

Town of Collingwood

Backflow Prevention (705) 445-1581 Ext. 3321

Cross Connection and Backflow

Prevention Test Tag

DO NOT REMOVE TAG OR DEVICE

Town of Collingwood

Use Permanent Ink or Marker

Address: _____

Location: _____

Premise Hazard Classification: _____

Make: _____ Model: _____

Size: _____ Ser#: _____

RP(F) DCVA(F) (SR)PVB

Pass: Fail:

Test Date: _____

Qualified Contractor: _____

Certified Tester: _____

OWWA#: _____

Signature: _____