

Backflow Test Report

Inspection and maintenance form for backflow prevention devices



1. Description of property or vehicle The description must identify all land or vehicles covered in the application.	Street address (number, street, suburb and postcode)	Registration / VIN (water tanker vehicles)			
	Water authority property service / installation number	Water meter number			
2. Type of test	<input type="checkbox"/> Commissioning of new device <input type="checkbox"/> Replacement <input type="checkbox"/> Annual <input type="checkbox"/> Repairs <input type="checkbox"/> Decommission				
3. Backflow prevention device location	Location of device (eg: Northwest side of building @ FHR external)				
	Mains pressure (kPa)	Time and date of test			
4. Backflow prevention device type and appendix <input type="checkbox"/> RPZD (E) <input type="checkbox"/> DCV (F) <input type="checkbox"/> SCVT (I) <input type="checkbox"/> RPDA (G) <input type="checkbox"/> DCDA (H) <input type="checkbox"/> SCDAT (J) <input type="checkbox"/> PVB (C) <input type="checkbox"/> SPVB (D) <input type="checkbox"/> AVB (K)	<input type="checkbox"/> Containment <input type="checkbox"/> Zone <input type="checkbox"/> Individual				
	Main device				
	Make	Size mm	Model	Serial number	Cleaned strainer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	Upstream IV <input type="checkbox"/> Leaked <input type="checkbox"/> Tight	Downstream IV <input type="checkbox"/> Leaked <input type="checkbox"/> Tight	Check valve #1 (kPa)	Relief valve opened	Check valve #2 (kPa)
	By-pass device				
Make	Size mm	Model	Serial number	Cleaned strainer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Upstream IV <input type="checkbox"/> Leaked <input type="checkbox"/> Tight	Downstream IV <input type="checkbox"/> Leaked <input type="checkbox"/> Tight	Check valve #1 (kPa)	Relief valve opened	Check valve #2 (kPa)	
Make	Size mm	Model	Serial number	Cleaned strainer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Upstream IV <input type="checkbox"/> Leaked <input type="checkbox"/> Tight	Downstream IV <input type="checkbox"/> Leaked <input type="checkbox"/> Tight	Non return valve (kPa)	Air inlet opened (kPa)	<input type="checkbox"/> Failed to open	
5. Air gap	Type of air gap				
	<input type="checkbox"/> Registered <input type="checkbox"/> Registered break tank <input type="checkbox"/> RBT overflow type 1 <input type="checkbox"/> RBT overflow type 2 <input type="checkbox"/> RBT overflow type 3				
	Total height spill level plus air gap (mm)	Size of orifice inlet (mm)	Size of air gap (mm)		
6. Device installation notes	Isolating padlocks installed <input type="checkbox"/> Yes <input type="checkbox"/> No		Installation complies with AS/NZS 3500.1 <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Test kit serial number		Date last calibrated		
8. Owners corporation details (if the address is the same as above please note 'As above').	Owners corporation				
	Postal address (number, street, suburb and postcode)		Phone number		
9. Authorised testers details	Testers name				
	Registration licence number		Phone number		
10. Licence person If the authorised tester is not the licensed person, the licence details must be provided.	Full company name (or individual if not a company)				
	Licence number		Licensed tester email address		
11. Declaration	I hereby state that the information provided in this form is a true and accurate record. I have tested the above device/s in accordance with AS/NZS 2845.3:2020 <input type="checkbox"/> Pass <input type="checkbox"/> Fail Note: Failed devices must be repaired and retested within 20 business days as per the <i>Water (Estimation, Supply and Sewerage) Regulation 2014</i> .				
	Signature licenced plumber		Signature tester		
	Date		Date		