

BACKFLOW ASSEMBLY TESTING
City of Columbus Submittal Instructions
for On-line Software
May 21, 2015

As an approved certified backflow assembly tester for the City of Columbus, Division of Water you are required to submit test results to our office within 5 days of testing using our on-line portal. You are also required to provide the customer with a copy of the test report. Only tests for City of Columbus Division of Water customers may be submitted to our office. Test reports for customers served by other public water systems (e.g. Westerville, DelCo, Gahanna, Reynoldsburg, Bexley, Obetz, etc.) will be rejected. Please verify with your customer which public water system serves their property (i.e. who they get their bills from) prior to testing.

Not all backflow prevention assemblies are regulated by Division of Water. Devices required by plumbing code are typically regulated by the local building department, which in Columbus is the Department of Building and Zoning Services. Only tests for devices regulated by the Division of Water must be submitted to our office. Refer to the Verify Site Profile section of this document, Device Status field for more information. Test reports not required by our office should be provided to the customer for their records.

This document provides step by step guidance on use of the on-line portal. Please also refer to the Test Report Form Cross Reference document, available at www.columbus.gov/backflow/testers, for guidance on where information previously entered on the Backflow Prevention Assembly Test Report form should be entered using the on-line software.

The layout of this document follows the basic steps needed to submit test results to the City of Columbus. It also indicates which parts of the on-line forms are required and which are optional. Please contact the Backflow Compliance Office at backflow@columbus.gov or (614) 645-6674 if you have any questions.

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The web site for on-line submittal is located at <https://columbus.tokaytest.com/>. The web site can be accessed by most electronic devices (desktop computer, tablet, smart phone, etc.) using most common web browsers.

LOGGING IN

Only testers approved by the Division of Water Administrator will be provided a User Name and Password to access the site. Failure to maintain up to date documentation with the Backflow Compliance Office (BCO) for credentials required for tester approval (DOC certification, gage calibration, etc.) will result in your login credentials being deactivated. Credentials are checked daily.

Log in to the web site using the User Name and Password assigned to you by the BCO. This will be e-mailed to you once the BCO has approved you to test devices. You must provide our office with a valid e-mail address to obtain your User Name and Password. A view of the login screen is shown below.



The screenshot shows the login interface for the Backflow Prevention Assembly Test Report Submittal Portal. At the top left, it features the City of Columbus logo and the Department of Public Utilities. A blue header bar contains the text: "DIVISION OF WATER, BACKFLOW COMPLIANCE OFFICE" and "BACKFLOW PREVENTION ASSEMBLY TEST REPORT SUBMITTAL PORTAL". In the top right corner, it says "version 2.0.15". The main content area contains a warning message: "Only testers approved by the Backflow Compliance Office may access this web site. Login credentials will be DEACTIVATED if testers fail to maintain up to date documentation with the Backflow Compliance Office, including proof of: ODOC backflow tester certification; Columbus Department of Building and Zoning Services registration; Columbus Backflow Compliance Office registration; and gage calibration within 12 months of test date. Call us at (614) 645-6674 with questions". Below this message is a login form with fields for "User Name" and "Password", a checkbox for "Remember me on this computer", and a "Login" button.

If you forget your User Name or Password you will need to contact our office at backflow@columbus.gov or (614) 645-6674 to have your login information e-mailed to you.

If your login credentials are deactivated for any reason please contact our office at backflow@columbus.gov or (614) 645-6674. Prior to contacting our office please review the Testers Credentials List at www.columbus.gov/backflow/testers to determine if a lapsed credential was the cause of deactivation. Upon resolution of the issue that resulted in deactivation, expect an additional one to three business days to reactivate your account.

Once you have logged into the application a screen will appear as shown below. Confirm that the name and company name indicated are yours. If you are registered with more than one company you will be given a unique username and password for each.



ENTERING TEST RESULTS

The first step in entering test results is to add a new test. Click on the [Add Test](#) link.



Clicking on the [Add Test](#) link will open the Device Profile Search page.

Device Profile Search

To ensure that you are testing the correct device, it is very important that you obtain the device serial number, the property address, and the location that are provided to the owner on the back of their notification letter from the City of Columbus. This information is also required to look up the device from the Backflow Compliance Office database. **If the serial number and house/building number are not entered exactly as they appear on the customer's letter you will not be able to submit the test results.** We suggest that you obtain this information from the owner at the time of scheduling the test.

A list of serial numbers and building numbers is also available on the Tester's Page of the City web site at www.columbus.gov/backflow/testers. On the web site, look for the *Device Building Number Online Search Key*. Because serial numbers may be duplicated on different makes or models of devices it may be necessary to perform additional verification if using this list.

