

# APPROVED AIR-GAP SEPARATION REPORT

Premises Address: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact Phone No: \_\_\_\_\_  
Location of Air Gap Separation: \_\_\_\_\_  
Service Number: \_\_\_\_\_ Meter Number: \_\_\_\_\_ Date Installed: \_\_\_\_\_  
Type of Inspection: Initial \_\_\_\_\_ Annual \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

\_\_\_\_\_ Effective diameter of the supply pipe or opening  
\_\_\_\_\_ Near wall distance, if applicable  
\_\_\_\_\_ Height of supply opening above the flood-level rim

YES      NO

\_\_\_\_\_ An approved minimum air gap separation is provided  
\_\_\_\_\_ The air gap separation is not bypassed  
\_\_\_\_\_ There is no indication that the air gap separation has been bypassed

I certify that the air gap separation as described above was inspected by me on the date as indicated and the following findings were made:

COMMENTS: \_\_\_\_\_

INSPECTOR:

Signature \_\_\_\_\_ Printed Name: \_\_\_\_\_

Cert. Tester No: \_\_\_\_\_ Date: \_\_\_\_\_

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I certify that the foregoing inspection was performed on the date indicated and that the following statement is true. The air gap separation as described above has been in uninterrupted use during the entire prescribed interval between inspections and that during that period has not been bypassed or otherwise made ineffective.

Company Representative:  
Name (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_