

**HYDRAULIC SERVICES WITNESS TESTING**

**HCAA-027 – SPECIALTY WATER SYSTEMS, SANITARY PLUMBING SYSTEMS, SANITARY DRAINAGE SYSTEMS AND ON-SITE TREATMENT SYSTEMS FOR HEALTHCARE FACILITIES COMMISSIONING SHEET**

V2021.01 - April 2021

**GENERAL NOTES:** *This form is to be used for the purpose of witness testing a hydraulic installation by* ***a suitably Qualified Hydraulic Consultant****. Completion of all applicable sections is required. This form should be filed to the relevant project folder within 10 business days after witnessing has occurred.*

*Notes: This series of Hydraulic Testing Procedures have been designed to assist the Hydraulic Services Consultant to carry out suitable witness testing at the end of a project. Each set of procedures details an industry accepted, list of objectives, that the Hydraulic Services Consultant should carry out to fulfil their design 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.*

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| --- | --- | --- | --- |
| Project: |  | Project Number: |  |
| Prepared By: |  | **Report Date:** |  |
| Plumbing Company: |  | **Consulting Company:** |  |
| Plumbers Name: |  | **Consultant’s name:** |  |
| Plumbers license number |  | **Consultant’s certification n**umber: |  |
| Date of Test/Inspection: |  | **Drawing Revision**: |  |
| Equipment |
|  |  |  |  |
|  |  |  |  |

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| --- |
| 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 3500.1-2018  | Plumbing and Drainage -Part 1: Water services |

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



1. **CSSD RO**

**Work Description:**

|  |  |
| --- | --- |
| Yes | No |
| Validate correct velocity and pipework reticulation |  |  |
| Validate main and min pressure against design under static |  |  |
| Validate controls of the system |  |  |
| Validate overheat safety feature |  |  |