- a) **Serial Number** – Located on device. Confirm that this matches the serial number on the letter sent to the owner and that you are testing the correct device. If not, refer to Troubleshooting/FAQs.
- b) **House/Building Number** – Numeric portion only of street address. For example if the address is 910 Dublin Road you would enter 910. Obtain this number from the “Property Address” line on the back of the letter sent to the owner. Please note that for master metered properties with multiple buildings or businesses the “Property Address” may be different than the address at the location of the assembly. Use the number on the form sent to the owner. If the location address is different, it will often be listed on the “Describe location of assembly” line on the back of the owner’s letter.
- c) **Hazard #** - BCO unique tracking number. Not needed if Serial Number and House/Building Number are known. Hazard # is available in the Device Building Number Online Search Key available at www.columbus.gov/backflow/testers. Future plans are to provide this number to device owners with the annual test due notice.
- d) **Show All Hazards as Site** – Click this box to return a list of all backflow preventers in our database.
- e) **Locate Device** – Once the serial number and house/building number have been entered, click this button to search the database for the device that requires its annual test.
- f) **Clear Form** – Click this button to empty the contents of the cells.

Verify Site Profile

Once the correct serial number and house/building number are entered, selecting “Locate Device” will bring up the “Verify Site Profile” screen, as shown below. Refer to “Troubleshooting/FAQ” at the end of this document if you are having difficulty locating the device in the database.

Review the information on this screen, and update as necessary. **Please note that any changes made will be submitted to our office when you *Confirm and Enter Results*, regardless of whether you submit a test.**

Updated 5/3/2018. We only require submittal for tests with Device Status "Active". For devices not found in the system e-mail the address, serial number and type to backflow@columbus.gov. Suggested changes will be reviewed prior to acceptance. For replacements check "Replace Device" and select/enter Serial Number, Manufacturer, Model, Type, and Size for the replacement. Once all information is confirmed or corrected click on "Confirm and Enter Results".

Verify Site Profile

No Changes Suggest Changes Replace Device Last Test Date: 01/17/2018 Last Test Status: Pass Next Test Due: 01/17/2019

a Contact

Address 91 JEFFERSON AVE **d**

Customer THE JEFFERSON CENTER **e**

Location S.W. CORNER OF BUILDING IN UTILITY ROOM **f**

Hazard Containment for Fire or Dom **g**

Meter Number 33702516 **h**

Device Status Active **i**

Serial Number **j**

Manufacturer -- Select -- **k**

Model -- Select -- **l**

Type -- Select -- **m**

Size -- Select -- **n**

Protection Type -- Select -- **o** Containment

Bypass **p**

q or **r**

- a) **No Changes** – This is the default. If all of the information on this screen is correct leave this button checked.
- b) **Suggest Changes** – If any information is incorrect, select this button and enter your corrections. We will review proposed changes before updating the database. Corrections of typographical errors for the serial number (e.g. correcting a missing or incorrect digit) should be made using this feature.
- c) **Replace Device** – If the device that the test is requested for has been replaced (by you or others) since the last test, check this button and enter the relevant information for the replacement device (serial number, manufacturer, model number, type, and size).
- d) **Address** – Account address listed on the form on the back of the owner’s notification letter. This is the address in our billing system and cannot be changed by the tester. For master metered properties the account address may be different than the building or unit address where the device is located. Meter vaults also have their own account address that differs from the building address.

