Address of Premises………………………………………………………………………

Owner or Agent…………………………………………………………………………...

Date & Time of Testing: ……………….…………………………………………………

**New System  Addition  Minor alteration/repair**

**Hydrostatic test carried out: YES  NO  by:**…………………………….………...

Copy Attached YES  NO

**Type of Flow/Pressure Test Equipment used**………………………………………

……………………………………………………………………………………………....

**Class of Building**: 2, 3, 4, 5, 6, 7a, 7b, 8, 9a, 9b, 9c or Open Yard

**Number of hydrant outlets required for this Class & Size of building is**: **1**.. **2** .. **3**..more

(**NOTE:** The number of hydrant/outlets required should be ascertained prior to testing)

**Test Results for Most Hydraullically Disadvantaged Outlet/s**

(Required number of hydrants are to be discharged simultaneously at not less than 200kPa)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Outlet/Type | Location | Static Pressure | Open Flow | Flow @ 200kPa |
| **No. 1**  GB / L / R | …………………………………………………… | kPa | L/s | L/s |
| **No. 2**  GB / L / R | …………………………………………………... | kPa | L/s | L/s |
| **No. 3**  GB / L / R | …………………………………………………... | kPa | L/s | L/s |

GB / L / R = Ground Ball / “L”Type / Riser (circle relevant type)

Have the Flow & Pressure Test/s been undertaken in accordance with AS 2419.1?

**YES  NO** (if no, why)……………………………………………………………………..

Company and/or person conducting the Test: ……………………………………………

………………………………………………………………………………………………….

Signature: ……………………………TFS Permit Number (if applicable): …..………….

Note: If data for all relevant sections is not entered the results will not be accepted