



BACKFLOW PREVENTION DEVICE INSPECTION AND MAINTENANCE REPORT WORKED INSTRUCTION

THIS WORKED INSTRUCTION OUTLINES HUNTER WATER'S MANDATORY REQUIREMENTS WHEN COMPLETING A SITE CONTAINMENT BACKFLOW PREVENTION DEVICE INSPECTION AND MAINTENANCE REPORT.



HUNTER WATER ONLY ACCEPTS "PASSED" BACKFLOW TEST REPORTS

BACKFLOW PREVENTION WORKED INSTRUCTION

1. Mark "Containment" square and indicate whether the test is an initial or annual test. Hunter Water only require "site containment" devices to be submitted.
2. Input Account or Premise number if known.
3. Input water meter number as shown on the meter.
4. Complete the property details.
5. Complete the owner occupant details.
6. Complete the contact person details.
7. Complete the authorised tester details. Ensure the licence number is clearly shown.
8. Describe the exact location of the device.
9. Input the device details and the type of device, RPZD, DCV, etc:
 - Note that Hunter Water require one report sheet per device
 - Fire DCDA including by-pass may be on one sheet
 - Do not include domestic and fire devices on one report sheet
10. Ensure that the make, model, complete serial number and size of the device is shown in the space provided. When testing a fire service with by-pass, divide space provided in half and write the fire main check details on the left and the details of the by-pass check on the right.
11. Complete the testing of the device and record the results within the RPZD and DCV tables provided. Ensure testing is carried out as per AS/NZS2845 Part 3 Appendix D, E, F and G.

If testing a fire service please ensure the main check and the by-pass check test results are recorded. It is a requirement of AS/NZS2845 that there is a minimum 20 kPa differential between the main check valve and the bypass check valve, main check valve being the greater.
12. Is there a strainer installed? Mark "Yes" or "No".
13. Input the make, serial number and calibration date of the testing equipment used for the test.
14. Confirm the nature of water usage downstream of the device and if there is a secondary water use ie. domestic, fire.
15. Indicate if the test "Passed".
 - If "Yes" complete steps 16 & 17 and submit to Hunter Water
 - If "No" notify owner that device requires rectification before the test report can be submitted to Hunter Water
16. Input any remarks that are applicable to the test report. If the device has been replaced, include the old device details in the remarks section.
17. Sign and date the test report sheet.

FAILURE TO SUBMIT ALL RELEVANT DETAILS OR SUBMISSION OF A FAILED TEST REPORT WILL RESULT IN THE TEST REPORT BEING RETURNED

Hunter Water
 ABN 46 228513 446
 Customer enquiries: 1300 657 657
 hunterwater.com.au
 enquiries@hunterwater.com.au

Inspection report - DOMESTIC

Inspection report – FIRE SERVICE

Due to the valve being replaced with a new device, the "Initial Test" is marked.

BACKFLOW PREVENTION DEVICE Inspection & Maintenance Report SERIAL BB 327051

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. 1234560000 Water Meter No. ZEB54321 Unit/Shop/Street No. 10 Street Compliance St
 Suburb Newcastle East Municipality Newcastle Nearest Cross/Street Sparge Rd

Owner/Occupant details
 Name John Swartz Mailing Address 12 Smith St, Marlville 6543

Contact Person at property or Managing Agent
 Name Jan Plain Position Office Manager Phone No. Office (Area) 4987 6543

Authorised Tester and/or Examiner's Details
 Name George Doesitrite License No. 0400654321 98765C
 Address 987 Pacific Hwy Suburb Backtown Postcode 8520

Exact location of Device/Air Gap
 Front left corner of property, adjacent driveway

Device/Air Gap Details and Test Results

Make: Febco	Device Type: <input checked="" type="checkbox"/> RPZD <input type="checkbox"/> DCV <input type="checkbox"/> PVB <input type="checkbox"/> RAG <input type="checkbox"/> RBT
Model: H32DM	<input type="checkbox"/> Fire Service <input type="checkbox"/> SC <input type="checkbox"/> SCDA <input type="checkbox"/> DCDA <input type="checkbox"/> RPDA
Serial No: H987456	
Size: 32mm	

Device Type	Check 1	Check 2	Relief Valve
RPZD	37	tight	17
DCV	kPa	kPa	kPa
PVB	kPa	Air Inlet	kPa
	kPa	kPa	kPa

STRAINER INSTALLED Yes No
 TESTING GAUGE TYCO Serial No. T58586 Date test equipment last verified 2/6/15

Secondary Water Supply/System and Details Yes No

Nature of Water use after Device/Air Gap: Domestic

Remarks: RPZD replaces old device TY716

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

Signature _____ Date 3/9/15
 Tested by: _____
 Signature _____ Date 3/9/15
 Owner's Agent Signature _____
 Authorised 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.

2nd check valve must say tight to comply.

Submit to Hunter Water only if passed

Contact owner to arrange rectification of device

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 INITIAL TEST ANNUAL TEST RETEST AUDIT TEST

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Property Details
 Account/Property/Rate No. 1234560000 Water Meter No. ZEB54321 Unit/Shop/Street No. 10 Street Compliance St
 Suburb Newcastle East Municipality Newcastle Nearest Cross/Street Sparge Rd

Owner/Occupant details
 Name John Swartz Mailing Address 12 Smith St, Marlville 6543

Contact Person at property or Managing Agent
 Name Jan Plain Position Office Manager Phone No. Office (Area) 4987 6543

Authorised Tester and/or Examiner's Details
 Name George Doesitrite License No. 0400654321 98765C
 Address 987 Pacific Hwy Suburb Backtown Postcode 8520

Exact location of Device/Air Gap
 Front left corner of property, adjacent driveway

Device/Air Gap Details and Test Results

Make: Febco	Device Type: <input type="checkbox"/> RPZD <input type="checkbox"/> DCV <input type="checkbox"/> PVB <input type="checkbox"/> RAG <input type="checkbox"/> RBT
Model: DCV121	<input type="checkbox"/> Fire Service <input type="checkbox"/> SC <input type="checkbox"/> SCDA <input checked="" type="checkbox"/> DCDA <input type="checkbox"/> RPDA
Serial No: PL00005	
Size: 100mm	

Device Type	Check 1	Check 2	Relief Valve
RPZD			
DCV	45	17	
PVB	kPa	kPa	kPa
	kPa	Air Inlet	kPa
	kPa	kPa	kPa

STRAINER INSTALLED Yes No
 TESTING GAUGE TYCO Serial No. T58586 Date test equipment last verified 2/6/15

Secondary Water Supply/System and Details Yes No

Nature of Water use after Device/Air Gap: Fire service

Remarks: Ensure 20kPa differential is achieved.

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

Signature _____ Date 3/9/15
 Tested by: _____
 Signature _____ Date 3/9/15
 Owner's Agent Signature _____
 Authorised Officer Audit Signature _____

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

Note: Hunter Water Corporation requires:
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