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- e) **Customer** – Customer or business name listed in DPU’s customer billing system and cannot be changed by tester.
- f) **Location** – Description of the location of the device. Please supplement if more detail is necessary. If the building number differs from the mailing address, please note the building address here.
- g) **Hazard** – Description of the hazard that requires the backflow prevention assembly. If the backflow preventer is at the outlet of the meter on a domestic/combined service line the description should be “Service line – domestic/combined”. For an RPDA or DCDA at the end of a fire-only service the description should be “Service line – fire”. See also o) below.
- h) **Meter Number** – Informational. Serial number of the water meter on the service line that feeds this installation. You are not expected to verify this information. At sites with multiple meters the meter number may not correspond to the correct service line.
- i) **Device Status** – Indicates which backflow prevention assemblies are actively tracked/enforced by DOW. Please only submit tests for devices with status “Active”. Status “Not Required by DOW” indicates that we have determined that this device is not required by our rules and regulations. Consult with the local building department to determine if this is required by plumbing code.
- j) **Serial Number** – Serial number of the backflow prevention device per our database. If this number does not match the device you are testing refer to the Troubleshooting/FAQ section for guidance on verifying/updating information.
- k) **Manufacturer** – Manufacturer of backflow prevention assembly. Also referred to as “make of assembly.” If making changes please select from the pull down list. If the value needed is not in the list enter it in the box to the right.
- l) **Model** – Manufacturer’s model number. If making changes please select from the pull down list. If the value needed is not in the list enter it in the box to the right.
- m) **Type** – Type of device. Acceptable values are: **RP** – reduced pressure; **RPDA** – reduced pressure, detector assembly; **DC** – double check; **DCDA** – double check, detector assembly; **PVB** – pressure vacuum breaker; **SVB** – spill resistant vacuum breaker; **Airgap** – air gap. If this value must be changed, please enter the abbreviations provided here. The abbreviations are used by the software to direct you to the correct data entry screen. For low pressure sustaining devices on booster pumps the acceptable values are: **LPC** – low pressure cutoff switch; **LST** – low suction discharge throttling valve; and **VSS** – variable speed suction limiting control. If the value needed is not in the list enter it in the box to the right.
- n) **Size** – Nominal size of inlet and outlet piping to the backflow prevention assembly. If the value needed is not in the list enter it in the box to the right.
- o) **Protection type** – “Containment” refers to protection of the public water system by containing all hazards with a backflow preventer at the end of the service line (typically at the outlet of the meter). “Isolation” refers to isolating a specific non-potable source from the private potable plumbing system. DOW authority is focused on protection of the public water system. Building code, enforced by others, is focused on protection of the private plumbing system. In some cases a single device is regulated by DOW and plumbing code.
- p) **Confirm and Enter Results** – Click this button to confirm values or save changes. Once you have confirmed, changes will be submitted to our office regardless of whether you continue to the next step to submit test data. All changes are proposed until reviewed and accepted by BCO staff.

Please note, your login session may be closed automatically if you are inactive for more than 30 minutes. Data entered but not saved will be lost.

q) **Cancel** – Clears any changes and returns you to the prior (Device Profile Search) screen.

Test Data Entry, Device Type: RP or RPDA

Please note, your login session may be closed automatically if you are inactive for more than 5 minutes. Data entered but not saved will be lost. We recommend that you save your work frequently.

For reduced pressure principle devices the following screen appears. Items in yellow are not tracked by the BCO.

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: 242516 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 a	<input type="radio"/> Leaked c <input type="radio"/> Closed Tight	<input type="radio"/> Leaked e <input type="radio"/> Closed Tight	Did not Open <input type="checkbox"/> g
Date <input type="text"/> b MM/DD/YYYY	Held at <input type="text"/> d PSID	Held at <input type="text"/> f SID	Opened at <input type="text"/> h PSID

Repaired **Enter Repair Details Below**

Date **i**

Cleaned **j**
 Rubber Kit
 Rebuild

k

Final Test	Check Valve #1	Check Valve #2	Relief Valve
Pass <input type="checkbox"/> l	<input type="checkbox"/> Closed Tight n	<input type="checkbox"/> Closed Tight p	Opened at <input type="text"/> r PSID
Date <input type="text"/> m	Held at <input type="text"/> o PSID	Held at <input type="text"/> q SID	

Details

Proper Install Yes **s** No

#2 Shutoff Leaked **t** Closed Tight

Test Kit 1234567 **u**

Comments **v**

w 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.

x or **y**

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Initial Test

- a) **Pass/Fail** – Mandatory. Indicates if device passed or failed the initial test.
- b) **Date** – Mandatory. Date of initial test. Select value from the pop-up calendar.

Initial Test, Check Valve #1

- c) **Leaked/Closed Tight** – Mandatory. Indicate if Check Valve #1 leaked (failed) or closed tight (passed).
- d) **Held at ____ PSID** – Mandatory. Enter the test PSID for Check Valve #1.

Initial Test, Check Valve #2

- e) **Leaked/Closed Tight** – Mandatory. Indicate if Check Valve #2 leaked (failed) or closed tight (passed).
- f) **Held at ____ PSID** – Data entry optional. Enter the test PSID for Check Valve #2.

Initial Test, Relief Valve Mandatory

- g) **Did not Open** – Check this box if the relief valve did not open at the required PSID.
- h) **Opened at ____ PSID** – Enter the test PSID when the relief valve opened.

Repaired – Mandatory to fill in this section if repairs were made. Leave blank if no repairs.

- i) **Date** – Date repairs were completed. Select value from the pop-up calendar.

