**HYDRAULIC INSTALLATION TEST PROCEDURE-ITP**

HCAA-015 SANITARY STACKWORK ITP

V2021.01 - April 2021

**GENERAL NOTES:** *This form is to be used by* ***the hydraulic contractor*** *for the purposes of testing the Plumbing Installation. Completion of all applicable sections is mandatory. This form must be submitted to the sites project manager and hydraulic certifier/consultant within 10 business days of testing the service.*

***Notes:*** *This series of Installation Test Procedures have been designed to assist the Plumbing Contractor to carry out suitable testing during a project. Each set of procedures details an industry accepted, list of objectives, that the Plumbing Contractor should carry out to fulfil their 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:** |  |
| Date of Test/Inspection: |  | **Drawing Revision:** |  |
| Plumbing Company: |  | **Builder / Company:** |  |
| Plumbers Name: |  | **Builders name:** |  |
| Plumbers license number: |  | **Builders license number:** |  |
| Equipment | | | |
| Hydraulic Test Plug |  |  |  |

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 3500.2-2018 | Plumbing and Drainage -Part 2: Sanitary plumbing and drainage |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description: | Yes | | No | |
| Installation conforms with AS/NZS 3500.2 | |  | |  | |
| Dimensions from plan checked and match installation | |  | |  | |
| Installation according to SWMS | |  | |  | |
| Test hold point witnessed | |  | |  | |
| Testing to AS/NZS 3500.2 – For Stackwork – Test to flood level, not to exceed 3m head (Water) or 30kPa (Air) The pressure shall be maintained without leakage for at least 15 min. | |  | |  | |
| Validate pressure test and no leaks | |  | |  | |
| Validate flushed with no blockages | |  | |  | |
| Validate transient air pressures do not displace any traps and compare against design | |  | |  | |
| Drainage runs and fittings square and true with compliant falls | |  | |  | |
| Allowance for expansion provided where required  *Required at base of the stack / above an offset / where pipework is restrained on every floor / where unrestrained every second floor / where subject to heater water discharge. Shall be installed above the highest discharge point on any given floor.* | |  | |  | |
| Allowance for inspection openings and clear outs where required  *Where pipework is restrained on every floor / where unrestrained every second floor* | |  | |  | |
| Sleeving and acoustic treatment where required | |  | |  | |
| Inspection by authority if required | |  | |  | |
| Fire rating of walls, floors, photographic evidence | |  | |  | |
| Pipes and fittings adequately protected for duration of construction | |  | |  | |
| Removal of rubbish completed | |  | |  | |

|  |  |  |
| --- | --- | --- |
| Comments/Remarks/Action: |  | |
| Plumbers Declaration | I hereby state that that the information provided in this form is a true and accurate record. | |
| **Signature:** | **Date:** |
| Builders Declaration | I hereby state that that the information provided in this form is a true and accurate record. | |
| **Signature:** | **Date:** |