HYDRAULIC SERVICES WITNESS TESTING

High Hazard Area

HCAA-004 – RPZD Commissioning Sheet

V2021.01 - April 2021

GENERAL NOTES: *This form is to be used for the purpose of witness testing a hydraulic installation by* ***a suitably Qualified Hydraulic Consultant****. Completion of all applicable sections is required. This form should be filed to the relevant project folder within 10 business days after witnessing has occurred.*

Notes: This series of Hydraulic Testing Procedures have been designed to assist the Hydraulic Services Consultant to carry out suitable witness testing at the end of a project. Each set of procedures details an industry accepted, list of objectives, that the Hydraulic Services Consultant is to carry out to fulfil their design commission. The series of procedures will offer the client security in the knowledge that the objectives identified have been based on an Industry standard, endorsed by the HCAA (National), which represents the Professional Industry of Hydraulic Services Consultants.

Project:		**Project Number:**	
Prepared By:		**Report Date:**	
Plumbing Company:		**Consulting Company:**	
Plumber's Name:		**Consultant's name:**	
Plumber's license number:		**Consultant's certification number:**	
Authorised testers license number:			
Date of Test/Inspection:		**Drawing Revision:**	
Equipment			
Backflow Test Kit Serial Number		Backflow Test Kit Verification Date:	

The hydraulic services elements of the Project have been tested in accordance with:

Number	Title
NCC Volume 1	Building Code of Australia 2019
PCA 2019	Plumbing Code of Australia 2019
AS/NZS 3500.1-2018	Plumbing and Drainage -Part 1: Water services

Plumber's Declaration	I hereby state that that the information provided in this form is a true and accurate record.	
	Signature:	**Date:**
Consultant's Declaration	I hereby state that that the information provided in this form is a true and accurate record.	
	Signature:	**Date:**

Hydraulic Consultants Association Australasia Limited

1300 797 101
enquiries@hcaa.org.au
www.hcaa.org.au

Head Office of Hydraulic Consultants Association Australasia:
P.O. BOX 583, North Sydney, NSW, Australia 2059

The hydraulic services being tested and recorded in this document are:

	Yes	No
1. Backflow prevention valve – Boundary (*Containment*)		
2. Backflow prevention valve – Zone		
3. Backflow prevention valve – Individual		

	Yes	No
Installation/registration (Boundary Devices Only)		
First test (new device)		
Standard test		
Decommission/removal		

1. Backflow Prevention Valve – Boundary (*Containment*)

	Yes	No
Cross Connections Present?		
Location Correct?		
Back Leakage Occurring?		

2. Backflow Prevention Valves - Zone

	Yes	No
Cross Connections Present?		
Location Correct?		
Back Leakage Occurring?		

3. Backflow Prevention Valves - Individual

	Yes	No
Cross Connections Present?		
Location Correct?		
Back Leakage Occurring?		

Tools Needed

- Key for backflow prevention valve box
- Backflow valve test kit

Documents Needed

- Backflow test process requirements
- Drawings that identify the fixtures that the backflow prevention device should service.

Objective

- To identify that the appropriate valve has been installed, sits comfortably and there is no back leakage. For Individual room control, identify that there is no cross connection downstream of the backflow prevention device and that no fixtures used for personal hygiene are supplied through the valve such as hand basins. Furthermore,

Performance requirements

- Prevent backflow.

Commissioning Process:

- Isolate backflow valve and open all fixtures.
- Ensure that the fixtures that do require backflow prevention don't flow and those that do not require backflow prevention continue to flow.
- Any cross connections YES/NO
- Undertake a backflow prevention test using the test kit.

Testing in accordance with AS 2845.3:2010	Pass	Fail
Appendix A: Registered air gaps and registered break tanks		
Appendix C: Pressure-type vacuum-breaker		
Appendix D: Reduced-pressure-zone backflow prevention device		
Appendix F: Reduced-pressure-detector assembly		

Test results *(Duplicate page as required)*

- Valve no: _____
- Room no: _____

	Answer
Type of Protection (*Boundary/Zone/Individual*)	Boundary / Zone / Individual
Device Type and Size	mm
Device Model Number	
Device ID Number	
Location	
Time of test	
Mains Pressure	kPa
Check Valve 1	kPa
Check Valve 2	kPa
Pressure Relief Valve	kPa
Upstream Valve tight	kPa
Upstream Valve tight	kPa
Bypass if Applicable	
Bypass Check Valve 1	kPa
Bypass Check Valve 2	kPa
Pressure Relief Valve	kPa
Bypass Upstream Valve tight	kPa
Bypass Upstream Valve tight	kPa

