

This document is provided to assist testers familiar with the City of Columbus Backflow Prevention Assembly Test Report in transitioning to use of the City's newly implemented on-line test submittal software. Refer to City of Columbus Submittal Instructions for On-line Software, on-line at www.columbus.gov/backflow/testers for detailed instructions regarding use of the new software.

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How to use this document

The City of Columbus, Division of Water *Backflow Prevention Assembly Test Report* consists of eight sections as shown in Figure 1. Each section in Figure 1 has been highlighted and given a letter from A-H.

Figure 1



BACKFLOW PREVENTION ASSEMBLY TEST REPORT
FAILED, ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

Please return to:
MAIL: City of Columbus, Division of Water
 Backflow Compliance
 918 Dublin Road (Building 918)
 Columbus, Ohio 43215-9052

Customer and Property Information – Please Print

PROPERTY ADDRESS: _____ Zip _____

BUSINESS NAME _____ **A**

CONTACT PERSON: _____ PHONE# _____ FAX# _____

Device Information – Please Print

NEW INSTALLATION EXISTING or REPLACEMENT OLD ASSEMBLY SERIAL NUMBER: _____

TYPE OF ASSEMBLY (CIRCLE ONE) AIR GAP RP DC PVB OTHER (SPECIFY) _____ **B**

MAKE OF ASSEMBLY: _____ MODEL: _____ SIZE: _____ SERIAL NO.: _____

What hazard is being isolated? (i.e. boiler, irrigation, complete building): _____

Describe location of assembly: _____

| | Double Check Assembly | | | | Reduced Pressure Assembly | | | Pressure Vacuum Breaker | | | | |
|--------------------------|-----------------------------|-------------------------------|-------------------------------|-------------------------------|-----------------------------|-------------------------------|-------------------------------|-------------------------------|-----------------|----------|-------------------------------|-------------------------------|
| Initial Test | Outlet Valve | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> | | 1 st Check Valve | ____psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> | Air Inlet Valve | ____psig | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| | 1 st Check Valve | ____psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> | Relief Valve Opening Point | ____psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> | Check Valve | ____psig | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| | 2 nd Check Valve | ____psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> | 2 nd Check Valve | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> | | | | | |
| | | | | | Outlet Valve | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> | | | | | |
| Repairs & Materials Used | C | | | | D | | | E | | | | |
| Re-Test After Repairs | Outlet Valve | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> | | 1 st Check Valve | ____psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> | Air Inlet Valve | ____psig | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| | 1 st Check Valve | ____psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> | Relief Valve Opening Point | ____psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> | Check Valve | ____psig | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> |
| | 2 nd Check Valve | ____psid | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> | 2 nd Check Valve | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> | | | | | |
| | | | | | Outlet Valve | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> | | | | | |

AIR GAP DETECTION:
 Required Air Separation Provided? Yes No **F**

Does the assembly meet proper piping installation requirements? YES NO

Assembly PASSED(____) FAILED(____) * **NO** ALL REPAIRS MUST BE COMPLETED WITHIN (10) DAYS

COMMENTS: _____ **G**

Certified Tester Information – Please Print

I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS TRUE AND ACCURATE.

Tester's Name (PRINTED): _____ Cert. #: _____

Test Equipment: Make: _____ Model _____ SN# _____ Cal. Date _____

Tester's CO. Name: _____ PH#: _____

Tester's Signature: _____ Date: _____ **H**

Figures 2-6 show the various sections enlarged. Each line or check box that requires input from the tester is numbered. Generally speaking, the same information on the paper form

will be entered into the electronic forms. The specific line number is a combination of the section letter and the line number. So for example, the PROPERTY ADDRESS shown in Figure 2

is Line A1. The device SERIAL NO. is Line B8. These line numbers will be referenced later in these instructions for filling out the web-based forms.

