Backflow Test Form

Please complete using BLOCK LETTERS ONE DEVICE PER FORM Job #_____

Owner/ Occupier:		Authorised tester's name:	
Address:		Address:	
Suburb:	Post code:	Suburb:	Post code:
Contact:	Phone:	License #:	Phone:
Contact's title:		Test kit serial number:	
Date of test:	Business type:	Test kit calibration date:	

Permission received to turn off water Yes ☐ No ☐ Initial test ☐ annual test ☐

Device details and test results: (please tick the appropriate box)

Containment protection ☐ Zone protection ☐ Individual protection ☐

Location of device:		Main Meter #:	
Make of device:	Size (mm):	Model #:	Serial #:

Device type	Reduced pressure zone device				Strainer Installed ☐	
	Double check valve				Strainer Cleaned ☐	
	Check valve No 1	**Check Valve No 2**	**Downstream isolation valve**	**Relief valve**	**Pressure type vacuum breaker**	
					Check valve	Air inlet
Test results	☐ Closed Tight _____kPa	☐ Closed Tight _____kPa	☐ Closed Tight _____kPa	☐ Opened at _____kPa	☐ Closed Tight _____kPa	☐ Opened at _____kPa
	☐ Leaked	☐ Leaked	☐ Leaked	☐ Did not open	☐ Leaked	☐ Did not open

Reason for failure (Please circle)

- Improper location
- Improper assembly
- Abnormal seat wear / damage
- Sticking seizing parts
- Spring wear / damage
- Blocked / kinked sensing line
- Sand / grit foreign material
- Other, please specify _____

Test results	☐ Closed Tight _____kPa	☐ Closed Tight _____kPa	☐ Closed Tight _____kPa	☐ Opened at _____kPa	☐ Closed Tight _____kPa	☐ Opened at _____kPa
	☐ Leaked	☐ Leaked	☐ Leaked	☐ Did not open	☐ Leaked	☐ Did not open
	Upstream isolation valve	**Downstream isolation valve**	**Main check valve**	**By pass dual check valve**	**SCDAT pressure difference**	
Single check valve testable SCVT/SCDAT	Closed Tight ☐ _____kPa	Closed Tight ☐ _____kPa	Closed Tight ☐ _____kPa	Closed Tight ☐ _____kPa	_____kPa	
	☐ Leaked	☐ Leaked	☐ Leaked	☐ Leaked	Fire Service Meter #: (if applicable)	
					Serial #:	

Isolating valves padlocks fitted Yes ☐ No ☐

Device yes results Pass ☐ Fail ☐

Installation complies with AS/NZ 3500.1 Yes ☐ No ☐

Date of repair scheduled: (where applicable)_____

Authorised tester's remarks:

_____

_____

Authorised tester's signature:_____ Date:_____

This form can be sent back to backflow@gippswater.com.au Mail: Gippsland Water Backflow 55 Hazelwood Road Traralgon Vic 3844