HYDRAULIC SERVICES WITNESS TESTING

Medium Hazard Area

HCAA-005 – TDCV Commissioning Sheet

V2021.01 - April 2021

GENERAL NOTES: *This form is to be used for the purpose of witness testing a hydraulic installation by* ***a suitably Qualified Hydraulic Consultant****. Completion of all applicable sections is required. This form should be filed to the relevant project folder within 10 business days after witnessing has occurred.*

Notes: This series of Hydraulic Testing Procedures have been designed to assist the Hydraulic Services Consultant to carry out suitable witness testing at the end of a project. Each set of procedures details an industry accepted, list of objectives, that the Hydraulic Services Consultant is to carry out to fulfil their design commission. The series of procedures will offer the client security in the knowledge that the objectives identified have been based on an Industry standard, endorsed by the HCAA (National), which represents the Professional Industry of Hydraulic Services Consultants.

Project:		**Project Number:**	
Prepared By:		**Report Date:**	
Plumbing Company:		**Consulting Company:**	
Plumber's Name:		**Consultant's name:**	
Plumber's license number		**Consultant's certification number**:	
Date of Test/Inspection:		**Drawing Revision**:	
Equipment			
Backflow Test Kit Serial Number		Backflow Test Kit Verification Date:	
Flow and Pressure Test Kit Serial Number:		Flow and Pressure Test Kit Verification Date:	

The hydraulic services elements of the Project have been tested in accordance with:

Number	Title
NCC Volume 1	Building Code of Australia 2019
PCA 2019	Plumbing Code of Australia 2019
AS/NZS 3500.1-2018	Plumbing and Drainage -Part 1: Water services

Plumber's Declaration	I hereby state that that the information provided in this form is a true and accurate record.	
	Signature:	**Date:**
Consultant's Declaration	I hereby state that that the information provided in this form is a true and accurate record.	
	Signature:	**Date:**

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P.O. BOX 583, North Sydney, NSW, Australia 2059

The hydraulic services being tested and recorded in this document are:

	Yes	No
1. Backflow prevention valve – Boundary (*Containment*)		
2. Backflow prevention valve – Zone		
3. Backflow prevention valve – Individual		

	Yes	No
Installation/registration (Boundary Devices Only)		
First test (new device)		
Standard test		
Decommission/removal		

1. Backflow Prevention Valve – Boundary (*Containment*)

	Yes	No
Cross Connections Present?		
Location Correct?		
Back Leakage Occurring?		

2. Backflow Prevention Valves - Zone

	Yes	No
Cross Connections Present?		
Location Correct?		
Back Leakage Occurring?		

3. Backflow Prevention Valves - Individual

	Yes	No
Cross Connections Present?		
Location Correct?		
Back Leakage Occurring?		

Tools Needed

- Key for backflow prevention valve box
- Backflow valve test kit

Documents Needed

- Backflow test process requirements
- Drawings that identify the fixtures that the backflow prevention device should service.

Objective

- To identify that the appropriate valve has been installed, sits comfortably and there is no back leakage. For Individual room control, identify that there is no cross connection downstream of the backflow prevention device and that no fixtures used for personal hygiene are supplied through the valve such as hand basins. Furthermore,

Performance requirements

- Prevent backflow.

Commissioning Process:

- Isolate backflow valve and open all fixtures.
- Ensure that the fixtures that do require backflow prevention don't flow and those that do not require backflow prevention continue to flow.
- Any cross connections YES/NO
- Undertake a backflow prevention test using the test kit.

Testing in accordance with AS 2845.3:2010	Pass	Fail
Appendix C: Pressure-type vacuum-breaker		
Appendix E: Double check-valves		
Appendix F: Reduced-pressure-detector assembly		
Appendix G: Double check detector assembly backflow prevention device		

Test results *(Duplicate page as required)*

- Valve no: _____
- Room no: _____

	Answer
Type of Protection (*Boundary/Zone/Individual*)	Boundary / Zone / Individual
Device Type and Size	mm
Device Model Number	
Device ID Number	
Location	
Time of test	
Mains Pressure	kPa
Check Valve 1	kPa
Check Valve 2	kPa
Upstream Valve tight	kPa
Upstream Valve tight	kPa
Bypass if Applicable	
Bypass Check Valve 1	kPa
Bypass Check Valve 2	kPa
Bypass Upstream Valve tight	kPa
Bypass Upstream Valve tight	kPa

