

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
 FAX: 614-645-8800

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 ☐	Fail ☐		1 st Check Valve	_____psid	Pass ☐	Fail ☐	Air Inlet Valve	_____psig	Pass ☐	Fail ☐
	1 st Check Valve	_____psid	Pass ☐	Fail ☐	Relief Valve Opening Point	_____psid	Pass ☐	Fail ☐	Check Valve	_____psig	Pass ☐	Fail ☐
	2 nd Check Valve	_____psid	Pass ☐	Fail ☐	2 nd Check Valve	Pass ☐	Fail ☐					
					Outlet Valve	Pass ☐	Fail ☐					
Repairs & Materials Used	C				D				E			
Re-Test After Repairs	Outlet Valve	Pass ☐	Fail ☐		1 st Check Valve	_____psid	Pass ☐	Fail ☐	Air Inlet Valve	_____psig	Pass ☐	Fail ☐
	1 st Check Valve	_____psid	Pass ☐	Fail ☐	Relief Valve Opening Point	_____psid	Pass ☐	Fail ☐	Check Valve	_____psig	Pass ☐	Fail ☐
	2 nd Check Valve	_____psid	Pass ☐	Fail ☐	2 nd Check Valve	Pass ☐	Fail ☐					
					Outlet Valve	Pass ☐	Fail ☐					

AIR GAP 1 ACTION: 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 <u>FAILED, ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED</u>		Please return to: MAIL: City of Columbus, Division of Water Backflow Compliance 918 Dublin Road (Building 918) Columbus, Ohio 43215-9052 (614) 644-8200	
<u>Customer and Property Information – Please Print</u>					
PROPERTY ADDRESS: _____		Zip _____		A	
BUSINESS NAME _____					
CONTACT PERSON: _____		PHONE# _____ FAX# _____			
<u>Device Information – Please Print</u>					
1 NEW INSTALLATION ☐		2 EXISTING ☐ or REPLACEMENT ☐		3 OLD ASSEMBLY SERIAL NUMBER: _____	
4 TYPE OF ASSEMBLY (CIRCLE ONE) AIR GAP RP DC PVB OTHER (SPECIFY) _____					
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					
B					

Figure 3
Cross-Reference Key – Double Check Assembly

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

Describe location of assembly:

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

Does the assembly meet proper piping installation require

Assembly PASSED() FAILED()

Figure 4
Cross-Reference Key – Reduced Pressure Assembly

on, complete building):

D Reduced Pressure Assembly				Pre
☐	1 st Check Valve	<u>1a</u> psid	Pass ☐ Fail ☐ 1b	
☐	Relief Valve Opening Point	<u>2a</u> psid	Pass ☐ Fail ☐ 2b	C
☐	2 nd Check Valve	Pass ☐ 3	Fail ☐	
	Outlet Valve	Pass ☐ 4	Fail ☐	
5				
☐	1 st Check Valve	<u>6a</u> psid	Pass ☐ Fail ☐ 6b	
☐	Relief Valve Opening Point	<u>7a</u> psid	Pass ☐ Fail ☐ 7b	C
☐	2 nd Check Valve	Pass ☐ 8	Fail ☐	
	Outlet Valve	Pass ☐ 9	Fail ☐	

requirements: YES ☐ NO ☐

() * NOTE. ALL REPAIRS MUST BE COMPLETE

Figure 5

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

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: F Required Air Gap Separation Provided? Yes ☐ 1 No ☐		

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

Does the assembly meet proper pinning installation requirements?		YES ☐	NO ☐	1
Assembly PASSED(2a) FAILED(2b)		* NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN (10) DAYS		
COMMENTS: _____		3	G	

<u><i>Certified Tester Information – Please Print</i></u>					H
<i>I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS TRUE AND ACCURATE.</i>					2
Tester's Name (PRINTED): _____		Cert. #: _____			
Test Equipment:	Make: _____	Model _____	SN# _____	Cal. Date _____	
Tester's CO. Name: _____		PH#: _____			
Tester's Signature: _____		Date: _____			

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. At the top, there is a header for 'THE CITY OF COLUMBUS' and 'DIVISION OF WATER, BACKFLOW COMPLIANCE OFFICE'. Below this, a blue banner reads 'BACKFLOW PREVENTION ASSEMBLY TEST REPORT SUBMITTAL PORTAL'. To the right of the banner are four buttons: 'Main', 'Add Test', 'Review Tests', and 'Logout'. Below the header, a message states 'George Meyers is logged in with City of Columbus'. A yellow box contains an update notice dated 8/28/15 regarding web entry for existing or replacement devices. The main search area is titled 'Device Profile Search' and contains several input fields. The first field is labeled '* Serial Number' and contains the text 'From device or Test Report line B8'. The second field is labeled '* House/Building Number' and contains the text 'Number only, from Test Report line A1'. Below these fields is a separator '--- OR ---'. The third field is labeled '* Hazard #' and is empty. Below this is another separator '--- OR All Hazards at Site ---'. The fourth field is labeled 'Hazard #' and is empty. At the bottom right of the search area are two buttons: 'Locate Device' and 'Clear Form'.

THE CITY OF
COLUMBUS
MICHAEL S. 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 #

Locate Device 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

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 Test Report line H10 MM/DD/YYYY	☐ Leaked ☐ Closed Tight Held at C2a PSID	☐ Leaked ☐ Closed Tight Held at C3a D	

Repaired ☐ Enter Repair Details Below

Test Report line H10

☐ Cleaned
☐ Rubber
☐ Rebuild

Test Report line C4

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

Details

Proper Installation

☐ Yes ☐ No
 Test Report line G1

#2 Shutoff

☐ Leaked ☐ Closed Tight
 Test Report line C5 or C1

Test Kit

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 Date: Test Report line H10 MM/DD/YYYY	☐ Leaked D1b ☐ Closed Tight Held at D1a PSID	☐ Leaked Line D3 ☐ Closed Tight Held at PSID	Did not Open ☐ Opened at D2a PSID

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

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

Proper Install
☐ Yes ☐ No

#2 Shutoff
☐ Leaked ☐ Closed Tight

Test Kit	Comments
1234567 	

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

Initial Test		PVB/SVB	
☐ Pass ☐ Fail Date: MM/DD/YYYY	Test Report line G2a/G2b Test Report line H10	Air Inlet ☐ Did Not Open ☐ Opened E1a PSID ☐ Opened Fully	Check Valve ☐ Leaked ☐ Held E2a PSID
Test Report line H10		Test Report line E1b Test Report line E2b	

Repaired	Enter Repair Details Below
Date: MM/DD/YYYY ☐ Cleaned ☐ Rubber K ☐ Rebuild	Test Report line E3

Final Test		PVB/SVB	
☐ Pass Date: MM/DD/YYYY	Test Report line H10	Air Inlet ☐ Opened Fully ☐ Opened E4a PSID	Check Valve ☐ Leaked ☐ Held E5a PSID
Test Report line H10		Test Report line E4b Test Report line E5a	

Details	
Proper Install ☐ Yes ☐ No	#2 Shutoff ☐ Leaked ☐ Closed Tight
Test Report line G1	

Test Kit	Comments
1024567 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.

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](#)