

NORTH EAST WATER

REPORTING FORM FOR REGISTERED AIR GAP & REGISTERED BREAK TANK

Owner/Occupier of Property: Date:

Address:

Examined by: Certificate No.:

Contact Person: Phone No.:

Device Address:

Exact Device Location:

Please tick the appropriate box:

Device Type:

Registered air gap

Registered break tank

Registration serial No.:

Does the supply pipework have connections requiring backflow protection:

Yes No

Air Gap Details:

Size of inlet orifice. (d) mm

Size of air gap (h) mm

Air gap bridged or bypass Yes / No

Additional details for break tank:

Overflow cross-sectional area (a2) mm

Overflow details

Yes

No

Overflow free of obstructions

Float control valve free mechanical/corrosion damage

Mechanical parts free of damage or wear

Control valve operational

Pass

Fail

Remarks:

Certified Tester's Name (BLOCK LETTERS):

Certified Tester's Signature:

Certified Tester's Licence No.: