



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

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✉ 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



Goulburn Mulwaree Council

Backflow Prevention Device

Inspection and Maintenance Test Report

Within the Local Authority Area of Goulburn Mulwaree Council

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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