

# REPORT ON INSPECTION AND TESTING OF BACKFLOW PREVENTION DEVICES, REGISTERED AIR GAPS AND REGISTERED BREAK TANKS

# 9

FOR USE BY MEMBERS ONLY (QUEENSLAND)

PLEASE NOTE: All details to be printed in BLOCK LETTERS

LOCAL AUTHORITY: TSV

No: **154345**

File reference or BA	
<input type="checkbox"/> Initial Test (New Device)	<input type="checkbox"/> Retest
<input checked="" type="checkbox"/> Standard Test	<input type="checkbox"/> Audit Test
Owner / Occupier: <u>DAWSON ENGINEERING.</u>	Authorised Tester's Name: <u>LWAN POWELL</u>
Address: <u>2 DESMA CT</u> <u>BOHLE 4818</u>	Company: <u>SPD</u>
Site Address: <u>2 DESMA CT</u> <u>BOHLE 4818</u>	Address: <u>P.O. BOX 41 BELGIAN</u> <u>GARDENS.</u>
Contact Person:	Contact Number: <u>47753799</u>
Client Phone Number: <u>47590100</u>	Licence Number: <u>47077</u>
	Date of Test: <u>28.6.19.</u>

## DEVICE DETAILS AND TEST RESULTS

Location of Device: <u>SPRINKLER VALVE AT WATER METER.</u>			
Make and Type: <u>WATTS</u>	Size: <u>25mm</u>	Model Number: <u>007M1</u>	Serial Number: <u>06618</u>
<input type="checkbox"/> CONTAINMENT PROTECTION		<input checked="" type="checkbox"/> ZONE PROTECTION	<input type="checkbox"/> INDIVIDUAL PROTECTION
Water Supply Pressure: <u>450</u> kPa	<input type="checkbox"/>	Time of Test: <u>8:00</u> am/pm	This device is a Detector Assembly <input type="checkbox"/> YES
Filter Fitted <input type="checkbox"/>	<input type="checkbox"/> RPZ <input type="checkbox"/> RPDA (Columns 1,2 & 3)	<input checked="" type="checkbox"/> DCV <input type="checkbox"/> DCDA (Columns 1 & 2)	<input type="checkbox"/> SCV <input type="checkbox"/> SCDA (Column 1)
Filter Cleaned <input type="checkbox"/>	<input type="checkbox"/> PTVB	<input type="checkbox"/> SRPVB	<input checked="" type="checkbox"/> Downstream Isolating Valve Closed Tight
Filter N/A <input type="checkbox"/>	Check Valve Number 1	Check Valve Number 2	Air Inlet
Main Device Test Results	<u>8</u> kPa	<input checked="" type="checkbox"/> RP - Closed Tight <u>8</u> kPa	Relief Valve Differential Pressure
		Opened at	Check Valve
		<u>8</u> kPa	Opened at
			<u>8</u> kPa
			<input type="checkbox"/> Not Opened
			<input type="checkbox"/> Not Opened
			<input checked="" type="checkbox"/> Upstream Isolating Valve Closed Tight

## DETECTOR (BYPASS) DEVICE

Make and Type:	Size:	Model Number:	Serial Number:
By-Pass Test Results	<input type="checkbox"/> RP - Closed Tight <u>8</u> kPa	Opened at <u>8</u> kPa	<input type="checkbox"/> Downstream Isolating Valve Closed Tight
			<input type="checkbox"/> Upstream Isolating Valve Closed Tight

Air gap & break tanks details	Location		
	Inlet Pipe diameter, d1: _____ mm	Air gap spacing, h: _____ mm	Air gap bridged <input type="checkbox"/> Yes or bypassed: <input type="checkbox"/> No
			Describe how air gap was bridged or bypassed:

## Comments / Parts and Materials used:

Test Kit Serial Number: <u>AC24387</u>	Date Test Kit Certified: <u>26.7.18</u>	Place of Certification: <u>GOULD</u>
This valve has been tested as per AS 2845.3: 2010 on <u>28/6/19</u> Appendix: <u>E</u>		Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>
Plumber/s Name: <u>Lwan Powell</u>	Plumber/s Signature: <u>[Signature]</u>	

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MASTER PLUMBERS' ASSOCIATION OF QUEENSLAND  
Phone 07 3273 0800 Fax 07 3273 0873

# REPORT ON INSPECTION AND TESTING OF BACKFLOW PREVENTION DEVICES, REGISTERED AIR GAPS AND REGISTERED BREAK TANKS

# 9

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LOCAL AUTHORITY: TSV

No: **154346**

File reference or BA			
<input type="checkbox"/> Initial Test (New Device)	<input type="checkbox"/> Retest	<input checked="" type="checkbox"/> Standard Test	<input type="checkbox"/> Audit Test
Owner / Occupier: <u>DAWSON ENGINEERING</u> <u>2 DESMA CT</u>		Authorised Tester's Name: <u>IAN POWELL</u>	
Address: <u>BOHLE</u>		Company: <u>SPD</u>	
Site Address: <u>2 DESMA CRT</u> <u>BOHLE</u>		Address: <u>P.O. BOX 4 BELGIAN GARDENS</u>	
Contact Person:		Contact Number: <u>47753799</u>	
Client Phone Number: <u>47590100</u>		Licence Number: <u>47077</u>	
		Date of Test: <u>28.6.19</u>	

