

Boundary backflow device test certificate

Please complete and return this form to
Post: Watercare, Private Bag 94010, Auckland 2241
Email: backflow@water.co.nz
Phone: (09) 442 2222 Website: www.watercare.co.nz

Important information

Complete this form to show that the boundary backflow device on the property specified below has been maintained and tested as required under the Health Act 1956 and the Health (Drinking Water) Amendment Act 2007.

1. Your details

First name Last name

Company (if applicable)

Postal address:

Street number Street name or PO Box

Suburb Postcode

Email

Phone () Mobile

Watercare account number -

2. Backflow device details

Site address:

Street number Street name

Suburb Postcode

Make of device Model number

Serial number Device size

Device location Water meter number

3. Test details

Reduced pressure devices			
Double-check devices		Relief valve	
1st check	2nd check		
Initial test	Closed tight <input type="checkbox"/> _____ kpa Leaked <input type="checkbox"/>	Closed tight <input type="checkbox"/> _____ kpa Leaked <input type="checkbox"/>	Opened at _____ kpa
Repairs and materials used			
Test and repair	Closed tight <input type="checkbox"/> _____ kpa Leaked <input type="checkbox"/>	Closed tight <input type="checkbox"/> _____ kpa Leaked <input type="checkbox"/>	Opened at _____ kpa

Pass
 Fail
 Line strainer present
 Downstream valve present

Comment

4. Authorisation - To be completed by an independently qualified person (IQP)

I declare that the information on this test certificate is true and correct.

Name Signature
 Date

IQP number Test kit serial number Last date of calibration

Company (if applicable)

Email

Postal address:

Street number Street name or PO Box

Suburb Postcode

Phone () Mobile