

Backflow Prevention Device Inspection and Maintenance Report

Please complete using BLOCK LETTERS

ONE DEVICE PER FORM

BFD No. _____

| | | | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------|---------------------------------------|------------------------------------|-----------|-----------|---------------------------------|---------------------------------------|
| Owner/occupier: | | Authorised tester's name: | | | | | | | | | | | |
| Address: | | Address: | | | | | | | | | | | |
| Suburb: | Postcode: | Suburb: | Postcode: | | | | | | | | | | |
| Contact: | Phone: | License No: | Phone: | | | | | | | | | | |
| Contact's title: | | Test kit serial number: | | | | | | | | | | | |
| Date of test: | Business type: | Test kit calibration date: | | | | | | | | | | | |
| Permission received to turn off water? Yes <input type="checkbox"/> No <input type="checkbox"/> Initial Test <input type="checkbox"/> Annual Test <input type="checkbox"/> | | | | | | | | | | | | | |
| Device details and test results: <i>(please tick the appropriate box)</i> | | | | | | | | | | | | | |
| <input type="checkbox"/> Containment protection <input type="checkbox"/> Zone protection <input type="checkbox"/> Individual protection | | | | | | | | | | | | | |
| Location of device: | | | | | Main Meter No: | | | | | | | | |
| Make of device: | | | Size (mm): | Model No: | Serial No: | | | | | | | | |
| Device type | Reduced pressure zone device | | | | <input type="checkbox"/> Strainer installed | | | | | | | | |
| | Double check valve | | | | <input type="checkbox"/> Strainer cleaned | | | | | | | | |
| Test Results | Check valve No 1 | Check valve No 2 | Downstream isolation valve | Relief valve | Pressure type vacuum breaker | | | | | | | | |
| | <input type="checkbox"/> Closed tight | <input type="checkbox"/> Closed tight | <input type="checkbox"/> Closed tight | <input type="checkbox"/> Opened at | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Check valve</td> <td style="width: 50%;">Air inlet</td> </tr> <tr> <td><input type="checkbox"/> Closed tight</td> <td><input type="checkbox"/> Opened at</td> </tr> <tr> <td>_____ kPa</td> <td>_____ kPa</td> </tr> <tr> <td><input type="checkbox"/> Leaked</td> <td><input type="checkbox"/> Did not open</td> </tr> </table> | Check valve | Air inlet | <input type="checkbox"/> Closed tight | <input type="checkbox"/> Opened at | _____ kPa | _____ kPa | <input type="checkbox"/> Leaked | <input type="checkbox"/> Did not open |
| | Check valve | Air inlet | | | | | | | | | | | |
| | <input type="checkbox"/> Closed tight | <input type="checkbox"/> Opened at | | | | | | | | | | | |
| _____ kPa | _____ kPa | | | | | | | | | | | | |
| <input type="checkbox"/> Leaked | <input type="checkbox"/> Did not open | | | | | | | | | | | | |
| _____ kPa | _____ kPa | _____ kPa | _____ kPa | _____ kPa | _____ kPa | | | | | | | | |
| <input type="checkbox"/> Leaked | <input type="checkbox"/> Leaked | <input type="checkbox"/> Leaked | <input type="checkbox"/> Did not open | <input type="checkbox"/> Leaked | <input type="checkbox"/> Did not open | | | | | | | | |
| Reason for failure | <input type="checkbox"/> Improper location <input type="checkbox"/> Improper assembly <input type="checkbox"/> Abnormal seat wear / damage <input type="checkbox"/> Sticking seizing parts <input type="checkbox"/> Spring wear / damage <input type="checkbox"/> Blocked / kinked sensing line <input type="checkbox"/> Sand / grit foreign material <input type="checkbox"/> Other, please specify _____ | | | | | | | | | | | | |
| Re-test after maintenance | <input type="checkbox"/> Closed tight | <input type="checkbox"/> Closed tight | <input type="checkbox"/> Closed tight | <input type="checkbox"/> Closed tight | <input type="checkbox"/> Opened at | <input type="checkbox"/> Opened at | | | | | | | |
| | _____ kPa | _____ kPa | _____ kPa | _____ kPa | _____ kPa | _____ 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 | | | | | | | |
| Single check valve testable SCVT/SCDAT | Upstream isolation valve | Downstream isolation valve | Main check valve | By Pass dual check valve | SCDAT pressure difference | | | | | | | | |
| | <input type="checkbox"/> Closed tight | <input type="checkbox"/> Closed tight | <input type="checkbox"/> Closed tight | <input type="checkbox"/> Closed tight | _____ kPa | | | | | | | | |
| | _____ kPa | _____ kPa | _____ kPa | _____ kPa | Fire Service Meter No: (if applicable) | | | | | | | | |
| <input type="checkbox"/> Leaked | <input type="checkbox"/> Leaked | <input type="checkbox"/> Leaked | <input type="checkbox"/> Leaked | <input type="checkbox"/> Leaked | Serial No: | | | | | | | | |
| Isolating valves padlocks fitted Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Device test results: Pass <input type="checkbox"/> Fail <input type="checkbox"/> | | | | | | | | | | |
| Installation complies with AS/NZS 3500.1 Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | Date of repair scheduled: <i>(where applicable)</i> | | | | | | | | | |
| Authorised tester's remarks: | | | | | | | | | | | | | |
| Authorised tester's signature: | | | | Date: | | | | | | | | | |