Form:
Record of work: sanitary plumbing and drainlaying for non-consented small standalone dwelling

SECTION 27A, PLUMBERS, GASFITTERS, AND DRAINLAYERS ACT 2006

Owner details

Name:

Address:

Email address:

Phone No:

Date:

DAY MONTH YEAR

Building details

Street address:

Total floor area:

On-site systems:

(Briefly describe whether the owner is using on-site systems or public utilities)

Count of fixture units: ***Note:*** *a maximum of 30 fixture units* ***(FU)*** *is permitted*

FU *(specify number of FU for each category)*

Description of work		**Description of work**	
Bathroom group (shower, toilet, basin, bath) (6 FU)		Kitchen sinks (3 FU)	
Separate toilet (4 FU)		Dishwasher (3 FU)	
Separate basin (1 FU)		Laundry tub (3 FU)	
Other		Washing machine (5 FU)	
Total fixture units *(specify)*			

Hot water system: (tick as applicable)	
Hot water heater	☐ Electric storage ☐ Gas storage ☐ Heat pump storage ☐ Gas instantaneous (continuous flow) ☐ Electric instantaneous (continuous flow) ☐ Other – specify:
Temperature control device	☐ Tempering valve ☐ Thermostatic mixing valve

Details of person(s) who completed work

Plumber details

Name:

Address:

Email address:

Phone No:

Plumbers, Gasfitters, and Drainlayers Board registration No:

Date: DAY MONTH YEAR

Nature of work (tick as applicable):

☐ carried out work

☐ supervised work

Include the following details only if the drainlayer is not also the plumber:

Drainlayer details

Name:

Address:

Email address:

Phone No:

Plumbers, Gasfitters, and Drainlayers Board registration No:

Date: ☐ ☐ ☐
DAY MONTH YEAR

Nature of work (tick as applicable):

☐ carried out work

☐ supervised work

Description of work carried out or supervised

Drainage: Compliance pathway *(G13): AS1/AS2/AS3*		
Description of works (include materials used and general location of works):		
Test that was performed (provide test pressure and duration in notes)	☐ Water ☐ Air	Notes:
Is an inspection opening supplied at the network utility operator connection?	☐ Yes ☐ No ☐ N/A	Notes:
Was an on-site system installed (eg, septic tank)? *If yes, please provide a copy of the specifications and plans provided by the supplier for the on-site system that was installed. To be attached with form*	☐ Yes ☐ No	Notes:
Water supply: Compliance pathway *(G12): AS1/AS3*		
Description of works (include materials used and general location of works):		
Have the pressure expansion valves (eg, temperature pressure relief and cold water expansion) been tested?	☐ Yes ☐ No ☐ N/A	Notes:
Was a pressure test completed? (Provide test pressure and duration in notes)	☐ Yes ☐ No	Notes:
If a hot water cylinder was installed, has a safe tray and seismic blocking or strapping been installed?	☐ Yes ☐ No	Notes:
Was an on-site system installed (eg, potable water tank, bore supply)? *If yes, please provide a copy of the specifications and plans provided by the supplier for the on-site system installed. To be attached with form*	☐ Yes ☐ No ☐ N/A	Notes:
Has the drinking water supply been tested?	☐ Yes ☐ No	Notes:
Has the temperature control valve been installed?	☐ Yes ☐ No	Notes:

Plumbing: Compliance pathway *(G13): AS1/AS2/AS3*		
Description of works (include materials used and general location of works):		
Test that was performed (provide test pressure and duration in notes)	☐ Water ☐ Air	Notes:
Was overflow protection provided where appropriate?	☐ Yes ☐ No	Notes:
Was an overflow relief gully to the building provided?	☐ Yes ☐ No	Notes:
Stormwater: Compliance pathway *(E1): AS1/AS2/VM1*		
Description of works (include materials used and general location of works):		
Were downpipes installed?	☐ Yes ☐ No	Notes:
Was a threshold drain installed?	☐ Yes ☐ No	Notes:
Was an on-site system installed, (eg, soak pit, rainwater collection)? *If yes, please provide a copy of the specifications and plans provided by the supplier for the on-site system installed. To be attached with form*	☐ Yes ☐ No	Notes:

Declaration(s)

I, _____

(name), carried out or supervised the prescribed sanitary plumbing/plumbing and drainlaying* recorded on this form.

**Select one*

Date: ____ ____ ____

DAY MONTH YEAR

Signature: _____

Include the following declaration only if the drainlayer is not also the plumber.

I, _____

(name), carried out or supervised the prescribed sanitary drainlaying recorded on this form.

Date: ____ ____ ____

DAY MONTH YEAR

Signature: _____

Supporting information

Provide any or all of the following *(if applicable)* if it will assist in stating the work that has been carried out or supervised:

- a copy of the final design plans, as either combined or separate drawings, demonstrating the prescribed sanitary plumbing or drainlaying (eg, plans showing the sanitary plumbing and drainage, water supply, and stormwater that has been installed):
- producer statements:
- testing reports:
- supporting information for new or existing on-site systems (eg, specifications, drawings, or resource consent requirements).