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| **CBJ Community Development Department**155 S. Seward Street – Juneau, AK 99801 Phone: 907-586-0770 Email: permits@juneau.org**Backflow Prevention Assembly Test Report** |
| Building: Address:City, State, Zip:Manufacturer: Type: Model: Size:  | Phone Number: Responsible Party: Cross Connection Controlled: Location: Serial Number:  |
|  | **INITIAL TEST RESULTS** | **TEST AFTER REPAIR OR CLEANING** |
| **RPBA****RPDA** | Line Pressure: psiPressure Drop AcrossNo. 1 Check Valve (A): psiRelief Valve Opened (B): psiBuffer (A-B): psiNo. 1 Check: PASS FAILNo. 2 Check: PASS FAILMinimum A/G Present? YES NOPassed Test? YES NO | Line Pressure: psiPressure Drop AcrossNo. 1 Check Valve (A): psiRelief Valve Opened (B): psiBuffer (A-B): psiNo. 1 Check: PASS FAILNo. 2 Check: PASS FAILMinimum A/G Present? YES NOPassed Test? YES NO |
| **DCVA****DCDA** | Line Pressure: psiNo. 1 Check: PASS FAILNo. 2 Check: PASS FAILPassed Test? YES NO | Line Pressure: psiNo. 1 Check: PASS FAILNo. 2 Check: PASS FAILPassed Test? YES NO |
| **PVB** | Line Pressure: psiAir Inlet: Opened psi Failed to OpenCheck Valve: Opened psi Failed to OpenPassed Test? YES NO | Line Pressure: psiAir Inlet: Opened psi Failed to OpenCheck Valve: Opened psi Failed to OpenPassed Test? YES NO |
| **AG** | Minimum Separation? YES NO | **RECORD REPAIRS, INSPECTION, & CLEAING INFO BELOW** |
| Proper Installation? YES NO Date tested: New Device/Replacement? YES NO Remarks: Test Equipment Make: Model: Serial Number:  Type: Accuracy Verification Date: I CERTIFY THE ABOVE REPORT TO BE TRUECertified Testers Name (Typed Or Printed): Phone Number: Initial Test By (Signature): Certification Number: Date: Repaired By: Certification Number: Date: Repair Test By: Certification Number: Date:  |
| **REMARKS MAY BE CONTINUED BELOW, IF REQUIRED** |
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