BACKFLOW PREVENTION DEVICE
Inspection & Maintenance Report

SERIAL BB
261551

NOTE: 1. In all cases the TESTER is to submit this report within 2 working days after testing of a backflow prevention device/air gap
2. A REQUEST FOR A PERMIT and new agreement is required for installation or replacement of a backflow prevention device/air gap

Please ☒ in box to indicate choice: ☐ CONTAINMENT ☐ ZONE ☐ INDIVIDUAL

☐ INITIAL TEST ☐ ANNUAL TEST ☐ RETEST ☐ AUDIT TEST

PRINT ONLY

Property Details

Account/property/Rate No.	Water Meter No.	Unit/Shop/Street No.	Street

Suburb	Municipality	Nearest Cross/Side Street

Owner/Occupant details

Name	Mailing Address	Postcode

Contact Person at property or Managing Agent

Name	Position in Company	Phone No. (Office Hours)

Authorised Tester and/or Examiner's Details

Name	Contact Phone No.	Contractor's Licence No.

Address	Suburb	Postcode

Exact location of Device/Air Gap

Device/Air Gap Details and Test Results

Make: _____

Model: _____

Serial No. _____

Size: _____

Device Type

☐ RPZD ☐ DCV ☐ PVB ☐ RAG ☐ R B T

☐ Fire Service ☐ SC ☐ SCDA ☐ DCDA ☐ RPDA

Device Type	Check 1	Check 2	Relief Valve
RPZD	kPa	kPa	Opened at kPa
DCV	kPa	kPa	
PVB	kPa	Air inlet kPa	

Fire Service	Check 1	Check 2	Relief Valve
Main Check	kPa	kPa	Opened at kPa
By Pass Detector Check	kPa	kPa	Opened at kPa
By-Pass Water Meter(s) No			
By-Pass Water Meter(s) Reading			

Air Gap OVER APPLIANCE	
Outlet Size	mm
Height above rim	mm

IN BREAK TANK	
Orifice Size	mm
Overflow Size	mm
Air Gap	mm
Spill Level Height	mm
Total Height above Invert of Overflow	mm
Actual Height above Invert of Overflow	mm

STRAINER INSTALLED ☐ Yes ☐ No

TESTING GAUGE
Make._____ Serial No. _____ Date test equipment last verified ...../...../.....

Secondary Water Supply/System and Details ☐ Yes ☐ No _____

Nature of Water use after Device/Air Gap: _____

Remarks

	Final Test Results Pass
	☐ Yes
	☐ No

I certify that I have tested the device in accordance with The provisions of AS2845 and AS/NZS 3500.1

Date

_____ ...../...../.....
Tested by/Authorised Licensee's Signature

_____ ...../...../.....
Owner's Agent Signature

_____ ...../...../.....
Authorities Officer Audit Signature

Distribution **WHITE – Local Utility** **CANARY – Installation Owner** **GREEN – Authorised Tester**

Note: Hunter Water Corporation requires:

a) a plan showing the location of any backflow prevention device installed; and

b) the payment of a registration fee and a test certificate fee.

example