Backflow Test Report

Inspection and maintenance form for backflow prevention devices

South Gippsland Water | START SAFE WORK SAFE HOME SAFE

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 / VIN (water tanker vehicles)
Water authority property service / installation number	Water meter number

2. Type of test

☐ Commissioning of new device ☐ Replacement ☐ Annual ☐ Repairs ☐ Decommission

3. Backflow prevention device location

Location of device (eg: Northwest side of building @ FHR external)

Mains pressure (kPa)	Time and date of test

4. Backflow prevention device type and appendix

☐ RPZD (E)
☐ DCV (F)
☐ SCVT (I)

☐ **Containment** ☐ **Zone** ☐ **Individual**

Main device

Make	Size mm	Model	Serial number	Cleaned strainer ☐ Yes ☐ No ☐ NA
Upstream IV ☐ Leaked ☐ Tight	Downstream IV ☐ Leaked ☐ Tight	Check valve #1 (kPa)	Relief valve opened	Check valve #2 (kPa)

☐ RPDA (G)
☐ DCDA (H)
☐ SCDAT (J)

By-pass device

Make	Size mm	Model	Serial number	Cleaned strainer ☐ Yes ☐ No ☐ NA
Upstream IV ☐ Leaked ☐ Tight	Downstream IV ☐ Leaked ☐ Tight	Check valve #1 (kPa)	Relief valve opened	Check valve #2 (kPa)

☐ PVB (C)
☐ SPVB (D)
☐ AVB (K)

Make	Size mm	Model	Serial number	Cleaned strainer ☐ Yes ☐ No ☐ NA
Upstream IV ☐ Leaked ☐ Tight	Downstream IV ☐ Leaked ☐ Tight	Non return valve (kPa)	Air inlet opened (kPa)	☐ Failed to open

5. Air gap

Type of air gap

☐ Registered ☐ Registered break tank ☐ RBT overflow type 1 ☐ RBT overflow type 2 ☐ 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 ☐ Yes ☐ No	Installation complies with AS/NZS 3500.1 ☐ Yes ☐ 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

Postal address (number, street, suburb and postcode)	Phone number

9. Authorised testers details

Testers name

Registration licence number	Phone number

10. Licence person
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

11. Declaration

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

☐ Pass ☐ Fail Note: 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