



**BACK FLOW PREVENTION NON-COMPLIANCE OBSERVATION FORM**

**Customer Information**

Business Name: \_\_\_\_\_ Water Meter #: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Address City State Zip

**Current Assembly Information**

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
Size: \_\_\_\_\_ Serial #: \_\_\_\_\_

**Type of Service**

- Containment
  - Domestic
  - Fire Protection
  - Irrigation
- Isolation
  - State equipment or system isolated \_\_\_\_\_

**Freeze Protected**

- Yes
- No
- N/A

Specify Physical Location: \_\_\_\_\_

**NON-COMPLIANCE ISSUE:**

Comments: \_\_\_\_\_

**REPORTED/OBSERVED BY**

Tech. Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Tech. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ CRR #: \_\_\_\_\_

Employer: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Address City State Zip

**SEND REPORTS TO**