Test results

- Valve no: _____
- Room no: _____

	Answer
Type of Protection (*Boundary/Zone/Individual*)	Boundary / Zone / Individual
Device Type and Size	mm
Device Model Number	
Device ID Number	
Location	
Time of test	
Mains Pressure	kPa
Check Valve 1	kPa
Check Valve 2	kPa
Upstream Valve tight	kPa
Upstream Valve tight	kPa
Bypass if Applicable	
Bypass Check Valve 1	kPa
Bypass Check Valve 2	kPa
Bypass Upstream Valve tight	kPa
Bypass Upstream Valve tight	kPa

HYDRAULIC SERVICES WITNESS TESTING

Low Hazard Area

HCAA-006 – Backflow Devices Commissioning Sheet

V2021.01 - April 2021

GENERAL NOTES: *This form is to be used for the purpose of witness testing a hydraulic installation by* ***a suitably Qualified Hydraulic Consultant****. Completion of all applicable sections is required. This form should be filed to the relevant project folder within 10 business days after witnessing has occurred.*

Notes: This series of Hydraulic Testing Procedures have been designed to assist the Hydraulic Services Consultant to carry out suitable witness testing at the end of a project. Each set of procedures details an industry accepted, list of objectives, that the Hydraulic Services Consultant is to carry out to fulfil their design commission. The series of procedures will offer the client security in the knowledge that the objectives identified have been based on an Industry standard, endorsed by the HCAA (National), which represents the Professional Industry of Hydraulic Services Consultants.

Project:		**Project Number:**	
Prepared By:		**Report Date:**	
Plumbing Company:		**Consulting Company:**	
Plumber's Name:		**Consultant's name:**	
Plumber's license number		**Consultant's certification number**:	
Date of Test/Inspection:		**Drawing Revision**:	
Equipment			
Backflow Test Kit Serial Number		Backflow Test Kit Verification Date:	
Flow and Pressure Test Kit Serial Number:		Flow and Pressure Test Kit Verification Date:	

The hydraulic services elements of the Project have been tested in accordance with:

Number	Title
NCC Volume 1	Building Code of Australia 2019
PCA 2019	Plumbing Code of Australia 2019
AS/NZS 3500.1-2018	Plumbing and Drainage -Part 1: Water services

Plumber's Declaration	I hereby state that that the information provided in this form is a true and accurate record.	
	Signature:	**Date:**
Consultant's Declaration	I hereby state that that the information provided in this form is a true and accurate record.	
	Signature:	**Date:**

The hydraulic services being tested and recorded in this document are:

	Yes	No
1. Backflow prevention valve – Boundary (*Containment*)		
2. Backflow prevention valve – Zone		
3. Backflow prevention valve – Individual		

1. Backflow Prevention Valve – Boundary (*Containment*)

	Yes	No
Location Correct?		

2. Backflow Prevention Valves - Zone

	Yes	No
Location Correct?		

3. Backflow Prevention Valves - Individual

	Yes	No
Location Correct?		

Tools Needed

- Your Eyes

Documents Needed

- Drawings that identify the fixtures that the backflow prevention device should service.

Objective

- To identify that the appropriate valve has been installed, sits comfortably.

Performance requirements

- Prevent backflow.

Commissioning Process:

- Any cross connections YES/NO

Testing in accordance with AS 2845.3:2010	Pass	Fail
Appendix H: Single check valve testable device		
Appendix I: Single check-valve detector assemblies		

Installation Summary*(Duplicate page as required)*

- Valve no: ______________
- Room no: ______________

	Answer
Type of Protection (*Boundary/Zone/Individual*)	Boundary / Zone / Individual
Device Type and Size	mm
Location	

- Valve no: ______________
- Room no: ______________

	Answer
Type of Protection (*Boundary/Zone/Individual*)	Boundary / Zone / Individual
Device Type and Size	mm
Location	

- Valve no: ______________
- Room no: ______________

	Answer
Type of Protection (*Boundary/Zone/Individual*)	Boundary / Zone / Individual
Device Type and Size	mm
Location	

- Valve no: ______________
- Room no: ______________

	Answer
Type of Protection (*Boundary/Zone/Individual*)	Boundary / Zone / Individual
Device Type and Size	mm
Location	

- Valve no: ______________
- Room no: ______________

	Answer
Type of Protection (*Boundary/Zone/Individual*)	Boundary / Zone / Individual
Device Type and Size	mm
Location	