

# Backflow Test Report

Inspection and maintenance form for backflow prevention devices



<b>1. Description of property or vehicle</b> 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		
<b>2. Type of test</b>	<input type="checkbox"/> Commissioning of new device <input type="checkbox"/> Replacement <input type="checkbox"/> Annual <input type="checkbox"/> Repairs <input type="checkbox"/> Decommission				
<b>3. Backflow prevention device location</b>	Location of device (eg: Northwest side of building @ FHR external)				
	Mains pressure (kPa)		Time and date of test		
<b>4. Backflow prevention device type and appendix</b>  <input type="checkbox"/> RPZD (E) <input type="checkbox"/> DCV (F) <input type="checkbox"/> SCVT (I)	<input type="checkbox"/> Containment <input type="checkbox"/> Zone <input type="checkbox"/> Individual				
	<b>Main device</b>				
	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)
	<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)	<b>By-pass device</b>				
	Make	Size mm	Model	Serial number	Cleaned strainer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<input type="checkbox"/> PVB (C) <input type="checkbox"/> SPVB (D) <input type="checkbox"/> AVB (K)	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
<input type="checkbox"/> PVB (C) <input type="checkbox"/> SPVB (D) <input type="checkbox"/> AVB (K)	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
	<b>5. Air gap</b>				
<b>6. Device installation notes</b>	<b>Type of air gap</b>				
	<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)	
<b>7. Test kit</b>	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		
<b>8. Owners corporation details</b> (if the address is the same as above please note 'As above').	Owners corporation				
	Postal address (number, street, suburb and postcode)		Phone number		
<b>9. Authorised testers details</b>	Testers name				
	Registration licence number		Phone number		
<b>10. Licence person</b> 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		
<b>11. Declaration</b>	<b>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</b> <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 (General) Regulations 2021</i> .				
	Signature licenced plumber		Signature tester		
	Date		Date		