

Interactive Water Feature - Non Recirculating

Last Issue Date: 15/12/2020		Type Of Service				
Activity		A	B	C	D	E
1	THE NOTES IN THE SPECIAL COMMENTS MUST BE READ PRIOR TO UNDERTAKING THIS SERVICE.					
2	Clean sumps, spouts, nozzles, hand pumps and water distribution components.			Y	Y	
3	Check isolating valves, ball float valve and adjust water level in sump if applicable.			Y	Y	
4	Ensure area containing of backflow prevention device is clear of obstructions and has easy maintenance access.				Y	
5	Test for correct operation of backflow prevention device: Refer to the applicable Appendix in AS 2845.3 depending on the type of backflow prevention device.				Y	
6	Check condition of backflow prevention device and associated valves and connections and check for leaks.				Y	
7	Check that the backflow prevention device is suitable for the current use in accordance with AS3500.1 - Minimum Reduced Pressure Zone Device (RPZD) required unless hazard re-assessed. Report results in service sheet and inform the FMSP if the device is NOT suitable for the current hazard level / use.				Y	
8	Record the results in the logbook and submit a Customer Service Report to the FMSP.			Y	Y	

Disclaimer -This TDS is intended to provide guidance only to support Preventative Maintenance servicing activities. All TDS users are encouraged to read and understand the full [Conditions of Use](#) provided on the final page of this document and on the DPTI website.

For more information please contact the applicable Facilities Management Service Provider.



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Special Comments and Technical Data

C SERVICE 3 MONTHLY
D SERVICE ANNUAL

NOTE THE SERVICE DETAILS DEPEND ON THE TYPE OF BACKFLOW PREVENTION DEVICE. REFER TO AS3500.1, TABLE 4.4.1 FOR SUITABILITY OF DEVICES AND APPENDIX F FOR TYPES OF BACKFLOW PROTECTION. REFER TO THE APPROPRIATE APPENDIX IN AS2845.3.

CHECK THAT THE INSTALLED DEVICE IS SUITABLE FOR THE CURRENT HAZARD LEVEL, REPORT THE RESULTS IN THE SERVICE REPORT AND NOTIFY THE FMSP IF THE DEVICE IS NOT SUITABLE.

THE TECHNICIAN IS TO COMPLETE THE REGULATORY, ANNUAL REPORT AND SUBMIT IT TO THE OFFICE OF THE TECHNICAL REGULATOR AND TO THE FMSP. THE TEST REPORT FORMAT MUST BE IN ACCORDANCE WITH THE REQUIREMENTS OF THE OFFICE OF THE TECHNICAL REGULATOR. THE COMMISSION, INSPECTION & MAINTENANCE REPORT IS THE ONLY FORM THAT WILL BE ACCEPTED. IF COMPLETING THE FORM ELECTRONICALLY AND EMAILING IT BACK TO THE OTR, SAVE IT TO YOUR COMPUTER BEFORE FILLING IN THE FIELDS, THEN SAVE IT AGAIN BEFORE EMAILING IT OTHERWISE THE DATA MAY NOT BE RETAINED.

A COMPLETED REPORT AND A CERTIFICATE OF COMPLIANCE (IF APPLICABLE) MUST BE SENT TO THE OFFICE OF THE TECHNICAL REGULATOR BY THE TECHNICIAN WITHIN SEVEN DAYS OF COMPLETING THE WORK. WHEN COMPLETING THE REPORT, PLUMBERS MUST NOTE THAT:

1. ALL FIELDS ARE MANDATORY AND SHOULD BE COMPLETED BEFORE SUBMISSION.
2. THE LICENCE NUMBER QUOTED IS A PLUMBERS, GAS FITTERS AND ELECTRICIANS (PGE) NUMBER, NOT A BUILDING (BLD) NUMBER.

APPLICABLE LEGISLATION, STANDARDS AND GUIDELINES: OFFICE OF THE TECHNICAL REGULATOR UNDER THE WATER INDUSTRY REGULATIONS, AS 2845, AS3500.1.

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