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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: psi  Pressure Drop Across  No. 1 Check Valve (A): psi  Relief Valve Opened (B): psi  Buffer (A-B): psi  No. 1 Check: PASS FAIL  No. 2 Check: PASS FAIL  Minimum A/G Present? YES NO  Passed Test? YES NO | Line Pressure: psi  Pressure Drop Across  No. 1 Check Valve (A): psi  Relief Valve Opened (B): psi  Buffer (A-B): psi  No. 1 Check: PASS FAIL  No. 2 Check: PASS FAIL  Minimum A/G Present? YES NO  Passed Test? YES NO |
| **DCVA**  **DCDA** | Line Pressure: psi  No. 1 Check: PASS FAIL  No. 2 Check: PASS FAIL  Passed Test? YES NO | Line Pressure: psi  No. 1 Check: PASS FAIL  No. 2 Check: PASS FAIL  Passed Test? YES NO |
| **PVB** | Line Pressure: psi  Air Inlet: Opened psi  Failed to Open  Check Valve: Opened psi  Failed to Open  Passed Test? YES NO | Line Pressure: psi  Air Inlet: Opened psi  Failed to Open  Check Valve: Opened psi  Failed to Open  Passed 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 TRUE  Certified 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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