



INSPECTION & MAINTENANCE REPORT FOR BACKFLOW PREVENTION DEVICES

PLEASE PRINT

Owner/Occupier: _____ Address: _____ _____ Contact Person: _____ Contact Phone No: _____ Date Tested: _____	Location of Device: _____ <hr/> Type of Device: RPZD <input type="checkbox"/> DCV <input type="checkbox"/> Make: _____ Size: _____ Model No. _____ Serial No. _____
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TEST RESULTS

REDUCED PRESSURE ZONE DEVICE			
Initial Check	1 st check – closed tight at: _____ kpa/psi Leaked: Yes No	2 nd check –closed tight at: _____ kpa/psi Leaked: Yes No	Relief Valve opened at: _____ kpa/psi Didn't open Yes No

Double Check Valve Assembly		
	1st Check	2nd Check
Initial Check	Closed Tight at _____ kpa/psi	Closed Tight at _____ kpa/psi

The above is certified to be true .

Name (print)..... D.O.B..... Signed:.....

Plumber Certifier No..... Contact Phone No.....

Business Name:..... Business Address:.....

Please return to: gccmail@gcc.tas.gov.au