

Please complete using BLOCK LETTERS		ONE DEVICE PER FORM		Job no: _____		
Owner/occupier:			Authorised tester's name:			
Address:			Address:			
Suburb:	Post code:		Suburb:	Post code:		
Contact:	Phone:		License No:	Phone:		
Contact's title:			Test kit serial number:			
Date of test:	Business type:		Test kit calibration date:			
Permission received to turn off water <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Initial test <input type="checkbox"/> Annual test						
Device details and test results: (please tick the appropriate box)						
<input type="checkbox"/> Containment protection		<input type="checkbox"/> Zone protection		<input type="checkbox"/> Individual protection		
Location of device:				Main Meter No:		
Make of device:	Size (mm):	Model No:		Serial No:		
Device Type	Reduced pressure zone device				Strainer Installed <input type="checkbox"/>	
	Double check valve				Strainer Cleaned <input type="checkbox"/>	
	Check valve No 1	Check valve No 2	Downstream Isolation Valve	Relief Valve	Pressure type vacuum breaker	
Test Results	<input type="checkbox"/> Closed tight _____ kPa	<input type="checkbox"/> Closed tight _____ kPa	<input type="checkbox"/> Closed tight _____ kPa	<input type="checkbox"/> Closed tight _____ kPa	<input type="checkbox"/> Closed tight _____ kPa	Closed tight _____ kPa
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Didn't open	<input type="checkbox"/> Didn't open
Reason for Failure (please circle)	Improper Location / Improper assembly / Abnormal seat wear / damage / Sticking seizing parts / Spring wear / damage / Blocked / kinked sensing line / Sand/grit foreign material Other, please specify _____					
Re-test after Maintenance	<input type="checkbox"/> Closed tight _____ kPa	<input type="checkbox"/> Closed tight _____ kPa	<input type="checkbox"/> Closed tight _____ kPa	<input type="checkbox"/> Closed tight _____ kPa	<input type="checkbox"/> Closed tight _____ kPa	<input type="checkbox"/> Closed tight _____ kPa
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Didn't open	<input type="checkbox"/> Didn't open
	Upstream Isolation Valve	Downstream Isolation Valve	Main Check Valve	By Pass Dual Check Valve	SCDAT Pressure Difference	
Single Check Valve Testable SCVT/SCDAT	<input type="checkbox"/> Closed tight _____ kPa	<input type="checkbox"/> Closed tight _____ kPa	<input type="checkbox"/> Closed tight _____ kPa	<input type="checkbox"/> Closed tight _____ kPa	_____ kPa	
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	Fire Service Meter No: (if applicable)	
					Serial No:	
Isolating valves padlocks fitted <input type="checkbox"/> Y <input type="checkbox"/> N			Device Test Results <input type="checkbox"/> Pass <input type="checkbox"/> Fail			
Installation complies with AS/NZS3500.1 <input type="checkbox"/> Y <input type="checkbox"/> N			Date of Repair Scheduled: (where applicable) _____			
Authorised tester's remarks:						
Authorised tester's signature: _____			Date: _____			
This form can be returned to: backflow@gww.com.au Mail: Locked Bag 350, Sunshine Vic 3020						