

## Form 5—A testing or commissioning report

Version 1 – July / 2019

|                                                                                                                                                                                     | s to be used for the purposes of section 77(2) of the Plumbing and Drainage etion of all applicable sections is mandatory.                                                                                                                                                |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| 1. Description of land The description must identify all land the subject of the application. The lot and plan details (e.g. SP/RP) are shown on title documents or a rates notice. | Street address (include number, street, suburb/locality and postcode)                                                                                                                                                                                                     |  |  |  |  |  |
|                                                                                                                                                                                     | (if applicable) (if applicable)                                                                                                                                                                                                                                           |  |  |  |  |  |
| 2. Permit details                                                                                                                                                                   | Permit number Date permit issued (if known)                                                                                                                                                                                                                               |  |  |  |  |  |
| 3. Action notice details (if applicable)                                                                                                                                            | Reference number Date issued (if known)                                                                                                                                                                                                                                   |  |  |  |  |  |
| 4. Details of testing  Testing and/or commissioning is done in accordance with the relevant part of AS/NZS 3500                                                                     | Water plumbing installation  Hot water service  Hot water <50°C  Sanitary plumbing (e.g. stackwork, elevated pipework)  Sanitary drainage  Floor waste gully branches  Reticulated water static pressure tested <500kPa (other than fire service)  Other (insert details) |  |  |  |  |  |
| 5. Responsible person The 'responsible person' is a person who is licensed to perform the work and either performs or supervises the performance of the work.                       | Name (in full)  Occupational licence number  Contractor licence number (if applicable)  Phone number  Email address  Postal address  Postcode                                                                                                                             |  |  |  |  |  |
| 6. Contractor licence If the 'responsible person' is not the contractor for the work, the contractor's details must be provided here.                                               | Full name of company (or individual if not a company)  Contractor licence number  Phone number Email address                                                                                                                                                              |  |  |  |  |  |

| 7. Competent person For this form a competent person                                                                                                                                                | Name (in full)                                                                                                                                                                                                                                       |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| means a person who holds a licence authorising the person to carry out the testing or commissioning; or whom the local government considers is competent to carry out the testing or commissioning. | Occupational licence number (if applicable)  Contractor licence number (if applicable)                                                                                                                                                               |  |  |  |  |  |
|                                                                                                                                                                                                     | Phone number Email address                                                                                                                                                                                                                           |  |  |  |  |  |
| 8. Declaration                                                                                                                                                                                      | I hereby state that the work has been completed in conformity with the <i>Plumbing</i> and <i>Drainage Regulation 2019</i> and that the information provided in this form is a true and accurate record and that I am a competent person.  Signature |  |  |  |  |  |
| DDIVACY NOTICE: The information                                                                                                                                                                     | on this form is collected as required under the <i>Blumbing</i> and <i>Drainage Act</i> 2019 (DDA) by local                                                                                                                                          |  |  |  |  |  |

**PRIVACY NOTICE**: The information on this form is collected as required under the *Plumbing and Drainage Act 2018* (PDA) by local governments. This information may be stored in the local government database and will be used for purposes related to deciding an application and monitoring compliance under the PDA. Your personal information will be disclosed to the financial institution which handles the local government's financial transactions and may be disclosed to other local government agencies, local government authorities, the Queensland Building and Construction Commission and third parties for purposes relating to administering and monitoring compliance with the PDA. Personal information will otherwise only be disclosed to third parties with your consent or in accordance with the *Information Privacy Act 2009*. **RTI:** The information collected on this form will be retained as required by the *Public Records Act 2002* and other relevant Acts and regulations and is subject to the Right to Information regime established by the *Right to Information Act 2009*.

| OFFICE<br>USE FEE (\$)<br>ONLY | DATE             | RECEIVING | REFERENCE        |          |  |
|--------------------------------|------------------|-----------|------------------|----------|--|
|                                | Γ <u>Γ</u> Γ (Φ) | RECEIVED  | OFFICER'S NAME/S | NUMBER/S |  |
|                                |                  | i l       |                  |          |  |

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