

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 | |
| Encumbrance number: | Account number: |
| Device make: | Model number: |
| Serial number: | Size (mm): |
| Exact device location: 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 | |
| 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 opened at psi/kPa |
|--|---|--|

Reset after repair

| | | | | |
|---|---|---|--|--|
| Check valve number 1 <input type="checkbox"/> Tight psi/kPa | Check valve number 2 <input type="checkbox"/> Tight psi/kPa testable | 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 |
|---|---|---|--|--|

| | |
|--|--|
| 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: / /

You must forward the completed form within 14 days to -
The Office of the Technical Regulator - Plumbing, GPO Box 1264, Adelaide SA 5001
Phone: 1300 760 311 Email: otr.plumbbackflow@sa.gov.au

