

Boundary Backflow Device Test Certificate

www.watercare.co.nz
(09) 442 2222
email:info@watercare.co.nz



This form provides proof that the boundary backflow device, located 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. When it is complete please forward to Watercare for processing.

Watercare Customer Centre,
Watercare Services Limited,
Private Bag 94010, Auckland 2241

Section 1: Owner/Occupier Details

First name Last name

Company name (if applicable)

Postal address

Email So that we can get back to you quickly email is the best and most efficient method for correspondence.

Phone () Mobile () Fax ()

Watercare account number

Section 2: Backflow Details

Site address

Make of device Model number

Serial number Device size

Device location Water meter number

Section 3: Test Details

	Reduced Pressure Devices			Pressure Vacuum Breaker	
	Double Check Devices		Relief value	Air inlet	Check 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	Opened at _____ kPa Did not open <input type="checkbox"/>	_____ kPa Leaked <input type="checkbox"/>
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	Opened at _____ kPa Did not open <input type="checkbox"/>	_____ kPa Leaked <input type="checkbox"/>

Pass Fail Line strainer present

Comments

Air gap inspection
 Air gap installation compliant Yes No
 Discharge pipe inlet obstructed Yes No
 Spill level easily determined Yes No

Section 4: Authorisation

I, the undersigned, hereby declare that the information given on this test certificate is true and correct.

Name

Signature

Date / /

IQP no.

Test kit serial no.

Last date of calibration / /

Company name (if applicable)

Postal address

Email

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Mobile ()

Fax ()