Figure 2

Cross-Reference Key – Customer and Property Information; Device Information



BACKFLOW PREVENTION ASSEMBLY TEST REPORT
FAILED, ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

Please return to:
**MAIL: City of Columbus, Division of Water
 Backflow Compliance
 918 Dublin Road (Building 918)
 Columbus, Ohio 43215-9052**

Customer and Property Information – Please Print

PROPERTY ADDRESS: _____ Zip _____

BUSINESS NAME _____

CONTACT PERSON: _____ PHONE# _____ FAX# _____

Device Information – Please Print

1 NEW INSTALLATION **2** EXISTING or REPLACEMENT **3** OLD ASSEMBLY SERIAL NUMBER: _____

TYPE OF ASSEMBLY (CIRCLE ONE) AIR GAP RP DC PVB OTHER (SPECIFY) **4** _____

MAKE OF ASSEMBLY: **5** _____ MODEL: **6** _____ SIZE: **7** _____ SERIAL NO.: **8** _____

What hazard is being isolated? (i.e. boiler, irrigation, complete building): **9** _____

Describe location of assembly: **10** _____

A

B

Figure 4
Cross-Reference Key – Reduced Pressure Assembly

on, complete building):

| D | | Reduced Pressure Assembly | | Pre |
|---|-------------------------------|--|--|------------|
| <input type="checkbox"/> | 1 st Check Valve | <u>1a</u> psid | Pass <input type="checkbox"/> Fail <input type="checkbox"/> 1b | |
| <input type="checkbox"/> | Relief Valve Opening Point | <u>2a</u> psid | Pass <input type="checkbox"/> Fail <input type="checkbox"/> 2b | C |
| <input type="checkbox"/> | 2 nd Check Valve | Pass <input type="checkbox"/> 3 | Fail <input type="checkbox"/> | |
| | Outlet Valve | Pass <input type="checkbox"/> 4 | Fail <input type="checkbox"/> | |
| 5 | | | | |
| <input type="checkbox"/> | 1 st Check Valve | <u>6a</u> psid | Pass <input type="checkbox"/> Fail <input type="checkbox"/> 6b | |
| <input type="checkbox"/> | Relief Valve Opening Point | <u>7a</u> psid | Pass <input type="checkbox"/> Fail <input type="checkbox"/> 7b | C |
| <input type="checkbox"/> | 2 nd Check Valve | Pass <input type="checkbox"/> 8 | Fail <input type="checkbox"/> | |
| | Outlet Valve | Pass <input type="checkbox"/> 9 | Fail <input type="checkbox"/> | |
| requirements: YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |
| *) *NOTE. ALL REPAIRS MUST BE COMPLETE | | | | |

Figure 5

Cross-Reference Key – Pressure Vacuum Breaker; Air Gap Inspection

| | | | |
|--|--|------------------------|--|
| E | | | |
| Pressure Vacuum Breaker | | | |
| <input type="checkbox"/> <input type="checkbox"/> | Air Inlet Valve | 1a ____ psig | Pass <input type="checkbox"/> Fail 1b <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> | Check Valve | 2a ____ psig | Pass <input type="checkbox"/> Fail 2b <input type="checkbox"/> |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | 3 | | |
| <input type="checkbox"/> <input type="checkbox"/> | Air Inlet Valve | 4a ____ psig | Pass <input type="checkbox"/> Fail 4b <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> | Check Valve | 5a ____ psig | Pass <input type="checkbox"/> Fail 5b <input type="checkbox"/> |
| <input type="checkbox"/> | F AIR GAP INSPECTION: | | |
| <input type="checkbox"/> | Required Air Gap Separation Provided? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> | | |

Figure 6
Cross-Reference Key – Assembly Status; Certified Tester Information

| | | | | |
|---|--|--|-----------------------------|----------|
| Does the assembly meet proper pining installation requirements? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 1 |
| Assembly PASSED(2a) FAILED(2b) | | * NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN (10) DAYS | | |
| COMMENTS: _____ | | 3 | G | |

Certified Tester Information – Please Print

I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS TRUE AND ACCURATE.

Tester's Name (PRINTED): _____ **1** Cert. #: _____ **2**

Test Equipment: Make: _____ **3** Model _____ **4** SN# _____ **5** Cal. Date _____ **6**

Tester's CO. Name: _____ **7** PH#: _____ **8**

Tester's Signature: _____ **9** Date: _____ **10**

H

Using the On-Line Application

Refer to the Backflow Assembly Testing, City of Columbus Submittal Instructions on the Columbus web site, at www.columbus.gov/backflow/testers for

detailed instructions on use of the software, including log in instructions. The following screen-captures from the software show what information is required and where

that information previously would have been recorded on the old forms. The same information entered on the old forms is required when filling out the on-line forms.

