



# Operations and Maintenance Management

## Inspection and Maintenance Report for Backflow Prevention Devices

Insert TRIM File Here

Insert approved document number here Insert approval date here

**Note: Please use BLOCK LETTERS and dark pen. Only licensed plumbers are permitted to carry out plumbing work.**

CUSTOMER MAILING ADDRESS DETAILS (required information)			
Customer Business Name:			
Lot/No.:	Street:		
Suburb:	Postcode:		
Contact Name:	Phone:		

TESTER DETAILS (required information)	
Permitted Tester's Name:	
Company Name:	
Company Address:	
Phone:	Fax:
Backflow Permit No.:	
(If you are a <u>NEW</u> permitted device tester you are <u>REQUIRED</u> to provide your certificate of competency details to Aqwest.)	

BUSINESS LOCATION and DEVICE DETAILS (required information)			
Business Name:			
Lot:	No.:	Street:	
Suburb:	Postcode:		
Device Status:	<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Replacement
Serial Number of Old Device (if replacement):			
Protection Provided:	<input type="checkbox"/> Containment	<input type="checkbox"/> Zone	<input type="checkbox"/> Individual
Water Service Type:	<input type="checkbox"/> Drinking Water		<input type="checkbox"/> Fire Service
Make of Device:	Size :		
Model No.:	Complete Device Serial No.:		
Device Orientation:			
Exact Location of Device (required):			

TEST EQUIPMENT (required information)	
AS 2845.3 - 2010 requires test equipment used for field testing of backflow prevention devices to be annually calibrated and certified by a registered laboratory.	
Test Kit Serial Number:	
Test Kit Calibration Date:	
Test Kit Expiry Date:	
Date of Test:	This report to be lodged to Aqwest within 7 days of test date.
Permission Received to Shut Off Water?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Water Meter Number (e.g. BWB09200545):	Date Test Due:
Business Type (e.g. Laboratory):	

TEST DETAILS (required information as per AS 2845.3 - 2010)							
Pre-Test Details	<input type="checkbox"/> Initial Test		<input type="checkbox"/> Retest		<input type="checkbox"/> Standard Test		<input type="checkbox"/> Audit Test
Strainer	<input type="checkbox"/> Strainer installed and cleaned before performing any testing						
Device Type (risk)	<input type="checkbox"/> Reduced Pressure Zone Device (high)		<input type="checkbox"/> Double Check Valve (medium)		<input type="checkbox"/> Pressure Type Vacuum Breaker (medium)		
Valve	First Upstream Check Valve	Second Downstream Check Valve	Downstream Isolation Valve	Relief Valve	Check Valve	Air Inlet	
Test Result Before Repair or Maintenance	<input type="checkbox"/> Closed Tight _____ kPa	<input type="checkbox"/> Closed Tight _____ kPa	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened At _____ kPa	_____ kPa	<input type="checkbox"/> Opened At _____ kPa	
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Not Opened	<input type="checkbox"/> Not Opened	<input type="checkbox"/> Not Opened	
Test Result After Repair or Maintenance	<input type="checkbox"/> Closed Tight _____ kPa	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened At _____ kPa	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened At _____ kPa	

Describe Maintenance:	
Parts and Material Used:	

(Please return to: Aqwest – Bunbury Water Corporation, PO Box 400, BUNBURY WA 6231 | Phone (08) 9780 9500 | Fax (08) 9780 9509  
aqwest@aqwest.com.au)

Remarks:

Copies to:  Owner / Occupier  Aqwest  Certified Tester

<b>DEVICE TEST</b>	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	<b>DEVICE ASSEMBLY INSTALLATION</b>	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	<b>WATER BACK ON</b>	<input type="checkbox"/> YES
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*NOTE: Failure to complete all of the (required information) above will deem this report invalid. I certify that I have tested this device and that it meets the performance requirements of AS 2845.2:2010 and AS/NZS 3500.1:2003 with the available on-site water service pressure and that the information provided is accurate.*

Authorised Tester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Plumber's License Number: \_\_\_\_\_ Mob Phone Number: \_\_\_\_\_

Aqwest Office Use Only	Date Entered onto BPMS:	Entered By:	Signature:
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