



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