Figure 7
Device Profile Search

The screenshot shows the 'Device Profile Search' web application interface. At the top left is the City of Columbus logo and the text 'DIVISION OF WATER, BACKFLOW COMPLIANCE OFFICE' and 'BACKFLOW PREVENTION ASSEMBLY TEST REPORT SUBMITTAL PORTAL'. To the right are navigation buttons: 'Main', 'Add Test', 'Review Tests', and 'Logout'. Below the header, it says 'George Meyers is logged in with City of Columbus'. A yellow box contains an update notice: 'UPDATED 8/28/15. Web entry is only for existing or replacement devices. Verify the serial# on the device matches the customer notice. Search for the device below using the serial# and building# (no street name). If multiple addresses share a meter, search using the address on the notice. The Device Building Number Search Key available at http://www.columbus.gov/backflow/testers/ lists all valid serial#/building# combinations. Call us at (614) 645-6674 if no device is found or for new devices.' The main search area is titled 'Device Profile Search' and contains several input fields. A legend indicates '* Indicates Required Field'. The 'Serial Number' field is highlighted in yellow and contains the text 'From device or Test Report line B8'. The 'House/Building Number' field is highlighted in red and contains the text 'Number only, from Test Report line A1'. Below these are two 'Hazard #' fields, one of which is preceded by '--- OR ---'. At the bottom right, there is a green 'Locate Device' button and a blue 'Clear Form' link.

THE CITY OF COLUMBUS
MICHAEL B. COLEMAN, MAYOR
DEPARTMENT OF PUBLIC UTILITIES

DIVISION OF WATER, BACKFLOW COMPLIANCE OFFICE
BACKFLOW PREVENTION ASSEMBLY TEST REPORT SUBMITTAL PORTAL

[Main](#) [Add Test](#) [Review Tests](#) [Logout](#)

George Meyers is logged in with City of Columbus

UPDATED 8/28/15. Web entry is only for existing or replacement devices. Verify the serial# on the device matches the customer notice. Search for the device below using the serial# and building# (no street name). If multiple addresses share a meter, search using the address on the notice. The Device Building Number Search Key available at <http://www.columbus.gov/backflow/testers/> lists all valid serial#/building# combinations. Call us at (614) 645-6674 if no device is found or for new devices.

Device Profile Search

* Indicates Required Field

* Serial Number

* House/Building Number

--- OR ---

*Hazard #

--- OR All Hazards at Site ---

Hazard #

or [Clear Form](#)

Figure 8
Verify Site Profile



DIVISION OF WATER, BACKFLOW COMPLIANCE OFFICE
BACKFLOW PREVENTION ASSEMBLY TEST REPORT SUBMITTAL PORTAL

[Main](#)

[Add Test](#)

[Review Tests](#)

[Logout](#)

George Meyers is logged in with City of Columbus

If the information below is complete and accurate, check "This is Correct." If information is missing or inaccurate, check "Make Changes." Use the decimal system for Size (0.50=1/2"; 0.75=3/4"; etc). If you are replacing the backflow preventer, check "Replace Device" and enter Serial Number, Manufacturer, Model, Type, and Size for the replacement device. Once all information is confirmed or corrected click on the "Confirm and Enter Results" button.

Verify Site Profile
Test Report line B2

This is Correct
 Make Changes
 Last Test Date: 02/09/2015
 Replace Device

| | | |
|---------------|----------------------|---------------------------------|
| Address | 910 DUBLIN RD UNIT B | Test Report line A1 |
| Customer | DIVISION OF WATER | Test Report line A3 |
| Location | 940 DUBLIN RD | Test Report line B10 |
| Hazard | Softener | Test Report line B9 |
| Meter Number | VACATION | Model 009M3 Test Report line B6 |
| Serial Number | 242516 | Type RP Test Report line B4 |
| Manufacturer | WATTS | Size 0.75 Test Report line B7 |

Confirm and Enter Results
or [Cancel](#)

Figure 9
Test Data Entry, Device Type DC/DCDA

UPDATED 8/28/15. YOU MUST SELECT THE TEST KIT USED FOR THE TEST. Please enter the test results in "Initial Test." The Final Test section should only be used following repairs. IF NO REPAIRS ARE MADE, LEAVE THE REPAIR AND FINAL TEST SECTIONS BLANK. Click the "Save Test Data" box at the bottom to save data or click "Cancel" to return to the previous screen. Saving a test does not submit results to our office. Go to the next screen to submit tests. Questions? (614) 645-6674

