Backflow Prevention Device Inspection and Maintenance Report
One form per device

Owner's Name:		**Authorised tester's name**	
Address:		Address:	
Suburb:	Postcode	Suburb:	Postcode:
Contact:	Phone:	License No:	Phone:
Contact title:		Test kit serial No:	
Date of Test:	Business type	Test kit calibration date	
Permission received to turn off water? ☐ Yes ☐ No		Initial Registration ☐	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	
	Double check valve	☐ Strainer cleaned	

Test Results	Check valve No 1	Check valve No 2	Downstream isolation valve	Relief valve	Pressure type vacuum breaker	
	☐ Closed tight	☐ Closed tight	☐ Closed tight	☐ Opened at	☐ Closed tight	☐ Opened at
	------kPa	------kPa	------kPa	------kPa	------kPa	------kPa
	☐ Leaked	☐ Leaked	☐ Leaked	☐ Did not open	☐ Leaked	☐ Did not open
Reason for failure	☐ Improper location ☐ Sticking seizing parts ☐ Sand/grit foreign material		☐ Improper assembly ☐ Spring wear/damage ☐ Other, please specify----------		☐ Abnormal seat wear/damage ☐ Blocked/kinked sensing line	
Re-test after maintenance	☐ Closed tight	☐ Closed tight	☐ Closed tight	☐ Closed tight	☐ Opened at	☐ Opened at
	------kPa	------kPa	------kPa	------kPa	------kPa	------kPa
	☐ Leaked	☐ Leaked	☐ Leaked	☐ Leaked	☐ Leaked	☐ 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	☐ Closed tight	☐ Closed tight	☐ Closed tight	☐ Closed tight	------kPa
	------kPa	------kPa	------kPa	------kPa	Fire Service Meter No (if applicable)
	☐ Leaked	☐ Leaked	☐ Leaked	☐ Leaked	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: