

CBJ Community Development Department

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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, & CLEANING INFO BELOW

Proper Installation? YES NO
 New Device/Replacement? YES NO

Date tested: _____

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