Enter Repair Details for Specific Assemblies Below – Mandatory to fill in this section if repairs were made. Leave blank if no repairs.

- j) **Cleaned/Rubber Kit/Rebuild** – Select box that best describes the nature of the repairs.
- k) **Comments** – Describe repairs.

Final Test – Only fill in this section after repairs are made and the device passes all tests. If no repairs were made this section should be left blank.

- l) **Pass** – Check this box only if repairs were made and tests show the device is now functioning properly.
- m) **Date** – Date the final test was performed that showed the device as functional.

Final Test, Check Valve #1 – Only fill in this section after repairs are made and the device passes all tests.

- n) **Closed Tight** – Check this box only if repairs were made and tests show that Check Valve #1 is now functioning properly.
- o) **Held at ____ PSID** – Enter the test PSID for Check Valve #1.

Final Test, Check Valve #2 – Only fill in this section after repairs are made and the device passes all tests.

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- p) **Closed Tight** – Check this box only if repairs were made and tests show that Check Valve #2 is now functioning properly.
- q) **Held at ____ PSID** – Data not tracked by BCO but the software may require an entry to continue. Enter the test PSID for Check Valve #2. If the PSID was not recorded, enter 0.0.

Final Test, Relief Valve – Only fill in this section after repairs are made and the device passes all tests.

- r) **Opened at ____ PSID** – Enter the test PSID when the relief valve opened.

Details

- s) **Proper Install, Yes/No** – Mandatory. Does the assembly meet proper piping installation requirements?
- t) **#2 Shutoff, Leaked/Closed Tight** – Mandatory. Did the outlet valve leak (fail) or close tight (pass)?

Test Kit

- u) Mandatory. Select the serial number for the test kit used for the test. Test kits must be registered with the BCO. Test kits may not be used if it has been more than 12 months since it was last calibrated.

Comments

- v) Data entry optional. Provide any comments.
- w) **Certification** – Tests cannot be submitted to the Backflow Compliance Office until you have checked the box acknowledging the four certification statements are true.
- x) **Save Test Data** – Temporarily saves test data until you are ready to submit test results to the BCO. Your login session may be closed automatically if you are inactive for more than 5 minutes. Data entered but not saved will be lost. We recommend that you save your work frequently.
- y) **Cancel** – Clicking this button discards any unsaved changes and returns you to the prior (“Verify Site Profile”) screen.

Test Data Entry, Device Type: DC or DCDA

For double check devices the following screen appears. Items in yellow are not tracked by the BCO.

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 a Date <input type="text"/> b MM/DD/YYYY	<input type="radio"/> Leaked c <input type="radio"/> Closed Tight Held at <input type="text"/> PSID d	<input type="radio"/> Leaked e <input type="radio"/> Closed Tight Held at <input type="text"/> PSID f
Repaired Date <input type="text"/> g	Enter Repair Details Below <input type="checkbox"/> Cleaned h <input type="checkbox"/> Rubber Kit i <input type="checkbox"/> Rebuild	
Final Test	Check Valve #1	Check Valve #2
<input type="checkbox"/> Pass j Date <input type="text"/> k	<input type="checkbox"/> Closed Tight l Held at <input type="text"/> PSID m	<input type="checkbox"/> Closed Tight n Held at <input type="text"/> PSID o
Details		
Proper Install <input type="radio"/> Yes <input type="radio"/> No p	#2 Shutoff <input type="radio"/> Leaked <input type="radio"/> Closed Tight q	
Test Kit	Comments	
<input type="text" value="1234567"/> r	<input type="text"/> s	
<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. t		
<input type="button" value="Save Test Data"/> or <input type="button" value="Cancel"/> u v		

Initial Test

- a) **Pass/Fail** – Mandatory. Indicates if device passed or failed the initial test.
- b) **Date** – Mandatory. Date of initial test. Select value from the pop-up calendar.

Initial Test, Check Valve #1

- c) **Leaked/Closed Tight** – Mandatory. Indicate if Check Valve #1 leaked (failed) or closed tight (passed).
- d) **Held at ____ PSID** – Mandatory. Enter the test PSID for Check Valve #1.

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Initial Test, Check Valve #2

- e) **Leaked/Closed Tight** – Mandatory. Indicate if Check Valve #2 leaked (failed) or closed tight (passed).
- f) **Held at ____ PSID** – Mandatory. Enter the test PSID for Check Valve #2.

Repaired – Mandatory to fill in this section if repairs were made. Leave blank if no repairs.

- g) **Date** – Date repairs were completed. Select value from the pop-up calendar.

