



Backflow Prevention Test Tag

Installation Date: _____

Device Location: _____

Facility Address: _____



Device Type:

Device Make: _____

Device Model: _____

Device Serial No.: _____

Device Size: (inches) _____

RP DCVA Other

Comment: _____

Test Date: _____

Test Type:

Annual Repair

Annual Repair

Annual Repair

Annual Repair

Annual Repair

Tester's Name
(Please Print) _____

Tester's Company Name
(Please Print) _____

Tester's OWWA #: _____

Test Result:

Passed Failed

Passed Failed

Passed Failed

Passed Failed

Passed Failed

Tester's Initials: _____

