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BACKFLOW ASSEMBLY TESTING
City of Columbus Submittal Instructions
Test Report Form Cross Reference
to On-line Forms
May 21, 2015

THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF
PUBLIC UTILITIES

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.

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

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 theses instructions for filling out the web-based forms.

Figure 2
Cross-Reference Key – Customer and Property Information; Device Information

Figure 3
Cross-Reference Key – Double Check Assembly

What hazard is being isolated? (i.e. boiler, irrigation, compl

Describe location of assembly:

Double Check Assembly

C **Initial Test**	Outlet Valve	Pass ☐ (1)	Fail ☐
	1st Check Valve	(2a) psid	Pass ☐ / Fail ☐ (2b)
	2nd Check Valve	(3a) psid	Pass ☐ / Fail ☐ (3b)
Repairs & Materials Used		(4)	
Re-Test After Repairs	Outlet Valve	Pass ☐ (5)	Fail ☐
	1st Check Valve	(6a) psid	Pass ☐ / Fail ☐ (6b)
	2nd Check Valve	(7a) psid	Pass ☐ / Fail ☐ (7b)

Does the assembly meet proper piping installation requirer

Assembly PASSED( ) FAILED(

Figure 4
Cross-Reference Key – Reduced Pressure Assembly

on, complete building):

D **Reduced Pressure Assembly**

☐	1st Check Valve	**1a** _____ psid	Pass ☐ Fail ☐ **1b**
☐ ☐	Relief Valve Opening Point	**2a** _____ psid	Pass ☐ Fail ☐ **2b**
☐ ☐	2nd Check Valve	Pass ☐ **3**	Fail ☐
	Outlet Valve	Pass ☐ **4**	Fail ☐
	5		
☐	1st Check Valve	**6a** _____ psid	Pass ☐ Fail ☐ **6b**
☐ ☐	Relief Valve Opening Point	**7a** _____ psid	Pass ☐ Fail ☐ **7b**
☐ ☐	2nd Check Valve	Pass ☐ **8**	Fail ☐
	Outlet Valve	Pass ☐ **9**	Fail ☐

requirements? YES ☐ NO ☐

( ) *NOTE: ALL REPAIRS MUST BE COMPLETE

E

Pressure Vacuum Breaker

☐ ☐	Air Inlet Valve	**1a** _____ psig	Pass ☐ Fail ☐ **1b**
☐ ☐	Check Valve	**2a** _____ psig	Pass ☐ Fail ☐ **2b**
☐		
☐		**3**
☐ ☐	Air Inlet Valve	**4a** _____ psig	Pass ☐ Fail ☐ **4b**
☐ ☐	Check Valve	**5a** _____ psig	Pass ☐ Fail ☐ **5b**

F **AIR GAP INSPECTION:** Required Air Gap Separation Provided? Yes ☐ **1** No ☐

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

Does the assembly meet proper piping installation requirements?　　YES ☐　　NO ☐　(1)

Assembly　PASSED((2a))　FAILED((2b))　* NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN (10) DAYS
(3)

COMMENTS: _____

G

Certified Tester Information – Please Print

H

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) _____

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

Figure 8
Verify Site Profile

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

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 | Test Report line B8   Type | RP | Test Report line B4

Manufacturer | WATTS | Test Report line B5   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
○ Pass ○ Fail **Test Report line G2a/G2b**	○ Leaked **C2b**	○ Leaked **C3b**
Test Report line H10	○ Closed Tight	○ Closed Tight
MM/DD/YYYY	Held **C2a** PSID	Held at **C3a** D

Repaired	Enter Repair Details Below
Test Report line H10	☐ Cleaned **Test Report line C4**
	☐ Rubber
	☐ Rebuild

Final Test	Check Valve #1	Check Valve #2
Pass ☐	Closed Tight ☐ **C6b**	Closed Tight ☐ **C7b**
Test Report line H10	Held **C6a** PSID	Held at **C7a** SID

Details	
Proper Install **Test Report line G1**	#2 Shutoff **Test Report line C5 or C1**
○ Yes	○ Leaked
○ No	○ Closed Tight

Test Kit	Comments
1234567 ▼ **Test Report H3-H6**	**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

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
○ Pass ○ Fail Test Report line G2a/G2b	○ Leaked D1b	○ Leaked Line D3	Test Report line D2b
Date Test Report line H10	○ Closed Tight	○ Closed Tight	Did not Open ☐
MM/DD/YYYY	Held at [ ] D1a SID	Held at [ ] PSID	Opened at [ ] D2a D

Repaired	Enter Repair Details Below
Date Test Report line H10	☐ Cleaned ☐ Rubber Kit D5 ☐ Rebuild [ ]

Final Test	Check Valve #1	Check Valve #2	Relief Valve
Pass ☐	Closed Tight ☐ D6b	Closed Tight ☐ Line D8	Test Report line D7a
Date Test Report line H10	Held at [ ] D6a SID	Held at [ ] PSID	Opened at [ ] PSID

Details

Proper Install   #2 Shutoff   Test Report line D9
Test Report line G1   ○ Yes   ○ Leaked
                      ○ No   ○ Closed Tight

Test Kit	Comments
1234567 ▼ Test Report H3-H6	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*

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: 64995   Device Type: PVB   Address: 910 DUBLIN RD UNIT B - 940 DUBLIN RD

Initial Test	PVB/SVB

○ Pass ○ Fail

Test Report line G2a/G2b

Date

Test Report line H10

MM/DD/YYYY

Air Inlet
☐ Did Not Op...   Test Report line E1b

E1a   Opened...   PSID
☐ Opened Fully

Check V...
Leaked   Test Report line E2b

E2a   Held...   PSID

Repaired	Enter Repair Details Below

Dat   Test Report line H10

☐ Cleaned
☐ Rubber Ki...   Test Report line E3
☐ Rebuild

Final Test	PVB/SVB

Pass ☐

Date   Test Report line H10

Air Inlet
Opened Fu...   Test Report line E4b

E4a   Opene...   PSID

Check Valve

Held...   E5a   PSID

Details	

Proper Install

Test Report line G1

○ Yes
○ No

#2 Shutoff

○ Leaked
○ Closed Tight

Test Kit	Comments

1234567   Test Report line G3

Test Report H3-H6

☐ * 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

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: 1111111100   **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   Test Report line H10

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