

Note: Please complete electronically and email to aqwest@aqwest.com.au. Only licensed plumbers are permitted to carry out plumbing work.

CUSTOMER DETAILS (required information)		TESTER DETAILS (required information)	
Customer Business Name:		Permitted Tester's Name:	
Lot/No:	Street:	Company Name:	
Suburb:		Company Address:	
Contact Name:		Phone:	
Customer Email:		Tester Email:	
BUSINESS LOCATION and DEVICE DETAILS (required information)		Backflow Permit No: <small>(If you are a NEW permitted device tester you are REQUIRED to provide your certificate of competency details to Aqwest.)</small>	
Business Name:		TEST EQUIPMENT (required information)	
Lot:	No:	AS 2845.3 - 2020 requires test equipment used for field testing of backflow prevention devices to be annually calibrated and certified by a registered laboratory.	
Street:		Test Kit Serial Number:	
Suburb:		Test Kit Calibration Date:	
Postcode:		Test Kit Expiry Date:	
Device Status: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement		Date of Test: <small>This report to be lodged to Aqwest within 5 working days of test date.</small>	
Serial Number of Old Device (if replacement):		Permission Received to Shut Off Water? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Protection Provided: <input type="checkbox"/> Containment <input type="checkbox"/> Zone <input type="checkbox"/> Individual		Water Meter Number (e.g. BWB09200545):	
Water Service Type: <input type="checkbox"/> Potable Water <input type="checkbox"/> Fire Service		Date Test Due:	
Make of Device:		Business Type (e.g. Laboratory):	
Size:			
Model No:	Device Serial No: *REQUIRED*		
Device Orientation:			
Exact Location of Device (required):			

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"/> Leaked	<input type="checkbox"/> Opened At _____ kPa	_____ kPa <input type="checkbox"/> Not Opened	<input type="checkbox"/> Opened At _____ kPa <input type="checkbox"/> Not opened
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked				
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:	

Comments: Aqwest (Bunbury Water Corporation) | PO Box 400, BUNBURY WA 6231 | Phone (08) 9780 9500

Please EMAIL this report to: aqwest@aqwest.com.au

Copies to: Owner / Occupier Aqwest Certified Tester

DEVICE TEST	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	DEVICE ASSEMBLY INSTALLATION	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	WATER BACK ON	<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 3500.1:2021 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:** _____