## DEVICE DETAILS AND TEST RESULTS

Location of Device: <u>FHR - FRONT RIGHT SIDE OF BLD</u>					
Make and Type: <u>WATTS</u>		Size: <u>25mm</u>	Model Number: <u>002-M1</u>	Serial Number: <u>06287</u>	
<input type="checkbox"/> CONTAINMENT PROTECTION		<input type="checkbox"/> ZONE PROTECTION		<input checked="" type="checkbox"/> INDIVIDUAL PROTECTION	
Water Supply Pressure: <u>450</u> kPa		<input type="checkbox"/> Time of Test: <u>8:00</u> am/pm		This device is a Detector Assembly <input type="checkbox"/> YES	
Filter Fitted <input type="checkbox"/>	<input type="checkbox"/> RPZ <input type="checkbox"/> RPDA (Columns 1,2 & 3)	<input checked="" type="checkbox"/> DCV <input type="checkbox"/> DCDA (Columns 1 & 2)		<input type="checkbox"/> PTVB <input type="checkbox"/> SRPVB	
Filter Cleaned <input type="checkbox"/>	Check Valve Number 1	Check Valve Number 2	Relief Valve Differential Pressure	Air Inlet	Check Valve
Filter N/A <input type="checkbox"/>				Opened at	Opened at
Main Device Test Results	<u>8</u> kPa	<u>12</u> kPa	_____ kPa	<input type="checkbox"/> Not Opened	<input type="checkbox"/> Not Opened
<input checked="" type="checkbox"/> Downstream Isolating Valve Closed Tight					
<input checked="" type="checkbox"/> Upstream Isolating Valve Closed Tight					

## DETECTOR (BYPASS) DEVICE

Make and Type:		Size:	Model Number:	Serial Number:	
By-Pass Test Results	_____ kPa	<input type="checkbox"/> RP - Closed Tight	Opened at _____ kPa	<input type="checkbox"/> BYPASS Downstream Isolating Valve Closed Tight	<input type="checkbox"/> BYPASS Upstream Isolating Valve Closed Tight

## Air gap & break tanks details

Location					
Inlet Pipe diameter, d1: _____ mm	Air gap spacing, h: _____ mm	Air gap bridged or bypassed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe how air gap was bridged or bypassed:		

## Comments / Parts and Materials used:

Test Kit Serial Number: <u>24387</u>	Date Test Kit Certified: <u>26.7.18</u>	Place of Certification: <u>GOULD</u>
This valve has been tested as per AS 2845.3: 2010 on <u>28/6/19</u> Appendix: <u>E</u> <b>Pass</b> <input checked="" type="checkbox"/> <b>Fail</b> <input type="checkbox"/>		
Plumber/s Name: <u>IAN POWELL</u>	Plumber/s Signature: <u>[Signature]</u>	

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LOCAL AUTHORITY: TSV

No: **154347**

File reference or BA			
<input type="checkbox"/> Initial Test (New Device)	<input type="checkbox"/> Retest	<input checked="" type="checkbox"/> Standard Test	<input type="checkbox"/> Audit Test
Owner / Occupier: <u>DAWSON ENGINEERING</u> <u>2 DESMA CT</u>		Authorised Tester's Name: <u>IVAN POWELL</u>	
Address: <u>BOHLE</u>		Company: <u>SPD</u>	
Site Address: <u>2 DESMA CT</u> <u>BOHLE.</u>		Address: <u>P.O. Box 41 BELGIAN</u> <u>GARDENS.</u>	
Contact Person:		Contact Number: <u>47753799</u>	
Client Phone Number: <u>47590100</u>		Licence Number: <u>47077</u>	
		Date of Test: <u>28.6.19.</u>	

## DEVICE DETAILS AND TEST RESULTS

Location of Device: <u>FHR - REAR LEFT OF BLD.</u>			
Make and Type: <u>WATTS</u>	Size: <u>25mm</u>	Model Number: <u>007 m1</u>	Serial Number: <u>06249</u>
<input type="checkbox"/> CONTAINMENT PROTECTION		<input type="checkbox"/> ZONE PROTECTION	<input checked="" type="checkbox"/> INDIVIDUAL PROTECTION
Water Supply Pressure: <u>450</u> kPa	<input type="checkbox"/> Time of Test: <u>7:00</u> am/pm	This device is a Detector Assembly <input type="checkbox"/> YES	
Filter Fitted <input type="checkbox"/>	<input type="checkbox"/> RPZ <input type="checkbox"/> RPDA (Columns 1,2 & 3)	<input checked="" type="checkbox"/> DCV <input type="checkbox"/> DCDA (Columns 1 & 2)	<input type="checkbox"/> SCV <input type="checkbox"/> SCDA (Column 1)
Filter Cleaned <input type="checkbox"/>	<input type="checkbox"/> PTVB	<input type="checkbox"/> SRPVB	<input checked="" type="checkbox"/> Downstream Isolating Valve Closed Tight
Filter N/A <input type="checkbox"/>	Check Valve Number 1	Check Valve Number 2	
Main Device Test Results	<u>10</u> kPa	<input checked="" type="checkbox"/> RP - Closed Tight <u>11</u> kPa	Relief Valve Differential Pressure
		Opened at _____ kPa	Air Inlet
			Opened at _____ kPa
			Check Valve
			Opened at _____ kPa
			<input type="checkbox"/> Not Opened
			<input type="checkbox"/> Not Opened