Enter Repair Details for Specific Assemblies Below – Mandatory to fill in this section if repairs were made. Leave blank if no repairs.

- h) **Cleaned/Rubber Kit/Rebuild** – Select box that best describes the nature of the repairs.
- i) **Comments** – Describe repairs.

Final Test – Only fill in this section after repairs are made and the device passes all tests. If no repairs were made this section should be left blank.

- j) **Pass** – Check this box only if repairs were made and tests show the device is now functioning properly.
- k) **Date** – Date the final test was performed that showed the device as functional.

Final Test, Check Valve #1 – Only fill in this section after repairs are made and the device passes all tests.

- l) **Closed Tight** – Check this box only if repairs were made and tests show that Check Valve #1 is now functioning properly.
- m) **Held at ____ PSID** – Enter the test PSID for Check Valve #1.

Final Test, Check Valve #2 – Only fill in this section after repairs are made and the device passes all tests.

- n) **Closed Tight** – Check this box only if repairs were made and tests show that Check Valve #2 is now functioning properly.
- o) **Held at ____ PSID** – Enter the test PSID for Check Valve #2.

Details

- p) **Proper Install, Yes/No** – Mandatory. Does the assembly meet proper piping installation requirements?
- q) **#2 Shutoff, Leaked/Closed Tight** – Mandatory. Did the outlet valve leak (fail) or close tight (pass)?

Test Kit

- r) Mandatory. Select the serial number for the test kit used for the test. Test kits must be registered with the BCO. Test kits may not be used if it has been more than 12 months since last calibrated.

Comments

- s) Data entry optional. Provide any comments.

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- t) **Certification** – Tests cannot be submitted to the BCO until you have checked the box acknowledging the four certification statements are true.
- u) **Save Test Data** – Temporarily saves test data until you are ready to submit test results to the BCO. Your login session may be closed automatically if you are inactive for more than 5 minutes. Data entered but not saved will be lost. We recommend that you save your work frequently.
- v) **Cancel** – Clicking this button discards any unsaved changes and returns you to the prior (“Verify Site Profile”) screen.

Test Data Entry, Device Type: PVB or SVB

For vacuum breaker devices the following screen appears. Items in yellow are not tracked by the BCO.

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: 649953 Device Type: PVB Address: 910 DUBLIN RD UNIT B - 940 DUBLIN RD

Initial Test	PVB/SVB	
<input type="radio"/> Pass <input type="radio"/> Fail a Date <input type="text"/> b MM/DD/YYYY	c Air Inlet <input type="checkbox"/> Did Not Open <input type="checkbox"/> Opened at <input type="text"/> PSID d <input type="checkbox"/> Opened Fully e	Check Valve Leaked <input type="checkbox"/> f Held at <input type="text"/> PSID g
Repaired	Enter Repair Details Below	
Date <input type="text"/> h <input type="checkbox"/> Cleaned <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Rebuild	<input type="text"/> j	
Final Test	PVB/SVB	
<input type="checkbox"/> Pass k Date <input type="text"/> l	m Air Inlet <input type="checkbox"/> Opened Fully m <input type="checkbox"/> Opened at <input type="text"/> PSID n	Check Valve Held at <input type="text"/> PSID o
Details		
Proper Install <input type="radio"/> Yes <input type="radio"/> No p	#2 Shutoff <input type="radio"/> Leaked <input type="radio"/> Closed Tight q	
Test Kit	Comments	
<input type="text" value="1234567"/> r	<input type="text"/> s	
<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. t		
<input type="button" value="Save Test Data"/> u or <input type="button" value="Cancel"/> v		

Initial Test

- a) **Pass/Fail** – Mandatory. Indicates if device passed or failed the initial test.
- b) **Date** – Mandatory. Date of initial test. Select value from the pop-up calendar.

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Initial Test, PVB/SVB, Air Inlet – Mandatory

- c) **Did Not Open** – Check this box if the air inlet valve failed to open at all when water pressure was released from the body of the pressure vacuum breaker.
- d) **Opened at ____ PSID** – If the air inlet opened when water pressure was released from the body of the pressure vacuum breaker record the pressure differential that opened it.
- e) **Opened Fully** – Check this box if the air inlet opened fully when all of the water drained from the body of the pressure vacuum breaker.

Initial Test, Check Valve – Mandatory

- f) **Leaked** – Check this box if the check valve was not water tight at pressures less than 1 psig.
- g) **Held at ____ PSID** – Record the maximum pressure obtained without the check valve leaking.

Repaired – Mandatory to fill in this section if repairs were made. Leave blank if no repairs.