Test Data Entry

Serial Number: 1302351103 **Device Type: DCDA** Address: 1000 N HAGUE AVE - METER PIT NORTH SIDE OF DRIVEWAY

| Initial Test | Check Valve #1 | Check Valve #2 |
|--|--|--|
| <input type="radio"/> Pass <input type="radio"/> Fail <input type="text" value="Test Report line H10"/> MM/DD/YYYY | <input type="radio"/> Leaked <input type="text" value="C2b"/> <input type="radio"/> Closed Tight Held at <input type="text" value="C2a"/> PSID | <input type="radio"/> Leaked <input type="text" value="C3b"/> <input type="radio"/> Closed Tight Held at <input type="text" value="C3a"/> PSID |
| <input type="text" value="Test Report line H10"/> <input type="checkbox"/> Cleaned <input type="checkbox"/> Rubber <input type="checkbox"/> Rebuild | <input type="text" value="Test Report line C4"/> | |
| Final Test | Check Valve #1 | Check Valve #2 |
| <input type="checkbox"/> Pass <input type="text" value="Test Report line H10"/> | <input type="checkbox"/> Closed Tight <input type="text" value="C6b"/> Held at <input type="text" value="C6a"/> PSID | <input type="checkbox"/> Closed Tight <input type="text" value="C7b"/> Held at <input type="text" value="C7a"/> PSID |
| Proper Installation <input type="radio"/> Yes <input type="radio"/> No <input type="text" value="Test Report line G1"/> | #2 Shutoff <input type="radio"/> Leaked <input type="radio"/> Closed Tight <input type="text" value="Test Report line C5 or C1"/> | |
| Test Kit | Comments | |
| <input type="text" value="1234567"/> <input type="text" value="Test Report H3-H6"/> | <input type="text" value="Test Report line G3"/> | |

* I understand that I must provide a signed copy of the completed test report to the property owner and/or person in charge of premise.
 * I certify that all information entered in this report is true and accurate.
 * I certify that the test kit used was calibrated no more than 12 months before testing. N/A for air gap inspections.
 * I certify that all certifications and registrations required to be a backflow tester within the City of Columbus are current.

or [Cancel](#)

Figure 10
Test Data Entry, Device Type RP/RPDA

UPDATED 8/28/15. YOU MUST SELECT THE TEST KIT USED FOR THE TEST. Please enter the test results in "Initial Test." The Final Test section should only be used following repairs. IF NO REPAIRS ARE MADE, LEAVE THE REPAIR AND FINAL TEST SECTIONS BLANK. Click the "Save Test Data" box at the bottom to save data or click "Cancel" to return to the previous screen. Saving a test does not submit results to our office. Go to the next screen to submit tests. Questions? (614) 645-6674

Test Data Entry

Serial Number: 24251 **Device Type: RP** Address: 910 DUBLIN RD UNIT B - 940 DUBLIN RD

| Initial Test | Check Valve #1 | Check Valve #2 | Relief Valve |
|--|--|--|--|
| <input type="radio"/> Pass <input type="radio"/> Fail Date: <input type="text" value="Test Report line H10"/> MM/DD/YYYY | <input type="radio"/> Leaked <input type="radio"/> Closed Tight Held at: <input type="text" value="D1a"/> SID | <input type="radio"/> Leaked <input type="radio"/> Closed Tight Held at: <input type="text" value="PSID"/> PSID | <input type="checkbox"/> Did not Open Opened at: <input type="text" value="D2a"/> |

Test Report line G2a/G2b
 D1b
 Line D3
 Test Report line D2b

| Repaired | Enter Repair Details Below |
|--|---------------------------------|
| Date: <input type="text" value="Test Report line H10"/> <input type="checkbox"/> Cleaned <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Rebuild | <input type="text" value="D5"/> |

| Final Test | Check Valve #1 | Check Valve #2 | Relief Valve |
|--|--|--|--|
| <input type="checkbox"/> Pass Date: <input type="text" value="Test Report line H10"/> | <input type="checkbox"/> Closed Tight Held at: <input type="text" value="D6a"/> SID | <input type="checkbox"/> Closed Tight Held at: <input type="text" value="PSID"/> PSID | <input type="checkbox"/> Opened at: <input type="text" value="PSID"/> PSID |

Test Report line H10
 D6b
 Line D8
 Test Report line D7a

| Details |
|---|
| Proper Install: <input type="radio"/> Yes <input type="radio"/> No #2 Shutoff: <input type="radio"/> Leaked <input type="radio"/> Closed Tight |

