

Inspection & maintenance report of registered air gap or break tank

Note: please use BLOCK LETTERS

Job N^o _____

Owner Occupier:		Authorised tester's name:	
Address:		Address:	
Suburb:	Postcode:	Suburb:	Postcode:
Contact:	Phone:	Licence No:	Phone:
Contact's title:		Test kit serial number:	
Date of test:		Test kit calibration date:	

☐ INITIAL TEST
 ☐ ANNUAL TEST
 ☐ REPLACEMENT

Tag ID:	Registration No of Tanker:	Model No:
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Location of assembly: _____

<input type="checkbox"/> REGISTERED AIR GAP	Installed by: _____
<input type="checkbox"/> REGISTERED BREAK TANK	

Size of inlet orifice (d)	mm	Size of air gap (h)	
Air Gap bridged or bypassed	YES <input type="checkbox"/> NO <input type="checkbox"/>		

Additional details for Break Tank:

Overflow cross-sectional area (a)	mm/sq
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Overflow free of obstructions:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Float control valve free of mechanical/corrosion damage:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Mechanical parts free of damage or wear:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Control valve operational:	YES <input type="checkbox"/> NO <input type="checkbox"/>

Testing/Installation Remarks: _____

Authorised tester's signature: _____ Date: _____

Owner/ Occupier's signature: _____ Date: _____