

Backflow Prevention Device – Inspection and Maintenance Report

Please complete form using block letters

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 location plan. For large sites show adjacent street names and distances from boundaries.				
Nature of water use after device:				
Protection: Containment <input type="checkbox"/> Zone <input type="checkbox"/> Individual <input type="checkbox"/>				
Site owner:		Site occupier:		
Postal address:		Site address:		
Suburb & postcode:		Suburb & postcode:		
Email:		Email:		
Contact person:		Phone number:		
Fax number:		Email:		
Reduced pressure zone devices – RPZ				
Check value number 1	Differential pressure	Check valve number 2	Downstream gate valve	Relief valve opens at
Tight <input type="checkbox"/> Leaked <input type="checkbox"/>psi/kPa	Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Tight <input type="checkbox"/> Leaked <input type="checkbox"/>psi/kPa
Double check valve devices – DCV				
Check valve number 1	Check valve number 2	Downstream gate valve		
Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Tight <input type="checkbox"/> Leaked <input type="checkbox"/>		
Pressure type vacuum devices – PVD				
Check valve	Downstream gate valve	Air Inlet Valve		
Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Not opened <input type="checkbox"/> Opened atpsi/kPa		
Retest after repair				
Check value number 1	Check valve number 2	Downstream gate valve	RPZ relief valve	PTVB air inlet valve
Tight <input type="checkbox"/>psi/kPa	Tight <input type="checkbox"/>psi/kPa	Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened atpsi/kPa	Opened atpsi/kPa
Registered break tank and air gap device			Break tank (approximate dimensions)	
Size of inlet orifice (mm).....or Size of water inlet (mm).....			_____ x _____	
Total height (mm from overflow invert to inlet orifice invert).....			Overflow fitted? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Max head (mm from overflow invert to inlet orifice to spill level).....			Size of overflow/pipe (mm).....	
AS2845 requires test equipment used for field testing backflow prevention devices shall be annually calibrated by a registered laboratory.			Air gap: bridged or bypassed Yes <input type="checkbox"/> No <input type="checkbox"/>	
Test kit number:			Business stamp:	
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:				

You must forward the completed form to SA Water within 14 days of testing to: SA Water, Customer Technical Services, PO Box 1751, Adelaide, SA 5001. Phone (08) 7424 1350, fax (08) 7003 1350 or email backflow@sawater.com.au, fax (08) 8621 4507 (Port Lincoln), fax (08) 8645 7350 (Whyalla), fax (08) 8726 1685 (Mount Gambier).