



**WATER EFFICIENCY INSPECTION TEMPLATE - RESIDENTIAL PREMISES**

**The following premises have been tested in accordance with the requirements of RESIDENTIAL TENANCIES REGULATION.**

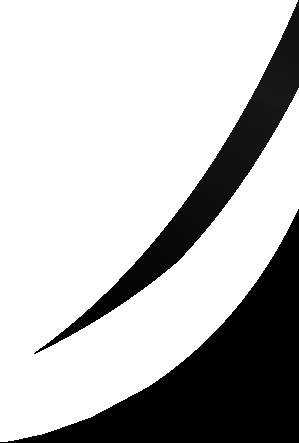
**Property Details:**

|  |  |
| --- | --- |
| Building Name or Number |  |
| Street Address |  |
| Contact Name & Phone |  |
| Date of Inspection |  |

**Number of Fixtures Tested**

|  |  |
| --- | --- |
| Showerheads |  |
| Kitchen Sink Taps |  |
| Bathroom Basin Taps |  |
| Toilets |  |
| Other (specify): |  |

**Prescribed Water Efficiency Measures**



|  |  |  |  |
| --- | --- | --- | --- |
| Item | Requirement | Compliant? (Yes/No) | Actual Flow Rate (L/min, if >9) |
| 1 | Premises individually metered | [ ] Yes [ ] No | N/A |
| 2 | All showerheads have a maximum flow rate of 9 L/min | [ ] Yes [ ] No |  |
| 3 | All internal cold water taps and single mixer taps for kitchen sinks and bathroom hand basins have a maximum flow rate of 9 L/min | [ ] Yes [ ] No |  |
| 4 | No leaking taps on premises at time of inspection | [ ] Yes [ ] No | N/A |
| 5 | Toilet(s) are dual flush, not less than 3 stars under WELS | [ ] Yes [ ] No | N/A |

****

**Plumber Details**

|  |  |
| --- | --- |
| Plumber Name: |  |
| Company Name: |  |
| Company Licence Number: |  |
| Plumber Licence/ Registration Number: |  |
| Signature: |  |
| Date: |  |

|  |  |
| --- | --- |
| **Additional Comments:** |  |

