



Inspection and maintenance report of registered air gap or break tank

Please use BLOCK LETTERS

Job number _____

| | | | |
|----------------------|-----------|----------------------------|-----------|
| Owner/occupier name: | | Authorised tester's name: | |
| Address: | | Address: | |
| Suburb: | Postcode: | Suburb: | Postcode: |
| Contact: | Phone: | License number: | Phone: |
| Contact's title: | | Test kit serial number: | |
| Date of test: | | Test kit calibration date: | |

Initial test Annual test Replacement

| | | |
|---------|--------------------------------|---------------|
| Tag ID: | Registration number of tanker: | Model number: |
|---------|--------------------------------|---------------|

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 |
|-----------------------------------|-------|

| | |
|--|--|
| 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: _____

This form can be returned to: backflow@sew.com.au

Mail: South East Water Backflow Group PO Box 2268 Seaford VIC 3198