

Inspection and maintenance report of backflow prevention device

Please complete using BLOCK LETTERS

ONE DEVICE PER FORM

Job no. _____

Owner/occupier:		Authorised tester's name:	
Address:		Address:	
Suburb:	Post code:	Suburb:	Post code:
Contact:	Phone:	License No:	Phone:
Contact's title:		Test kit serial number:	
Date of test:	Business type:	Test kit calibration date:	

 Permission received to turn off water Yes No Initial test Annual test
Device details and test results: (please tick the appropriate box)
 Containment protection Zone protection Individual protection

Location of device:	Main Meter No:
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Make of device:	Size (mm):	Model No:	Serial No:
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Device type	Reduced pressure zone device				Strainer Installed <input type="checkbox"/>
	Double check valve				Strainer Cleaned <input type="checkbox"/>

	Check valve No 1	Check valve No 2	Downstream isolation valve	Relief valve	Pressure type vacuum breaker	
Test results	<input type="checkbox"/> Closed tight _____ kPa	<input type="checkbox"/> Closed tight _____ kPa	<input type="checkbox"/> Closed tight _____ kPa	<input type="checkbox"/> Opened at _____ kPa	Check valve	Air inlet
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Did not open	<input type="checkbox"/> Closed tight _____ kPa	<input type="checkbox"/> Opened at _____ kPa
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Did not open	<input type="checkbox"/> Leaked	<input type="checkbox"/> Did not open

Reason for failure (please circle)	<ul style="list-style-type: none"> Improper location Sticking seizing parts Sand / grit foreign material 	<ul style="list-style-type: none"> Improper assembly Spring wear / damage Other, please specify _____ 	<ul style="list-style-type: none"> Abnormal seat wear / damage Blocked / kinked sensing line
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Re-test after maintenance	<input type="checkbox"/> Closed tight _____ kPa	<input type="checkbox"/> Closed tight _____ kPa	<input type="checkbox"/> Closed tight _____ kPa	<input type="checkbox"/> Closed tight _____ kPa	<input type="checkbox"/> Opened at _____ kPa	<input type="checkbox"/> Opened at _____ kPa
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Did not open	<input type="checkbox"/> Did not open

Upstream isolation valve	Downstream isolation valve	Main check valve	By Pass dual check valve	SCDAT pressure difference
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Single check valve testable SCVT/SCDAT	<input type="checkbox"/> Closed tight _____ kPa	<input type="checkbox"/> Closed tight _____ kPa	<input type="checkbox"/> Closed tight _____ kPa	<input type="checkbox"/> Closed tight _____ kPa	_____ kPa
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	Fire Service Meter No: (if applicable)
					Serial No:

Isolating valves padlocks fitted Yes <input type="checkbox"/> No <input type="checkbox"/>	Device test results Pass <input type="checkbox"/> Fail <input type="checkbox"/>
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Installation complies with AS/NZS 3500.1 Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of repair scheduled: (where applicable) _____
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Authorised tester's remarks: _____

Authorised tester's signature: _____ Date: _____