



Goulburn Mulwaree Council

Backflow Prevention Device Inspection and Maintenance Test Report

Within the Local Authority Area of
Goulburn Mulwaree Council

184-194 Bourke Street, Goulburn NSW 2580

✉ Locked Bag 22, Goulburn NSW 2580

☎ (02) 4823 4444

✉ council@goulburn.nsw.gov.au

Date Received: ___/___/___

Test Type

Initial Test
 Standard Test
 Re Test
 Audit Test

Applicant Details

Applicant Name: _____ Business Name: _____

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Postal Address:

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Contact Number: _____ Email: _____

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Tester Details

Testers Name:

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Business Name:

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Contact Number: _____ Email: _____

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Licence Number: _____ Test Kit Serial No: _____ Date Last Certified: _____ Place of Certification: _____

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Device Details

Property Address: _____ Location of Device: _____

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Make of Device: _____ Size (mm): _____ Model Number: _____

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Installed By: _____ Serial Number: _____ Mains Pressure: _____

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Containment Protection
 Individual Protection
 Zone Protection

Test Results

Date of Test: _____ Time of Test: _____

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Reduced Pressure Zone Device
 Single Check
 Pressure Vacuum Breaker
 Double Check Valve
 Detector



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Backflow Prevention Device

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Main Valve Test Results

Upstream Isolation Valve	Check Valve No. 1	Check Valve No. 2	Relief Valve Differential Pressure	Air Inlet Differential Pressure	Downstream Isolation Valve
Closed Tight	Closed Tight	Closed Tight	Opened at	Opened at	Closed Tight
Leaked	_____KPA	_____KPA	_____KPA	_____KPA	Leaked
Not Applicable	Leaked	Leaked	Not Opened	Not Opened	Not Applicable
		Not Applicable	Not Applicable	Not Applicable	

Describe maintenance, parts and materials used:

Reduced Pressure Zone Device

Single Check

Pressure Vacuum Breaker

Double Check Valve

Detector

Bypass Test Results (if fitted)

Upstream Isolation Valve	Check Valve No. 1	Check Valve No. 2	Relief Valve Differential Pressure	Air Inlet Differential Pressure	Downstream Isolation Valve
Closed Tight	Closed Tight	Closed Tight	Opened at	Opened at	Closed Tight
Leaked	_____KPA	_____KPA	_____KPA	_____KPA	Leaked
Not Applicable	Leaked	Leaked	Not Opened	Not Opened	Not Applicable
		Not Applicable	Not Applicable	Not Applicable	

Notes:

◇ Pass

◇ Fail

Testers Signature

◇ I have tested the above device, and certified it passes the performance requirements outlined in AS3500.1:2003 & AS2845.3-2010.

Testers Name:

Signature:

Date:

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