



184-194 Bourke Street, Goulburn NSW 2580

Locked Bag 22, Goulburn NSW 2580

(02) 4823 4444

Council Copy Owner Copy Testers Copy

Date of Test: ___/___/___

Test Type

Initial Test Standard Test Re Test Audit Test

Application Details

Owner/Occupier Name: Address:

Contact Name: Contact Number:

Assessment/Property Number: Installed By:

Authorised Testers Name: Address:

License No: Contact Number:

Test Kit Serial No: Date Last Certified: Place of Certification:

Device Details

Make of Device: Size (mm): Model No:

Serial No: Mains Pressure: Time of Test: AM / PM

Site Address: Exact Location of Device:

Containment Protection Individual Protection Zone Protection

Test Results

Reduced Pressure Zone Device Single Check Pressure Vacuum Breaker Double Check Valve Detector

Main Valve Test Results	Upstream Isolation Valve	Check Valve No. 1	Check Valve No. 2	Relief Valve Differential Pressure	Air Inlet Differential Pressure	Downstream Isolation Valve
<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Closed Tight _____KPA <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight _____KPA <input type="checkbox"/> Leaked <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Opened at _____KPA <input type="checkbox"/> Not Opened <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Opened at _____KPA <input type="checkbox"/> Not Opened <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> Not Applicable

Describe maintenance, parts and materials used:

Reduced Pressure Zone Device Single Check Pressure Vacuum Breaker Double Check Valve Detector

Bypass (if fitted)	Upstream Isolation Valve	Check Valve No. 1	Check Valve No. 2	Relief Valve Differential Pressure	Air Inlet Differential Pressure	Downstream Isolation Valve
<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Closed Tight _____KPA <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight _____KPA <input type="checkbox"/> Leaked <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Opened at _____KPA <input type="checkbox"/> Not Opened <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Opened at _____KPA <input type="checkbox"/> Not Opened <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> Not Applicable

Notes:

Testers Signature

I have tested the above device, and certified it passes the performance requirements outlined in AS3500.1:2003 & AS2845.3-2010.

Authorised Testers Signature: Date: Pass or Fail:

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