



### Backflow Prevention Tag

Device Installation Date:

Device Location:

Facility Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Device Type:

Device Make:

Device Model:

Device Serial No.:

Device Size: (inches)

RP  DCVA

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comment:

\_\_\_\_\_

Test Date:

Test Type:

Tester's Name  
(Please Print)

Tester's Company Name  
(Please Print)

Tester's OWWA #:

Test Result:

Tester's Initials:

\_\_\_\_\_ Annual  Repair

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Passed  Failed

\_\_\_\_\_

\_\_\_\_\_ Annual  Repair

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Passed  Failed

\_\_\_\_\_

\_\_\_\_\_ Annual  Repair

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Passed  Failed

\_\_\_\_\_

\_\_\_\_\_ Annual  Repair

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Passed  Failed

\_\_\_\_\_

\_\_\_\_\_ Annual  Repair

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Passed  Failed

\_\_\_\_\_