Test Report line G1
 Test Report line D9

| Test Kit | Comments |
|--|--|
| <input type="text" value="1234567"/> <input type="text" value="Test Report H3-H6"/> | <input type="text" value="Test Report line G3"/> |

* I understand that I must provide a signed copy of the completed test report to the property owner and/or person in charge of premise.
 * I certify that all information entered in this report is true and accurate.
 * I certify that the test kit used was calibrated no more than 12 months before testing. N/A for air gap inspections.
 * I certify that all certifications and registrations required to be a backflow tester within the City of Columbus are current.

or [Cancel](#)

Figure 11
Test Data Entry, Device Type PVB/SVB

UPDATED 8/28/15. YOU MUST SELECT THE TEST KIT USED FOR THE TEST. Please enter the test results in "Initial Test." The Final Test section should only be used following repairs. IF NO REPAIRS ARE MADE, LEAVE THE REPAIR AND FINAL TEST SECTIONS BLANK. Click the "Save Test Data" box at the bottom to save data or click "Cancel" to return to the previous screen. Saving a test does not submit results to our office. Go to the next screen to submit tests. Questions? (614) 645-6674

Test Data Entry

Serial Number: 649933 **Device Type: PVB** Address: 910 DUBLIN RD UNIT B - 940 DUBLIN RD

| Initial Test | PVB/SVB |
|--|---|
| <input type="radio"/> Pass <input type="radio"/> Fail Date: <input type="text"/> MM/DD/YYYY Test Report line G2a/G2b Test Report line H10 | Air Inlet <input type="checkbox"/> Did Not Open <input type="checkbox"/> Opened E1a PSID <input type="checkbox"/> Opened Fully Check Valve <input type="checkbox"/> Leaked <input type="checkbox"/> Held E2a PSID Test Report line E1b Test Report line E2b |
| Repaired | Enter Repair Details Below |
| Date: <input type="text"/> MM/DD/YYYY <input type="checkbox"/> Cleaned <input type="checkbox"/> Rubber Keyed <input type="checkbox"/> Rebuild Test Report line H10 Test Report line E3 | |
| Final Test | PVB/SVB |
| <input type="checkbox"/> Pass Date: <input type="text"/> MM/DD/YYYY Test Report line H10 | Air Inlet <input type="checkbox"/> Opened Fully <input type="checkbox"/> Opened E4a PSID Check Valve <input type="checkbox"/> Held E5a PSID Test Report line E4b |
| Details | |
| Proper Install <input type="radio"/> Yes <input type="radio"/> No Test Report line G1 | #2 Shutoff <input type="radio"/> Leaked <input type="radio"/> Closed Tight |
| Test Kit | Comments |
| <input type="text"/> 1004567 Test Report H3-H6 | Test Report line G3 |
| <input type="checkbox"/> * I understand that I must provide a signed copy of the completed test report to the property owner and/or person in charge of premise. <input type="checkbox"/> * I certify that all information entered in this report is true and accurate. <input type="checkbox"/> * I certify that the test kit used was calibrated no more than 12 months before testing. N/A for air gap inspections. <input type="checkbox"/> * I certify that all certifications and registrations required to be a backflow tester within the City of Columbus are current. | |
| <input type="button" value="Save Test Data"/> or Cancel | |

Figure 12
Test Data Entry, Air Gap Inspection

UPDATED 8/28/15. YOU MUST SELECT THE TEST KIT USED FOR THE TEST. Please enter the test results in "Initial Test." The Final Test section should only be used following repairs. IF NO REPAIRS ARE MADE, LEAVE THE REPAIR AND FINAL TEST SECTIONS BLANK. Click the "Save Test Data" box at the bottom to save data or click "Cancel" to return to the previous screen. Saving a test does not submit results to our office. Go to the next screen to submit tests. Questions? (614) 645-6674

Test Data Entry

Serial Number: 111111100 **Device Type: AG** Address: 1100 DUBLIN RD - ABOVE 3 COMPARTMENT SINK

Air Gap Supply Diameter Separation

Initial Test

Pass Fail

Test Report line F1

Date

MM/DD/YYYY

Comments

Test Report line G3

- * I understand that I must provide a signed copy of the completed test report to the property owner and/or person in charge of premise.
- * I certify that all information entered in this report is true and accurate.
- * I certify that the test kit used was calibrated no more than 12 months before testing. N/A for air gap inspections.
- * I certify that all certifications and registrations required to be a backflow tester within the City of Columbus are current.

Save Test Data or [Cancel](#)