

# Backflow Prevention Device Inspection / Test Report

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:
Date of test:		Test kit serial number:	
<b>NEW DEVICE?</b>		<b>OLD DEVICE NO:</b>	
Test kit calibration date:			

Permission 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:	
Make of device:		Size (mm):	Model No:		SERIAL NO:	
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 <input type="checkbox"/> Closed tight _____ kPa	Air inlet <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"> <li>location of device</li> <li>Sticking seizing parts</li> <li>Sand / grit foreign material</li> <li>non-compliant assembly</li> <li>Spring wear / damage</li> <li>Other, please specify _____</li> <li>Abnormal seat wear / damage</li> <li>Blocked / kinked sensing line</li> </ul>					
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	
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 No				Device test results Pass Fail		
Installation complies with AS/NZS 3500.1 Yes No				Date of repair scheduled: (where applicable) _____		

Authorised tester's remarks:

Authorised tester's signature: \_\_\_\_\_ Date: \_\_\_\_\_