



THE CITY OF HARRISONBURG
 CROSS CONNECTION AND BACKFLOW PREVENTION CONTROL PROGRAM
 409 SOUTH MAIN STREET
 HARRISONBURG, VIRGINIA 22801
 540-432-7700

PLEASE PRINT ALL INFORMATION PLAINLY EXCEPT WHERE A SIGNATURE IS REQUIRED

OWNER INFORMATION

NAME: _____

ADDRESS: _____ CITY: **HARRISONBURG** STATE: _____ ZIP: _____

BACKFLOW PREVENTION DEVICE LOCATION

STREET _____ LOCATION _____
 ADDRESS: _____ ON PREMISES: _____

BACKFLOW PREVENTION DEVICE INFORMATION

MFG/MAKE: _____ MODEL: _____ SERIAL NO: _____ SIZE: _____

SYSTEM TYPE [CHECK ONE]: BOILER DOMESTIC FIRE SUPPRESSION FIRE BYPASS METER HVAC LAWN IRRIGATION SWIMMING POOL
 OTHER* * DESCRIBE OTHER: _____

DOES THIS SYSTEM UTILIZE ANY CHEMICALS, SUCH AS GLYCOL? YES* NO *IF YES, WHAT? _____

CHECK TYPE: DOUBLE CHECK VALVE ASSEMBLY DOUBLE CHECK VALVE ASSEMBLY FOR FIRE PROTECTION SYSTEMS VALVE ASSEMBLY
 DOUBLE CHECKVALVE DETECTOR CHECK ASSEMBLY PRESSURE VACUM BREAKER SPILL RESISTANT PRESSURE VACUM BREAKER
 REDUCED PRESSURE PRINCIPAL REDUCED PRESSURE PRINCIPLE FOR FIRE PROTECTION SYSTEMS
 SINGLE CHECK VALVE ASSEMBLY FOR FIRE PROTECTION SYSTEMS (ONLY FOR CLASS 1 AND RESIDENTIAL PARTIAL FLOW THRU SYSTEMS)

HAZARD CATEGORY

CHECK ONE OF LOW (INVOLVES SUBSTANCE THAT CONSTITUTES A NUISANCE & RESULTS IN ONLY REDUCED AESTHETIC QUALITIES OF THE WATER)
 THE FOLLOWING: MEDIUM (ANY LOW HAZARD WITH LOW PROBABILITY OF BECOMING SEVERE HAZARD)
 HIGH (WATER WITH ADDITIVES OR SUBSTANCES THAT, UNDER ANY CONCENTRATION, CAN CREATE A DANGER TO HEALTH)

TEST RESULTS

INSPECTION DATE _____ STATUS: THE ASSEMBLY (CHECK ONE) PASSED FAILED*

*IF FAILED, WHY: _____

WAS THE DEVICE REPAIRED YES NO

WHAT REPAIR WAS DONE: _____

STATIC LINE PRESSURE		PSI	BUFFER ZONE PRESURE		PSI
CHECK VALVE #1	RELIEF VALVE		CHECK VALVE #2	PRESSURE VACUM BREAKER	
LEAKED	OPENED AT _____ PSI		LEAKED	AIR INLET	
CLOSED TIGHT	DIDN'T OPEN		CLOSED TIGHT	DID NOT OPEN _____ OR	
GAUGE PRESURE ACROSS	OUTLET SHUT-OFF VALVE		GAUGE PRESURE ACROSS	OPENED AT: _____ PSI	
CHECK VALVE #1	LEAKED		CHECK VALVE #2	CHECK VALVE	
PSID	CLOSED TIGHT		PSID	LEAKED _____ OR	
				HELD AT: _____ PSI	

PLEASE FILL OUT OTHER SIDE OF THIS DOCUMENT

TESTER INFORMATION

PRINT NAME OF TESTER:		COMPANY NAME:	
SIGNATURE OF TESTER:		TESTER CERTIFICATION NUMBER:	

TEST GAUGE INFORMATION

MFG/MAKE:	SERIAL NUMBER:	CALIBRATION DATE:
CALIBRATION COMPANY NAME:		

COMMENTS: