

BACKFLOW PREVENTION DEVICE TEST CERTIFICATE

**AIR GAP**

Use Tab to move to next field.

**Building Details:**

Building name:	
Block / level / unit number:	
*Street address:	
Suburb:	
Compliance Schedule No.:	
Water meter number:	

**Owner:**

*Name:	
Contact person:	
*Address:	
Phone number:	

**Occupier:**

Business name:	
*Contact person:	

Type of business:	
*Phone number:	

**Device Details:**

Protection:	Individual source <input type="checkbox"/>			Zone <input type="checkbox"/>			Boundary <input type="checkbox"/>		
Location:									
Supply pipe diameter:	mm			Required air gap:			mm		
Air gap unobstructed:	Yes <input type="checkbox"/> No <input type="checkbox"/>			Measured air gap:			mm		
Overflow type*:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>						
Air gap determined:	by observation of spill <input type="checkbox"/>				by calculation <input type="checkbox"/>				

**Comments:**

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**Test Result:**

Compliant

Non – compliant

**Tester Details:**

Name of tester:	
IQP No:	
Signature:	
Date of test:	

Company name:	
Company address:	

NOTE: This test report only constitutes an assessment of existing devices and does not mean ALL cross connections on the site have been addressed. Neither does it mean the existing devices are appropriate for the hazard. This must be addressed by an IQP (Survey). Cross connections are a major PUBLIC HEALTH RISK and are the owner's responsibility to ensure they are addressed.

\* required entry  
 \* see NZ backflow testing standard 2011 for definition of overflow types