

INSPECTION AND MAINTENANCE REPORT FOR BACKFLOW PREVENTION DEVICES



Note: Please use BLOCK LETTERS and black pen. Only licensed plumbers are permitted to carry out plumbing work.

CUSTOMER MAILING ADDRESS DETAILS (required information)			
Customer Business Name:			
Lot/No.:	Street:		
Suburb:	Post Code:		
Contact Name:	Phone:		

TESTER DETAILS (required information)	
Permitted Tester's Name:	
Company Name:	
Company Address:	
Phone:	Fax:
Backflow Permit No.:	
(If you are a new permitted device tester you may be requested to provide your certificate of competency details to the Corporation.)	

FACILITY LOCATION and DEVICE DETAILS (required information)			
Facility Name:			
Lot:	No.:	Street:	
Suburb:		Post Code:	
Device Status: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement			
Protection Provided: <input type="checkbox"/> Property Boundary <input type="checkbox"/> Zone <input type="checkbox"/> Individual			
Water Service Type: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Fire Service			
Make of Device:		Size (mm):	
Model No.:	Complete Device Serial No.:		
Exact Location of Device:			

TEST EQUIPMENT (required information)	
AS 2845.3 requires test equipment used for field testing of backflow prevention devices are to be annually calibrated and certified by a registered laboratory.	
Test Kit Serial Number:	
Test Kit Calibration Date:	
Date of Test:	This report to be lodged with the Corporation within 5 working days of test date.
Permission Received to Shut Off Water?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Water Meter Number protected (e.g.: CK077145):
Business Type (e.g. Laboratory):

TEST DETAILS (required information as per AS 2845.3 -1993)							
Pre-Test Details	<input type="checkbox"/> Initial Test		<input type="checkbox"/> Retest		<input type="checkbox"/> Standard Test		<input type="checkbox"/> Audit Test
Strainer	<input type="checkbox"/> Strainer installed and cleaned before performing any testing						
Device Type (risk)	<input type="checkbox"/> Reduced Pressure Zone Device (high)				<input type="checkbox"/> Pressure Type Vacuum Breaker (medium)		
	<input type="checkbox"/> Double Check Valve (medium)						
Valve	First Upstream Check Valve	Second Downstream Check Valve	Downstream Isolation Valve	Relief Valve	Check Valve	Air Inlet	
Test Result Before Repair or Maintenance	<input type="checkbox"/> Closed Tight _____ kPa <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight _____ kPa <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened At _____ kPa	_____ kPa <input type="checkbox"/> Not Opened	<input type="checkbox"/> Opened At _____ kPa <input type="checkbox"/> Not opened	
Test Result After Repair or Maintenance	<input type="checkbox"/> Closed Tight _____ kPa	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened At _____ kPa	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened At _____ kPa	

Describe Maintenance:	<hr/> <hr/> <hr/>
Parts and Material Used:	<hr/> <hr/> <hr/>

(Please return to: Water Corporation – C&IS Section, PO Box 100, LEEDERVILLE WA 6902 Fax 9420 3464 backflow@watercorporation.com.au)	
Remarks:	Copies to: <input type="checkbox"/> Owner / Occupier <input type="checkbox"/> Water Corporation <input type="checkbox"/> Permitted Tester

DEVICE TEST	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	DEVICE ASSEMBLY INSTALLATION	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	WATER BACK ON	<input type="checkbox"/> YES
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NOTE: Failure to complete all of the (required information) above will deem this report invalid. I certify that I have tested this device and that it meets the performance requirements of AS 2845.1:1998 and AS/NZS 3500.1:2003 with the available on-site water service pressure and that the information provided is accurate.

Authorised Tester's Signature:	Date:
Print Name:	Plumber's License Number:
	Mob Phone Number:

Water Corporation Office Use Only	Date Entered onto BPMS:	Entered By:	Signature:
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