

## FORM 9 (Equivalent)

Registration & report on inspection and testing of backflow prevention devices,  
registered air gaps and registered break tank

*\*Sections marked with an asterisk (\*) denote a mandatory field which must be completed if applicable, as per AS/NZS2845.3:2020 and Council's requirements.*

|  |   |   |  |                                       |   |  |   |  |
|--|---|---|--|---------------------------------------|---|--|---|--|
| <b>In accordance with Section 103 of the Plumbing &amp; Drainage Regulation 2019; the licensed, backflow plumber conducting the relevant works must submit a completed Form 9 to the local government and the property owner within 10 business days of conducting the works.</b>  |   |   |  |                                       |   |  |   |  |
| <b>FILE REFERENCE</b>  |   | <b>* TYPE OF TEST</b>   |  |                                       |   |  |   |  |
| <b>BPD-</b>  |   | <input type="checkbox"/> Installation / registration / first test |  |                                       | <input type="checkbox"/> Replaced Device          |  |   |  |
|  |   | <input type="checkbox"/> Standard Test                            |  |                                       | <input type="checkbox"/> Decommission and removal |  |   |  |
| <b>PROPERTY OWNER DETAILS</b>  |   |   |  | <b>AUTHORISED TESTER'S DETAILS</b>    |   |  |   |  |
| <b>* Name:</b>   |   |   |  | <b>* Name:</b>                        |   |  |   |  |
| <b>* Postal Address:</b>   |   |   |  | <b>Company Name:</b>                  |   |  |   |  |
| <b>* Phone No.:</b>  |   |   |  | <b>* Phone No.:</b>                   |   |  |   |  |
| <b>* Email Address:</b>  |   |   |  | <b>* Licence No.:</b>                 |   |  |   |  |
| <b>DEVICE<br/>DETAILS<br/>AND TEST<br/>RESULTS</b>   | <b>* Description of Land:</b>   |   |  |                                       |   |  |   |  |
|  | <b>* Location of Device:</b>  |   |  |                                       |   |  |   |  |
|  | <b>Hazard Level:</b>  |   | <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low   |                                       |   |  |   |  |
|  | <b>Type of Protection:</b>  |   | <input type="checkbox"/> Containment <input type="checkbox"/> Zone <input type="checkbox"/> Individual   |                                       |   |  |   |  |
|  | <b>* Type of Device:</b>  |   | <input type="checkbox"/> Double check valve <input type="checkbox"/> Pressure type vacuum breaker<br><input type="checkbox"/> Reduced pressure zone device <input type="checkbox"/> Registered air gap (testable)<br><input type="checkbox"/> Registered break tank <input type="checkbox"/> Single check valve (testable) |                                       |   |  |   |  |
|  | <b>Mains Pressure (kPa):</b>  |   |  | <b>Time of Test</b>                   |   | am / pm  |   |  |
| <b>MAIN DEVICE</b>   | <b>* Make:</b>  |   | <b>* Size:</b>   |                                       | <b>* Model No.:</b>                               |  | <b>* ID No.:</b>                              |  |
|  | <b>* Check Valve #1 (kPa):</b>  |   | <b>* Check Valve #2 (kPa):</b>   |                                       | <b>* Differential Pressure (kPa):</b>             |  |   |  |
|  | * <input type="checkbox"/> Upstream isolating valve tight <input type="checkbox"/> Downstream isolating valve tight   |   |  |                                       |   |  |   |  |
| <b>BY-PASS<br/>TEST<br/>RESULTS (if<br/>applicable)</b>  | <b>Make &amp; Type:</b>   |   | <b>Size:</b>   |                                       | <b>Model No.:</b>                                 |  | <b>ID No.:</b>                                |  |
|  | <b>Check Valve #1 (kPa):</b>  |   | <b>Check Valve #2 (kPa):</b>   |                                       | <b>Differential Pressure (kPa):</b>               |  |   |  |
|  | <input type="checkbox"/> Upstream isolating valve tight <input type="checkbox"/> Downstream isolating valve tight   |   |  |                                       |   |  |   |  |
| <b>AIR GAP</b>   | <b>Type of Air Gap:</b>   |   | <input type="checkbox"/> Registered air gap <input type="checkbox"/> Registered break tank   |                                       |   |  |   |  |
|  | <b>Size of inlet orifice:</b>   |   | <b>ID No.:</b>   |                                       | <b>Air gap sizing:</b>                            |  | <b>Total height spill level plus air gap:</b> |  |
| <b>TEST KIT</b>  | <b>* Test Kit Serial No.:</b>   |   |  | <b>* Date test kit last verified:</b> |   |  |   |  |
| <b>TEST REMARKS</b>  |   |   |  |                                       |   |  |   |  |
| <b>AUTHORISED<br/>TESTER'S<br/>COMPLETION<br/>/ RESULTS</b>  | I have tested the above device in accordance with AS 2845.3:2020 and acknowledge that if the test and/or commissioning does not comply with the code requirements, a detailed description must be provided. |   |  |                                       |   |  |   |  |
|  | <b>* Signature:</b>   |   |  | <b>* Date of Test:</b>                |   | <b>* <input type="checkbox"/> Pass <input type="checkbox"/> Fail</b> |   |  |
| <small><b>Privacy Notice:</b> 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 deciding an application and monitoring compliance under the PDA. Your personal information will be disclosed to the financial institution which handles the local government's financial transactions and may be disclosed to other local government agencies, 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 your consent or in accordance with the Information Privacy Act 2009.</small> |   |   |  |                                       |   |  |   |  |