



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:	
NEW DEVICE?	OLD DEVICE NO:	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	Air inlet
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Did not open	<input type="checkbox"/> Closed tight _____kPa	<input type="checkbox"/> Opened at _____kPa
Reason for failure (please circle)	<ul style="list-style-type: none"> location of device Sticking seizing parts Sand / grit foreign material 		<ul style="list-style-type: none"> non-compliant assembly Spring wear / damage Other, please specify _____ 		<ul style="list-style-type: none"> Abnormal seat wear / damage Blocked / kinked sensing line 	
	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"/> 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)	
Isolating valves padlocks fitted				Device test results		
Yes No				Pass Fail		
Installation complies with AS/NZS 3500.1				Date of repair scheduled: (where applicable) _____		
Yes No						

Authorised tester's remarks: _____

Authorised tester's signature: _____ Date: _____