

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/VN (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	eg Northwest side of building @ FHR external)				
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"/> Contaminant <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)
<input type="checkbox"/> RPDA (G) <input type="checkbox"/> DCDA (H) <input type="checkbox"/> SCDAT (J)	Bypass 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)
<input type="checkbox"/> PVB (C) <input type="checkbox"/> SPVB (D) <input type="checkbox"/> AVB (K)	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/NZ5 3500.1		<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Test kit	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 name	
	Postal address (number, street, suburb, and postcode)	Phone number
9. Authorised tester's details	Tester name	
	Registration licence number	Licensed tester email address
10. Licence person If the authorized tester is not the licenced 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 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
	Failed devices must be repaired and retested within 20 business days as per the Water (Estimation, Supply and Sewerage) Regulation 2014.	
	Signature licenced plumber	Signature tester
	Date	Date

Comments

This form can be returned to carol.erwin@coliban.com.au or coliban@coliban.com.au

Or mail to:

Coliban Water
PO Box 2770
BENDIGO DX VIC 3554