



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