## DETECTOR (BYPASS) DEVICE

Make and Type:	Size:	Model Number:	Serial Number:
By-Pass Test Results	<input type="checkbox"/> RP - Closed Tight _____ kPa	Opened at _____ kPa	<input type="checkbox"/> Downstream Isolating Valve Closed Tight
			<input type="checkbox"/> Upstream Isolating Valve Closed Tight

Air gap & break tanks details	Location		
	Inlet Pipe diameter, d1: _____ mm	Air gap spacing, h: _____ mm	Air gap bridged <input type="checkbox"/> Yes or bypassed: <input type="checkbox"/> No
Describe how air gap was bridged or bypassed:			

Comments / Parts and Materials used:

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Test Kit Serial Number: AC24387 Date Test Kit Certified: 26.7.18 Place of Certification: GOULD

This valve has been tested as per AS 2845.3 : 2010 on 28/6/19 Appendix: E Pass  Fail

Plumber/s Name: IVAN POWELL Plumber/s Signature: *[Signature]*

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LOCAL AUTHORITY: Tsv

No: **154348**

File reference or BA			
<input type="checkbox"/> Initial Test (New Device)	<input type="checkbox"/> Retest	<input checked="" type="checkbox"/> Standard Test	<input type="checkbox"/> Audit Test
Owner / Occupier: <u>DAWSON ENGINEERING</u> <u>2 DESMA CRT</u>		Authorised Tester's Name: <u>IAN POWELL</u>	
Address: <u>BOHLE</u>		Company: <u>SPD</u>	
Site Address: <u>2 DESMA CRT</u> <u>BOHLE.</u>		Address: <u>P.O. BOX 41 BELGIAN</u> <u>GARDEN.</u>	
Contact Person:		Contact Number: <u>47253799</u>	
Client Phone Number: <u>4759000</u>		Licence Number: <u>47077</u>	
		Date of Test: <u>28.6.19.</u>	

## DEVICE DETAILS AND TEST RESULTS

Location of Device: <u>WASHBAY - REAR OF SHED.</u>			
Make and Type:	Size:	Model Number:	Serial Number:
<input type="checkbox"/> CONTAINMENT PROTECTION		<input checked="" type="checkbox"/> ZONE PROTECTION	<input type="checkbox"/> INDIVIDUAL PROTECTION
Water Supply Pressure: <u>450</u> kPa	<input type="checkbox"/>	Time of Test: <u>8:00</u> am/pm	This device is a Detector Assembly <input type="checkbox"/> YES
Filter Fitted <input type="checkbox"/>	<input checked="" type="checkbox"/> RPZ <input type="checkbox"/> RPDA (Columns 1,2 & 3)	<input type="checkbox"/> DCV <input type="checkbox"/> DCDA (Columns 1 & 2)	<input type="checkbox"/> SCV <input type="checkbox"/> SCDA (Column 1)
Filter Cleaned <input type="checkbox"/>	Check Valve Number 1	Check Valve Number 2	Relief Valve Differential Pressure
Filter N/A <input type="checkbox"/>			
Main Device Test Results	<u>50</u> kPa	<input checked="" type="checkbox"/> RP - Closed Tight <u>45</u> kPa	Opened at <u>16</u> kPa
			Opened at _____ kPa
			<input type="checkbox"/> Not Opened
			<input type="checkbox"/> Not Opened
			<input checked="" type="checkbox"/> Downstream Isolating Valve Closed Tight
			<input checked="" type="checkbox"/> Upstream Isolating Valve Closed Tight

## DETECTOR (BYPASS) DEVICE

Make and Type:	Size:	Model Number:	Serial Number:
By-Pass Test Results	<input type="checkbox"/> RP - Closed Tight _____ kPa	Opened at _____ kPa	<input type="checkbox"/> BYPASS Downstream Isolating Valve Closed Tight
			<input type="checkbox"/> BYPASS Upstream Isolating Valve Closed Tight

Air gap & break tanks details	Location		
	Inlet Pipe diameter, d1: _____ mm	Air gap spacing, h: _____ mm	Air gap bridged or bypassed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe how air gap was bridged or bypassed:			

## Comments / Parts and Materials used:

Test Kit Serial Number: <u>AC24387</u>	Date Test Kit Certified: <u>26.7.18</u>	Place of Certification: <u>GOULD.</u>
This valve has been tested as per AS 2845.3 : 2010 on <u>28/6/19</u> Appendix: <u>D</u> Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>		
Plumber/s Name: <u>IAN POWELL</u>	Plumber/s Signature: <u>[Signature]</u>	

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