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)

**Booster Fitted YES** [ ]  **NO** [ ]

(If a booster assembly is installed, please use assisted attack hydrant form)

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

(Required number of hydrants are to be discharged simultaneously at not less than 350kPa when unassisted)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Outlet/Type | Location | Static Pressure  | Open Flow | Flow @ 350kPa  |
| **No. 1**Riser | …………………………………………………… | kPa | L/s | L/s |
| **No. 2**Riser | …………………………………………………... | kPa | L/s | L/s |
| **No. 3**Riser | …………………………………………………... | kPa | L/s | L/s |

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