- h) **Date** – Date repairs were completed. Select value from the pop-up calendar.

Enter Repair Details for Specific Assemblies Below – Mandatory to fill in this section if repairs were made. Leave blank if no repairs.

- i) **Cleaned/Rubber Kit/Rebuild** – Select box that best describes the nature of the repairs.
- j) **Comments** – Describe repairs.

Final Test – Only fill in this section after repairs are made and the device passes all tests. If no repairs are necessary leave this section blank.

- k) **Pass** – Check this box only if repairs were made and tests show the device is now functioning properly.
- l) **Date** – Date the final test was performed that showed the device as functional.

Final Test, PVB/SVB, Air Inlet – Only fill in this section after repairs are made and the device passes all tests.

- m) **Opened Fully** – Check this box if the air inlet opened fully when all of the water drained from the body of the pressure vacuum breaker.
- n) **Opened at ____ PSID** – Record the pressure differential that opened the air inlet when water pressure was released from the body of the pressure vacuum breaker.

Final Test, Check Valve – Only fill in this section after repairs are made and the device passes all tests.

- o) **Held at ____ PSID** – Record the maximum pressure obtained without the check valve leaking.

Details

- p) **Proper Install, Yes/No** – Mandatory. Does the assembly meet proper piping installation requirements?

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for On-line Software
May 21, 2015

q) **#2 Shutoff, Leaked/Closed Tight** – Data entry optional. Not tracked by BCO.

Test Kit

r) Mandatory. Select the serial number for the test kit used for the test. Test kits must be registered with the BCO. Test kits may not be used if it has been more than 12 months since last calibrated.

Comments

s) Data entry optional. Provide any comments.

t) **Certification** – Tests cannot be submitted to the Backflow Compliance Office until you have checked the box acknowledging the four certification statements are true.

u) **Save Test Data** – Temporarily saves test data until you are ready to submit test results to the BCO. Your login session may be closed automatically if you are inactive for more than 5 minutes. Data entered but not saved will be lost. We recommend that you save your work frequently.

v) **Cancel** – Clicking this button discards any unsaved changes and returns you to the prior (“Verify Site Profile”) screen.

Inspection Data Entry, Device Type: Air Gap

For air gap inspections the following screen appears. Items in yellow are not tracked by the BCO.

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

Date
MM/DD/YYYY

Comments

e

* 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

- a) **Air Gap Supply Diameter** – Mandatory. Indicates the nominal pipe diameter of the effective opening of the water supply to the air gap.
- b) **Separation** – Mandatory. Indicates the vertical separation between the outlet of the water supply and the flood level of the vessel being supplied. A positive number indicates that the effective outlet of the water supply is above the flood level of the vessel.
- Initial Test**
- c) **Pass/Fail** – Mandatory. Indicates if the air gap passed the inspection.
- d) **Date** – Mandatory. Date of air gap inspection. Select value from the pop-up calendar.
- e) **Comments** – Data entry optional. Provide any comments.
- f) **Certification** – Tests cannot be submitted to the Backflow Compliance Office until you have checked the box acknowledging the four certification statements are true.
- g) **Save Test Data** – Temporarily saves test data until you are ready to submit test results to the BCO. Your login session may be closed automatically if you are inactive for more than 5 minutes. Data entered but not saved will be lost. We recommend that you save your work frequently.
- h) **Cancel** – Clicking this button discards any unsaved changes and returns you to the prior (“Verify Site Profile”) screen.

REVIEWING AND SUBMITTING TESTS

Once tests have been saved they will appear in the list on the Review Tests page. Saving a test does not submit any information to our office.

UNSUBMITTED SUBMITTED Filter: Criterion Qualifier Search value Filter Reset

Serial#	Company	Address	Initial Test	Final Test	Test Kit
649953	City of Columbus	9100 DUBLIN RD	11/10/2015 pass		1234567
166908	City of Columbus	9100 DUBLIN RD	4/3/2015 pass		1234567
306453	City of Columbus	9100 DUBLIN RD	2/16/2015 pass		1234567
166908	City of Columbus	9100 DUBLIN RD	12/9/2014 pass		1234567

Submit Tests Print Test Report

Tests that have not been submitted can be reviewed by clicking on the “Unsubmitted” tab. Click on the serial number to open that particular test. After opening, unsubmitted tests may be edited or deleted. Any tests in the “Unsubmitted” tab have not been sent to our office.

When you are ready to submit a test, check the box in the column next to the test or tests you wish to submit, then click on “Submit Tests”. Tests submitted will be available to the BCO the next business day.

