# Office of the Technical Regulator

# **Backflow prevention device**

Commission, inspection and maintenance report

Please complete using BLOCK letters and tick relevant boxes - All fields are mandatory

## Test details

Test type	Commissioning and initial tes	st	Annual test	Replacement Serial number of valve removed during replacement:	
File (e)number					
Account number					
Device make		Device	Reduced	Reduced Pressure Zone Device (RPZ)	
Model number		type	Single Ch	eck Valve (SCV) or Double Check	
Serial number			Valve (DC	V)	
Size (mm)			Pressure <sup>-</sup>	Type Vacuum Breaker (PTVB)	
			Break tan	k and air gap	

## **Device location**

Exact device location  GPS Coordinates or description		
	Site owner details	<b>Site occupier details</b> <i>if different from site owner</i>
Contact name		
Business name		
Address		
Suburb		
Postcode		
Phone number		

#### Certification

AS2845 requires test equipment used for field testing backflow prevention devices shall be annually calibrated by a registered laboratory.

Test kit number		Certification date of calibration			/	/
	Teste	r's name				
	License	number				
		Phone				
	Tester's s	ignature				
Contractor's business name or stamp		Date		/	/	

#### Test results

Device type			
Reduced Pressure Zone Device (RPZ)	Downstream isolation valve	Passed	,
	Check valve 1 differential pressure		kPa
	Relief valve opens at		kPa
	Check Valve 2	Passed	·
Single Check Valve (SCV) or Double Check Valve (DCV) device	Downstream gate valve	Passed	
	Check Valve 1	Passed	
	Check Valve 2	Passed	
Pressure Type Vacuum Breaker (PTVB)	Downstream gate valve	Passed	
	Air inlet valve	Not opened	
	Air met valve	Opened at	kPa
	Check Valve	Passed	

# Registered break tank and air gap device details

Inlet size	Inlet orifice size:	mm
	Water service pipe size: DN	mm
Minimum air gap		mm
Total head		mm
Break tank capacity		L
Overflow pipe size		mm

## You must send this completed form within 7 days to:

Email otr.plumbbackflow@sa.gov.au

or

**Post** Office of the Technical Regulator

Plumbing trades GPO Box 320 Adelaide SA 5001

#### If you need any assistance completing this form:

**Phone** 1300 760 311

**Email** otr.plumbbackflow@sa.gov.au

