

CROSS CONNECTION INSPECTION & DEVICES FORM

Inspector: _____

Business Name: _____

Date: _____

Backflow Prevention Device Type**	Size	Manufacturer***	Model***	Serial #***	Locations & Remarks

** Specify the BFP Device Type: See other side for Device types and abbreviations

*** Note the Serial number assigned to the device by the manufacturer

DEVICE LEGEND

Device Code	Description	ASSE Standard	Testable Device
AFHBVB	Anti-Frost Hose Bibb Vacuum Breaker	1019	NO
AG	Air gap	NA	NO
AGD	Air Gap Device	NA	NO
ASBC	Anti-Siphon Ball Cock	1002	NO
AVB	Atmospheric Vacuum Breaker	1001	NO
CAP	Device and/or Piping Requires a Cap		NA
DC	Dual Check – NOT ALLOWED PER COMM 82.41	1024	NO
DCV	Double Check Valve assembly	1015	YES
DDCV	Double Detector Check Valve	1048	YES
ET	Expansion Tank		NA
FAUCET	Faucet		NA
FVB	Fixture Vacuum Breaker	1001	NO
HA	Hammer Arrester	1010	NA
HB	Hose Bibb		NA
HBVB	Hose Bibb Vacuum Breaker	1011	NO
HCPB	Hose Connection Backflow Preventer	1052	YES
LFDC	Lab Faucet Dual Check		NO
LFVB	Lab Faucet Vacuum Breaker	1035	NO
PVB	Pressure Vacuum Breaker	1020	YES
PRBP	Reduced Pressure Backflow Preventer Assembly	1013	YES
RPDA	Reduced Pressure Detector Assembly	1047	YES
SC	Single Check Valve		NO
SVB	Spill Proof Vacuum Breaker	1056	YES
VDCV	Vented Dual Check Valve	1012	NO
VMBP	Vending Machine Backflow Preventer	1022	NO

PLEASE RETURN FORMS TO:

GREEN BAY WATER UTILITY
 ATTN: JULIANNE ELSNER
 631 S. ADAMS STREET
 GREEN BAY, WI 54301

Email: julianneel@greenbaywi.gov