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# BACKFLOW PREVENTION DEVICE, TEST REPORT

TEST REPORT: **7301**

Owner/Occupier \_\_\_\_\_  
 Address \_\_\_\_\_  
 Suburb \_\_\_\_\_ Postcode \_\_\_\_\_ Authorised Tester's Name \_\_\_\_\_  
 Contact \_\_\_\_\_ Phone \_\_\_\_\_ Licence No. \_\_\_\_\_  
 Position \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_  
 Meter No. \_\_\_\_\_ Test Kit Serial No. \_\_\_\_\_  
 Location of Device \_\_\_\_\_ Date Test Kit Last Certified \_\_\_\_\_

## DEVICE DETAILS AND TEST RESULTS Please tick the appropriate box

Make of Device \_\_\_\_\_ Size (mm) \_\_\_\_\_ Model No. \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Water Board \_\_\_\_\_  Containment Protection  Zone Protection  Individual Protection

|   |  |   |  |   |  |   |
|---|--|---|--|---|--|---|
| Permission received to shut off water<br><input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> REDUCED PRESSURE ZONE DEVICE<br><input type="checkbox"/> DOUBLE CHECK VALVE (COLUMNS 1 & 2) |   |  | <input type="checkbox"/> PRESSURE TYPE VACUUM BREAKER                                 |  | DOWN STREAM ISOLATION VALVE   |
|   | CHECK VALVE NO 1   | CHECK VALVE NO 2  | RELIEF VALVE   | CHECK VALVE   | AIR INLET  |   |
| Initial test before maintenance   | <input type="checkbox"/> CLOSED TIGHT<br>..... kPa<br><input type="checkbox"/> LEAKED                                | <input type="checkbox"/> CLOSED TIGHT<br>..... kPa<br><input type="checkbox"/> LEAKED | <input type="checkbox"/> OPENED AT<br>..... kPa<br><input type="checkbox"/> LEAKED | <input type="checkbox"/> CLOSED TIGHT<br>..... kPa<br><input type="checkbox"/> LEAKED | <input type="checkbox"/> OPENED AT<br>..... kPa<br><input type="checkbox"/> LEAKED | <input type="checkbox"/> CLOSED TIGHT<br>..... kPa<br><input type="checkbox"/> LEAKED |
| Reason for Failure  | _____<br>_____<br>_____  |   |  |   |  |   |
| Re-test after maintenance   | <input type="checkbox"/> CLOSED TIGHT<br>..... kPa<br><input type="checkbox"/> LEAKED                                | <input type="checkbox"/> CLOSED TIGHT<br>..... kPa<br><input type="checkbox"/> LEAKED | <input type="checkbox"/> OPENED AT<br>..... kPa<br><input type="checkbox"/> LEAKED | <input type="checkbox"/> CLOSED TIGHT<br>..... kPa<br><input type="checkbox"/> LEAKED | <input type="checkbox"/> OPENED AT<br>..... kPa<br><input type="checkbox"/> LEAKED | <input type="checkbox"/> CLOSED TIGHT<br>..... kPa<br><input type="checkbox"/> LEAKED |
| Describe Maintenance  | SKETCH<br>_____<br>_____<br>_____  |   |  |   |  |   |
| Parts and Materials Used  | _____<br>_____<br>_____  |   |  |   |  |   |
| <b>DEVICE TEST:</b><br><input type="checkbox"/> PASS <input type="checkbox"/> FAIL                | <b>INSTALLATION COMPLIES WITH AS3500</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO                 |   |  | <b>REMARKS</b><br>_____<br>_____<br>_____   |  |   |

Authorised Tester's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Witness's Signature \_\_\_\_\_ Date \_\_\_\_\_