		kPa		
fields blank)	Failed to open □	•		=	_	
	Upstream isolating valve leaked □ Downstream isolating valve leaked □					
<b>6. Air gap</b> Refer to AS 2845.2	Type of air gap					
to determine the type	Overflow Type 1		Overflow Type 2	Overflow Type 3	3	
of air gap: • Type 1 storage tank	☐ Registered air gap		□ Reg	istered break tank		
<ul><li>(Figure A1)</li><li>Type 2 storage tank</li></ul>	ID number Size of inlet orifice				mm	
<ul><li>(Figure A2)</li><li>Type 3 rectangular weir</li></ul>					mm	
(Figure A3).	Total height spill leve	l plus air gap			mm	
	Overflow sizing				mm*	
	*If measuring Overflow Type 1 or 2, the measurements are to be read in mm. if measuring Type 3, the measurement is taken to be read mm <sup>2</sup> .					
7. Test kit details	Test kit serial number Date test kit last verified					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			2 400 100			
		••••••			······	
8. Authorised tester details	Authorised tester's na	me	Authoris	sed tester's phone numl	oer	
	Occupational licence r	number	Contract	tor licence number (if ap	oplicable)	
	Date of test		Authoris	Authorised tester's email		

9. Contractor licence If the 'responsible person' is not the contractor for the work, the contractor's details must be provided here	Full name of company (or individual if not a company)  Contractor's licence number			
10. Authorised tester's results	I have tested the device/s marked in this form in accordance with the relevant appendix of AS/NZS 2845.3:2020			
	Pass □	Fail □		
	Comments			
11. Declaration	I hereby state that the information provided in the form is true and accurate record.			
	Signature	Date		

**Privacy Notice:** The information on this form is collected as required under the *Plumbing and Drainage Act 2018* (PDA) by local governments. This information may be stored in the local government database and will be used for purposes related to monitoring compliance with the PDA. Personal information will be disclosed to the local government and may be disclosed to the financial institution which handles the local government's financial transactions, local government authorities, the Queensland Building and Construction Commission and third parties for purposes relating to administering and monitoring compliance with the PDA. Personal information will otherwise only be disclosed to third parties with consent or in accordance with the *Information Privacy Act 2009*.

RTI: The information collected on this form will be retained as required by the *Public Records Act 2002* and other relevant Acts and regulations and is subject to the Right to Information regime established by the *Right to Information Act 2009*.

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