

# Inspection & maintenance report: Backflow prevention device

## Owner/Occupier details *(one device per form)*

Owner  Occupier *(please tick appropriate box)*

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

## Authorised tester's details

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Postal address: \_\_\_\_\_ Email: \_\_\_\_\_

Licence no: \_\_\_\_\_ Business type: \_\_\_\_\_

Date of test: \_\_\_\_\_ Test kit serial number: \_\_\_\_\_ Test kit calibration date: \_\_\_\_\_

Permission received to turn off water:  Yes  No *(please tick appropriate box)*  Initial test  Annual test *(please tick appropriate box)*

## Device details

Containment protection  Zone protection  Individual protection  
 Reduced pressure zone device  Double check valve *(please tick appropriate box)*

Location of device: \_\_\_\_\_

Main meter no: \_\_\_\_\_ Device size (mm): \_\_\_\_\_

Make & model of device: \_\_\_\_\_ Serial no: \_\_\_\_\_

Strainer installed  Strained cleaned trained *(please tick appropriate box)*

Check valve number 1	Check valve number 2	Downstream isolation value	Relief valve	Pressure type vacuum breaker	
				Check valve	Air inlet

### Initial test before maintenance

<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"/> Closed tight _____ 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"/> Leaked	<input type="checkbox"/> Did not open

Upstream isolation value	Downstream isolation value	Main check valve	Bypass dual check valve	SCDAT pressure difference
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### Single check value 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	Fire Service Meter No: (if applicable) _____ 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

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: \_\_\_\_\_