

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: _____

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: _____