

# Backflow prevention device

## Commission, inspection and maintenance report

Please complete using BLOCK letters and tick relevant boxes - All fields are mandatory

Test type: <input type="checkbox"/> Initial test <input type="checkbox"/> Annual test <input type="checkbox"/> Replacement	Serial number of valve removed:
Encumbrance number:	Account number:
Device make:	Model number:
Serial number:	Size (mm):
<b>Exact device location:</b> For initial test attach a location plan and for large sites show adjacent street names and distances from boundaries	
Nature of water use after device:	
Protection: <input type="checkbox"/> Containment <input type="checkbox"/> Zone <input type="checkbox"/> Individual	
Site owner:	Site occupier:
Postal address:	Site address:
Suburb:	Suburb:
Postcode:	Postcode:
Contact person:	Phone number:

Reduced pressure zone devices - RPZ				
Check valve number 1 <input type="checkbox"/> Tight <input type="checkbox"/> Leaked	Differential pressure ..... psi/kPa	Check valve number 2 <input type="checkbox"/> Tight <input type="checkbox"/> Leaked	Downstream gate valve <input type="checkbox"/> Tight <input type="checkbox"/> Leaked	Relief valve opens at ..... psi/kPa
Single check valve device or Double check valve				
Check valve number 1 <input type="checkbox"/> Tight <input type="checkbox"/> Leaked ..... psi/kPa	Check valve number 2 <input type="checkbox"/> Tight <input type="checkbox"/> Leaked ..... psi/kPa	Downstream gate valve <input type="checkbox"/> Tight <input type="checkbox"/> Leaked		
Pressure Type Vacuum Breaker - PTVB				
Check valve <input type="checkbox"/> Tight <input type="checkbox"/> Leaked ..... psi/kPa	Downstream gate valve <input type="checkbox"/> Tight <input type="checkbox"/> Leaked	Air inlet valve <input type="checkbox"/> not opened <input type="checkbox"/> opened at ..... psi/kPa		

Registered break tank & air gap device size of inlet orifice (mm) ..... or size of water inlet ..... (mm) Total height (mm overflow invert to inlet orifice invert) ..... Max head (mm from overflow invert to inlet orifice spill level) .....	Break tank (approx dimensions mm) _____ x _____ x _____ mm Overflow fitted <input type="checkbox"/> yes <input type="checkbox"/> no Size of overflow/pipe (mm) ..... Air gap: bridged or bypassed <input type="checkbox"/> yes <input type="checkbox"/> no
AS2845 requires test equipment used for field testing backflow prevention devices shall be annually calibrated by a registered laboratory. Test kit number: Certification date of calibration:	Contractors name/business stamp:

I certify that I have tested this device and that it meets the performance requirements of AS2845.

Tester's signature:	Print name:
Licence number:	Mobile number:
Date: / /	

