

## Backflow Prevention Device Inspection and Maintenance Report

Please complete this form using BLOCK letters and tick the appropriate boxes

Initial test: <input type="checkbox"/>	Water Meter Number:			
Annual test: <input type="checkbox"/>	Water meter size (mm):			
Encumbrance number B:	Account Number:			
Device make:	Model Number:			
Serial Number:	Size (mm):			
Exact device location: For initial test attach a location plan. 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 & postcode:	Suburb & postcode:			
Email:	Email:			
Contact Person	Phone Number:			
Fax Number:	Email:			
<b>Reduced Pressure Zone devices - RPZ</b>				
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
<b>Single Check Valve devices – SCVT (complete shaded boxes) or Double Check Valve devices – DCV (complete all boxes)</b>				
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
<b>Pressure Type Vacuum Breaker - PVB</b>				
Check valve number <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 Opened at .....psi/kPa	
<b>Retest after repair</b>				
Check valve number 1 <input type="checkbox"/> Tight	.....psi/kPa	Check valve number 2 <input type="checkbox"/> Tight	.....psi/kPa	Downstream gate valve <input type="checkbox"/> Tight <input type="checkbox"/> Leaked
			RPZ relief valve Opened at .....psi/kPa	PTVB air inlet valve Opened at .....psi/kPa
<b>Registered break tank and air gap device</b>			Break tank (approximate dimensions)	
Size of inlet orifice (mm)..... <b>or</b> Size of water inlet (mm) .....			_____ x _____	
Total height (mm overflow invert to inlet orifice invert) .....			Overflow fitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Max head (mm from overflow invert to inlet orifice to spill level) .....			Size of overflow/pipe (mm) .....	
			Air gap: bridged or bypassed <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>AS2845 requires test equipment used for field testing backflow prevention devices shall be annually calibrated by a registered laboratory.</b>			Business stamp:	
Test Kit Number: .....				
Certification date of calibration: .....				
<i>I certify that I have tested this device and that it meets the performance requirements of AS2845 with the available onsite water service pressure.</i>				
Tester's signature:		Print name:..... Licence number: .....		
		Mobile number: ..... Date :..... / ..... / .....		

Send the completed form within 14 days of testing to:

SA Water, Customer Technical Services  
GPO Box 1751, Adelaide 5001  
Email: [backflow@sawater.com.au](mailto:backflow@sawater.com.au)  
Fax: (08) 7003 1350  
Port Lincoln – Fax: (08) 8621 4507 or Mount Gambier – Fax: (08) 8726 1685

For further information call (08) 7424 1350

Website: [www.sawater.com.au](http://www.sawater.com.au)  
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