

Backflow Prevention Device Report

Registration, Inspection, Maintenance & Testing



📍 Civic Centre, 68 Elizabeth Street, Moss Vale NSW 2577 (PO Box 141, Moss Vale NSW 2577) ☎ (02) 4868 0888 ✉ mail@wsc.nsw.gov.au

NOTE: 1. This report must be submitted to Council within 5 working days after installation and/or testing of a backflow prevention device.

2. A copy of this report must be provided to: a) the Property Owner b) Council and c) retained by the Authorised Tester.

Please to indicate choice:

Device Location: CONTAINMENT ZONE INDIVIDUAL
 Test type: INITIAL TEST ANNUAL TEST RETEST AUDIT TEST

Property Details										
Water Meter No.:			Company Name (if applicable):				Unit/Shop/Street No.:			
Street:					Suburb:					
Property Owner Details										
Name/s:					Postal Address:					
Site Contact or Managing Agent										
Name:						Contact Phone:				
Company:				Position in Company:						
Authorised Tester and/or Examiner's Details										
Contact Name:				Contact No.:			Contractor Licence No.:			
Company Name:				Address:						
Exact location of Device / Air Gap										
Device / Air Gap Details and Test Results										
Make:			Device Type:							
Model:			<input type="checkbox"/> RPZD		<input type="checkbox"/> DCV		<input type="checkbox"/> PVB		<input type="checkbox"/> RAG <input type="checkbox"/> RBT	
Serial No.:			<input type="checkbox"/> FIRE SERVICE		<input type="checkbox"/> SC		<input type="checkbox"/> SCDA		<input type="checkbox"/> DCDA <input type="checkbox"/> RPDA	
Size:										
Device Type	Check 1	Check 2	Relief Valve	Fire Service			Air Gap			
				Check 1	Check 2	Relief Valve	Over Appliance			
RPZD	kPa	kPa	Opened at kPa	Main Check	kPa	kPa	Opened at kPa	Outlet Size	mm	
DCV	kPa	kPa		Bypass Detector Check	kPa	kPa	Opened at kPa	Height above rim	mm	
PVB	kPa	Air Inlet kPa		Bypass - Water Meter/s No.:			In Break Tank			
				Bypass - Water Meter/s Reading:			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?			<input type="checkbox"/> Yes <input type="checkbox"/> No							
Testing Gauge:		Make:		Serial No.:		Date Test equipment last verified				
Secondary Water Supply/System and Details			<input type="checkbox"/> Yes <input type="checkbox"/> No							
Nature of water use after Device/Air Gap:										
Test Results:		PASS: <input type="checkbox"/> Yes <input type="checkbox"/> No								
Comments:										

As the Authorised Tester/Licensee, I certify that (tick applicable):

- The device has been installed in accordance with the provisions of AS/NZ3500.1
- The device has been inspected and tested in accordance with the provisions of AS AS2845.3

Authorised Licensee's Signature

Date