To review tests that have been submitted click on the “Submitted” tab. Submitted tests may only be viewed or printed. They cannot be edited or deleted. If you need to modify a test already submitted you must contact the BCO or resubmit the report as a new test. If resubmitting to correct a test with an error, please add a note in the comments section of the report.

Applying a search filter

On either tab you can search for individual tests or tests meeting certain criteria using the “Filter” tool to the right of the “Unsubmitted” and “Submitted” tabs. You can use any of the information in your test list as search criteria, e.g. serial number or test date. You can also search using the following qualifiers: *equal to*, *not equal to*, *starts with*, *contains*, or *does not contain*.

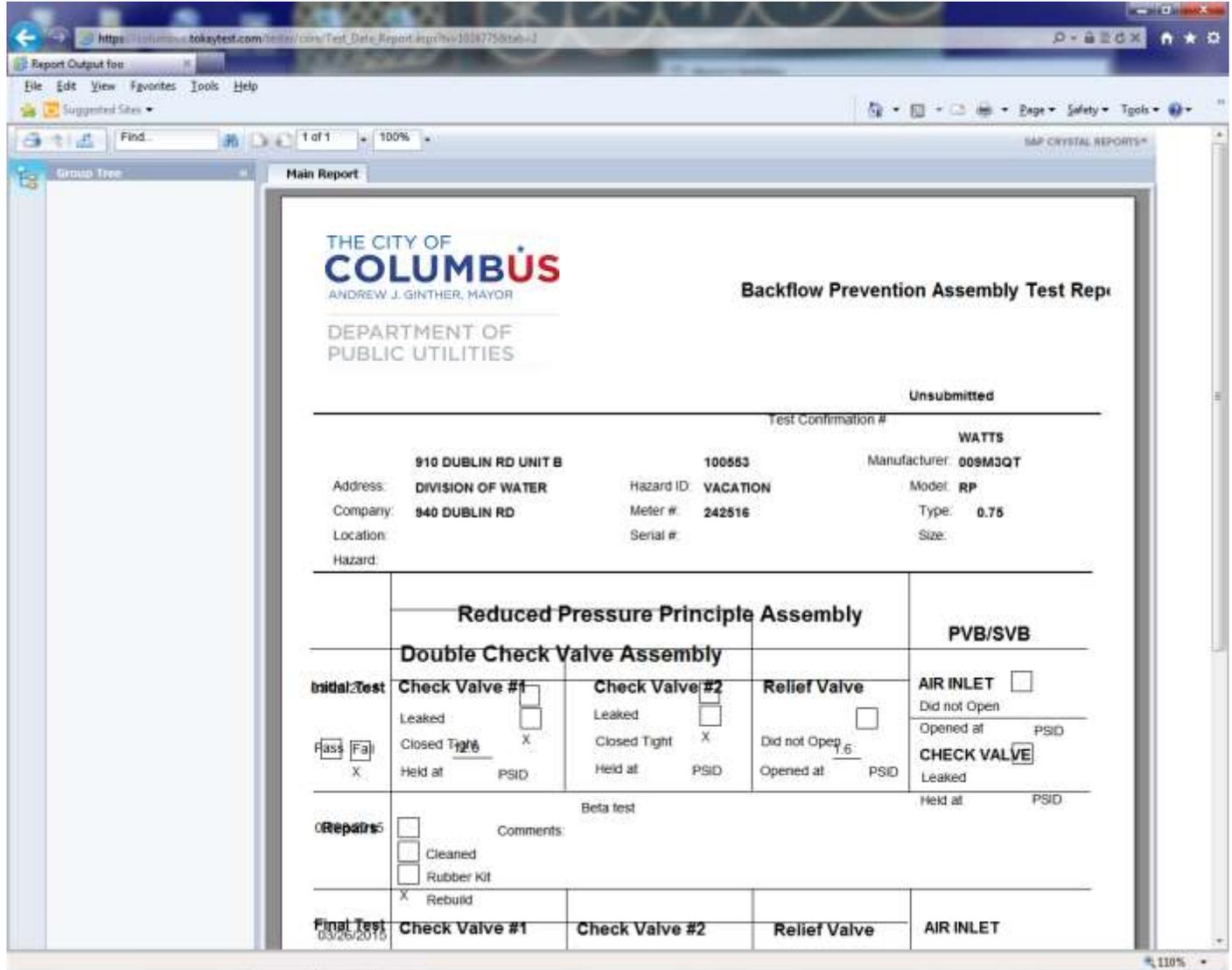
To apply a filter select a criterion and qualifier from the pull down lists and type the search value in the box. Click the “Filter” button to narrow the list.

