

Appendix O3 Double Check Valve

BACKFLOW PREVENTION DEVICE TEST CERTIFICATE

DOUBLE CHECK VALVE (DCV)

Use Tab to move to next field

Building Details:

Building name:	
Block / level / unit number:	
*Street address:	
Suburb:	
Compliance Schedule. No.:	
Water meter number:	

Owner:

*Name:	
Contact person:	
*Address:	
Phone number:	

Occupier:

Business name:	
*Contact person:	

Type of business:	
*Phone number:	

Device Details:

Protection:	Individual source <input type="checkbox"/>	Zone <input type="checkbox"/>	Boundary <input type="checkbox"/>
Location:			
Manufacturer:		Serial No.:	
Model:		Nominal Size:	mm
Installation correct:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Strainer installed:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments on installation:			

Test Details:

Test kit serial number.:		Calibration date:	
	First check valve	Second check valve	Downstream isolating valve
Initial test:	tight <input type="checkbox"/> leaked <input type="checkbox"/>	tight <input type="checkbox"/> leaked <input type="checkbox"/>	tight <input type="checkbox"/> leaked <input type="checkbox"/>
Pressure reading:	kPa	kPa	
Test after repairs:	tight <input type="checkbox"/> leaked <input type="checkbox"/>	tight <input type="checkbox"/> leaked <input type="checkbox"/>	tight <input type="checkbox"/> leaked <input type="checkbox"/>
Pressure reading:	kPa	kPa	
Repairs and materials used (if applicable):			

Comments:

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Test Result:

Pass ☐

Fail ☐

Test method:

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Tester Details:

Name of tester:	
IQP No:	
Signature:	
Date of test:	

Company name:	
Company address:	

NOTE: This test report only constitutes an assessment of existing devices and does not mean ALL cross connections on the site have been addressed. Neither does it mean the existing devices are appropriate for the hazard. This must be addressed by an IQP (Survey). Cross connections are a major PUBLIC HEALTH RISK and are the owner's responsibility to ensure they are addressed.

* required entry