

North East Water

Inspection and Maintenance of Backflow Prevention Devices

Test Report

*Note: Please use **BLOCK LETTERS***

Owner/Occupier	Authorised Tester's Name
Address	Business Address
Suburb P/Code	Suburb P/Code
Contact Phone	Licence No Phone
Date of Test	Test Kit Serial No
Location of Device	Date Test Kit Serial No
Water Meter No	Place of Certification

Please tick the appropriate box

DEVICE DETAILS AND TEST RESULTS

Make of Device Size (mm) Model No Serial No

Containment Protection
 Zone Protection
 Individual Protection

DOWN STREAM ISOLATION VALVE	<input type="checkbox"/> REDUCED PRESSURE ZONE DEVICE <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 kPa <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight kPa <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened at kPa <input type="checkbox"/> Not Opened	<input type="checkbox"/> Closed Tight kPa <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened at kPa <input type="checkbox"/> Not Opened	<input type="checkbox"/> Closed Tight kPa <input type="checkbox"/> Leaked
Reason for failure	_____ _____ _____					
Re-Test after maintenance	<input type="checkbox"/> Closed Tight kPa <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight kPa <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened at kPa <input type="checkbox"/> Not Opened	<input type="checkbox"/> Closed Tight kPa <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened at kPa <input type="checkbox"/> Not Opened	<input type="checkbox"/> Closed Tight kPa <input type="checkbox"/> Leaked
Described Maintenance						
Parts & Materials Used						

Remarks:

PASS **FAIL**

Authorised Tester's Signature Date
 Witness's Signature Date