

# Registration Form for Properties with Backflow Prevention Devices (BPD) and/or Thermostatic Mixing Valve (TMV) for Registration Audit 2019/20



Lodge Applications at Ballina Shire Council 40 Cherry Street Ballina (Mon–Fri 8.15am to 4.30pm)  
 mail PO Box 450 Ballina 2478 • e council@ballina.nsw.gov.au  
 t 1300 864 444 • w ballina.nsw.gov.au

Property subject to audit:  Health Care Facility  Tourist  Residential  Other

## Applicant Details

Establishment Name

Address

Telephone  Mobile  Fax

Email

## Device Details

Device Type/s  Backflow  Thermostatic Mixing Valve  Both

Number of Backflow Devices  Number of Thermostatic Mixing Valve Devices

Indicate the number of devices that passed and/or failed in each box as applicable:

Backflow Devices: PASS  FAIL  TMV Devices: PASS  FAIL

## Declaration

I declare that I am a NSW Licensed plumber, authorized and qualified to work on BPD's/TMV's, and that the devices tested by me meet the requirements of; *Hosplan Code of Practice for TMV's in Health Care Facilities, manufactures requirements, and the Australian Plumbing Code and Associated Plumbing Standards*. I have informed the property owner/manager of any issues with the devices tested in accordance with the *NSW Plumbing and Drainage Act 2011, No. 59*.

Print Name

Signature  Date  NSW Lic No.

Phone Number  Email

Initial / Commission Test  Standard Test  Annual Test  Re-Test  Audit Service

Copies of service and commissioning reports must be attached to this form.

If any devices have failed:

I, as the property owner/manager subject to this audit, declare that these failing devices will be repaired and or replaced within seven (7) days from the date of this declaration, and that measures have been put in place to ensure the safety of; persons on the property, and Ballina Shire Councils reticulated water supply.

Print Name of Owner/Manager

Signature  Date

Office Use Only			
2019/20 Fee \$92.00 (No GST #6)	Receipt Code: 10012.3535.235	Receipt No:	Date Received:

Please forward a completed copy of this form along with copies of all reports of the devices tested to Council's Water Quality and Trade Waste Officer, ph 1300 864 444. If the property owner/manager declines to sign the form please ensure that you as the testing plumber sign and submit to Council with the associated reports.

**SUBMIT**