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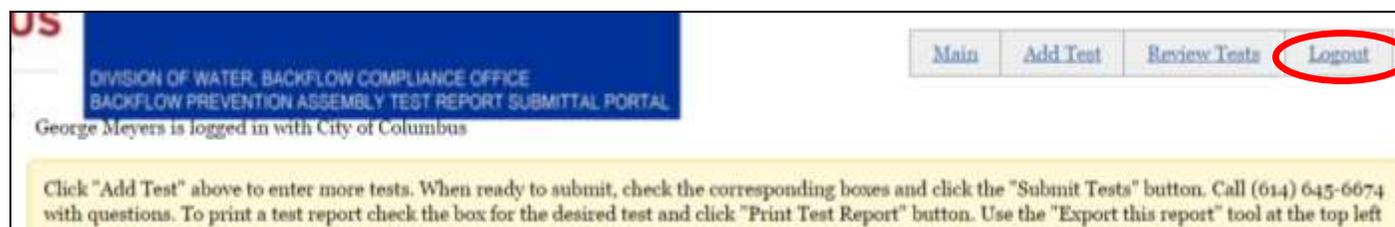
PRINTING TEST REPORTS

Test reports can be printed from either the “Unsubmitted” or the “Submitted” tabs on the “Review Tests” page. Click on the box under the “Select” column to place a check in the box next to the report(s) you wish to print.

The first screen that returns may look somewhat jumbled. This is normal and will be corrected in the next step.



Logout – When you are finished entering test results you may log out by selecting this button. If you do not logout on your own, the site may automatically log you out after approximately 5 minutes of inactivity.



TROUBLESHOOTING/FREQUENTLY ASKED QUESTIONS

What if the serial number on the device does not match the serial number on the owner’s notification letter?

Possibilities: you are at the wrong device; the device has been replaced; or the information in the database is incorrect. You will need to troubleshoot to determine which scenario is the case.

Search the online database using the serial number you found on the device and the property address. If the search locates a record in the database, you are likely not at the correct device. Confirm if the owner has other backflow assemblies. Tests performed on the incorrect device may result in non-compliance for the device noted on the customer’s letter.

If a search of the serial number on the device does not locate a record in the database and you are at the correct hazard, the device may have been replaced or the serial number in the database may be incorrect. Does the owner have knowledge of the device being replaced? Does the other device information (manufacturer, model, type, and size) match? Is the serial number on the device similar to the one on the letter? Use your judgment to determine if the device was replaced or the serial number in the database is incorrect. Pull up the record in the database using the serial number and address on the owner’s notification letter to locate the record in the database. Select either the “Make Changes” button or the “Replace Device” button, as appropriate, and enter the correct information.

What if I cannot locate a device in the database using the serial number and address provided on the owner’s notification letter?

First, make sure the notification letter is from Columbus Division of water, not another public water system. If the owner received a letter from Columbus notifying them of their annual testing requirement the device exists in the BCO database and the most likely cause of this problem is searching using incorrect values. Double check the serial number and house/building number you are entering into the cells on the search screen. The information you are entering must match the information on the back of the letter. Only the numeric portion of the house/building number must be entered. This information must come from the “Property Address” line on the back of the owner’s letter.

What if a device has been removed?

Backflow prevention devices may be required by plumbing code (enforced by local building departments) or by the Division of Water. Devices required by Division of Water (containment devices) are required to prevent the public water supply from contamination by on-site hazards. Devices required by plumbing code (isolation devices) are required to protect the on-site consumers from contamination by on-site hazards. In some cases a single device may be required by both the Division of Water and plumbing code.

Removal of a device generally must be approved by the overseeing authority (Division of Water or the local building department or both) and is only permissible if the hazard that initially required the device to be installed has been eliminated. If a device has been removed, from the *Verify Site Profile* screen select *Make Changes* and type the word "Removed" in the *Serial Number* box.

Verify Site Profile

This is Correct **Make Changes** Last Test Date:

Address

Customer

Location

Hazard

Meter Number

Model

Type

Manufacturer

Size

or [Cancel](#)

How do I enter reports for new devices?

Before a test report can be submitted through the on-line portal a record of it must exist in our database. For newly installed devices send an e-mail to backflow@columbus.gov with the following:

- customer name,
- property address,
- device serial number, and
- device type (e.g. RP, DC, PVB, etc.)

We will add the device to the database and notify you by e-mail when the device can be accessed in the on-line portal. When submitting the test report you will need to fill in the remaining information (Location, hazard type, manufacturer, model, and size).