

## INSPECTION & MAINTENANCE REPORT OF REGISTERED AIR GAP OR BREAK TANK

Note: please use BLOCK LETTERS

Job N° \_\_\_\_\_

Owner Occupier:		Authorised tester's name:	
Address:		Address:	
Suburb:	Postcode:	Suburb:	Postcode:
Contact:	Phone:	Licence N°:	Phone:
Contact's title:		Test kit serial number:	
Date of test:		Test kit calibration date:	

INITIAL TEST     
  ANNUAL TEST     
  REPLACEMENT

Tag ID:	Registration N° of Tanker:	Model N°:
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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)	mm
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: \_\_\_\_\_