

## Backflow Prevention Device Commission, 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: <b>For initial test attach a location plan OR for large sites show adjacent street names and distances from boundaries.</b>				
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 .....psi/kPa	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 – 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 .....psi/kPa		
<b>Pressure Type Vacuum Breaker - PVB</b>				
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	
<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

**Please ensure you complete page 2 of this form.**

<p><b>Registered break tank and air gap device</b></p> <p><b>Size of inlet orifice (mm)..... <u>or</u> Size of water inlet (mm) .....</b></p> <p>Total height (mm overflow invert to inlet orifice invert) .....</p> <p>Max head (mm from overflow invert to inlet orifice to spill level) .....</p>	<p>Break tank (approximate dimensions)</p> <p>_____x_____x_____</p> <p>Overflow fitted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Size of overflow/pipe (mm) .....</b></p> <p>Air gap: bridged or bypassed <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>AS2845 requires test equipment used for field testing backflow prevention devices shall be annually calibrated by a registered laboratory.</b></p> <p>Test Kit Number:</p> <p>Certification date of calibration:</p>	<p>Business stamp:</p>
<p><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></p> <p>Tester's signature: _____ Print name: _____</p> <p>Licence number: _____ Mobile number: _____ Date:    /    /</p>	

**You must forward the completed form to SA Water within 14 days of testing:  
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](mailto:backflow@sawater.com.au).**