

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 <table border="1"> <tr> <td>Make</td> <td>Size mm</td> <td>Model</td> <td>Serial number</td> <td>Cleaned strainer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA </td> </tr> <tr> <td>Upstream IV <input type="checkbox"/> Leaked <input type="checkbox"/> Tight </td> <td>Downstream IV <input type="checkbox"/> Leaked <input type="checkbox"/> Tight </td> <td>Check valve #1 (kPa)</td> <td>Relief valve opened</td> <td>Check valve #2 (kPa)</td> </tr> </table>					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)
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8. Owners corporation details (if the address is the same as above please note 'As above'). <table border="1"> <tr> <td>Owners corporation</td> </tr> <tr> <td>Postal address (number, street, suburb and postcode)</td> <td>Phone number</td> </tr> </table>					Owners corporation	Postal address (number, street, suburb and postcode)	Phone number								
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10. Licence person If the authorised tester is not the licensed person, the licence details must be provided. <table border="1"> <tr> <td>Full company name (or individual if not a company)</td> </tr> <tr> <td>Licence number</td> <td>Licensed tester email address</td> </tr> </table>					Full company name (or individual if not a company)	Licence number	Licensed tester email address								
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11. Declaration <p>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</p> <table border="1"> <tr> <td><input type="checkbox"/> Pass <input type="checkbox"/> Fail Note: Failed devices must be repaired and retested within 20 business days as per the Water (General) Regulations 2021.</td> </tr> <tr> <td>Signature licenced plumber</td> <td>Signature tester</td> </tr> <tr> <td>Date</td> <td>Date</td> </tr> </table>					<input type="checkbox"/> Pass <input type="checkbox"/> Fail Note: Failed devices must be repaired and retested within 20 business days as per the Water (General) Regulations 2021.	Signature licenced plumber	Signature tester	Date	Date						
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