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BACKFLOW ASSEMBLY TESTING



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

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.

THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	ALE SILES]	City of Columbus Backflow Comp 918 Dublin Road Columbus, Ohio	oliance (Building 918)		
					Cusi	tomer and	Property.	Inforn	ıation –	Please .	Print (
PROPERTY	ADDRESS:_						_				_Zip_				
BUSINESS N	AME						H_								
CONTACT P	ERSON:]	PHONE#				FAX#				
						<u>Device</u>	<i>Informa</i>	tion – .	Please I	Print					
												CR:			
TYPE OF AS								PVB	OTI	HER (SI	ECIFY)				
												B		-	
What hazard			boller	, magati	on, con	nplete build	ling):								
Describe locat		le Chec	k Ass	embly		Redu	ced Press	ure A	ssembly			Pressure Vacu	um Breaker		
	Outlet Valve	Pass		Fail		1 st Check	Valve	_	psid	Pass Fail		Air Inlet Valve	psig	Pass Fail	
Initial Test	1 st Check Valve	_	_psid	Pass Fail		Relief V Opening		_	_psid	Pass Fail		Check Valve	psig	Pass Fail	
	2 nd Check Valve		psid	Pass Fail		2 nd Check	: Valve	Pass		Fail				•	
Panaira 6						Outlet Val	lve	Pass		Fail	П				
Repairs & Materials Used		C											E		
	Outlet Valve	Pass		Fai1		1 st Check	Valve	_	_psid	Pass Fail		Air Inlet Valve	psig	Pass Fail	
Re-Test After Repairs	1 st Check Valve		psid	Pass Fail		Relief V Opening			_psid	Pass Fail		Check Valve	psig	Pass Fail	
	2 nd Check Valve		psid	Pass Fail		2 nd Check		Pass		Fail		Required	AP I Se	paration	ı
Does the asser	nbly meet pr	oper pipi	ing ins	tallation	requir									_	
Assembly	PASSED	(_) F.	AILEI	D() * NO		REPA	IRS MU	ST BE (OMPL	ETED WITHIN	(10) DAYS		
COMMENTS	:						ַ								
														4	
						Certified To					<u>ıt</u>				
I CERTIFY	THAT ALL	INFOR.	MATI	ON ON	THIS	REPORT	IS TRUE	AND	ACCUI	RATE.					
Tester's Nam									Cert						
Test Equipme	nt: Mal	ce:				Model	ш_	SN	V#		(Cal. Date			

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

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	
PROPERTY ADDRESS: BUSINESS NAME CONTACT PERSON: Customer and Property Information – Please Print Zip PHONE# 5 FAX# 6	A
1 NEW INSTALLATION EXISTING or REPLACEMENT OLD ASSEMBLY SERIAL NUMBER: TYPE OF ASSEMBLY (CIRCLE ONE) AIR GAP RP DC PVB OTHER (SPECIFY) 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: Parked Programs Assembly: Program Vegues Program Program Program Program Vegues Program Program Vegues Program Program Program	B

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Figure 3
Cross-Reference Key – Double Check Assembly

	Doub	le Check Ass	embly
C	Outlet Valve	Pass	Fail
Initial Test	1 st Check Valve	2a psid	Pass Fail 2b
	2 nd Check Valve	3a psid	Pass Fail 3b
Repairs & Materials Used		4	
	Outlet Valve	Pass \square	Fail
Re-Test After Repairs	1 st Check Valve	sid	Pass Fail 6b
	2 nd Check Valve	7a psid	Pass Fail 7b

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Figure 4
Cross-Reference Key – Reduced Pressure Assembly

on, cor	nplete building):			_
	D. L. ID.	A	,	
	Reduced Pres	ssure Assembly		r
	1 st Check Valve	la psid	Pass Fail 1b	
	Relief Valve Opening Point	2a psid	Pass Fail 2b	C
	2 nd Check Valve	Pass 3	Fail	
	Outlet Valve	Pass 4	Fail 🔲	L
		5		
	1 st Check Valve	6a psid	Pass Fai 6b	
	Relief Valve Opening Point	7a psid	Pass Fail 7b	C
	2 nd Check Valve	Pass 8	Fail	
	Outlet Valve	Pass	Fail 🔲	
requi	rements: 1 Lo	NU		
1	_	_ <u> </u>		
\mathbf{M}) * NOTE. AL	I DEDAIDS MIIS	T DE COMDI E	тъ

Figure 5
Cross-Reference Key – Pressure Vacuum Breaker; Air Gap Inspection

Pressure Vacu	um Breaker								
Air Inlet Valve	la psig	Pass Fail 1b							
Check Valve	2a psig	Pass Fail							
	3								
Air Inlet Valve	4a psig	Pass Fai 4b							
Check Valve	5a psig	Pass Fail 5b							
Required	AP INSPECT I Air Gap Sepa I? Yes 1) No	aration							
TTOVIGE	i: 105 L(1)110	<i>,</i> L							

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

Does the assembly meet proper pining installation requirements? YES NO 1 Assembly PASSED(2a) FAILED(2b) * NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN (10) DAYS COMMENTS: 3
Certified Tester Information – Please Print I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS TRUE AND ACCURATE. Tester's Name (PRINTED): Cert. #: Cert. #: Test Equipment: Make: 3 Model 4 SN# 5 Cal. Date 6 Tester's CO. Name: PH#: Tester's Signature: 9 Date: 10

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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

DEPARTMENT OF PUBLIC UTILITIES	DIVISION OF WATER, BACKFLOW BACKFLOW PREVENTION ASSEM	MBLY TEST REPORT SUBMITTAL PORTAL	Main	Add Test	Review Tests	Logout
eorge Meyers is lo	gged in with City of Columbus					
evice below using uilding Number S	the serial# and building# (no stre	or replacement devices. Verify the serial# o set name). If multiple addresses share a m w.columbus.gov/backflow/testers/ lists all	eter, search	using the addi	ress on the notice.	The Device
Device Profile Sea	rch					
				* Indicates Re	quired Field	
	* Serial Number	From device or Test Report line E	38		_	
	* House/Building Number	Number only, from Test Report li	ne A1			
		OR				
	*Hazard #					
		OR All Hazards at Site				
	Hazard #					

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Figure 8
Verify Site Profile

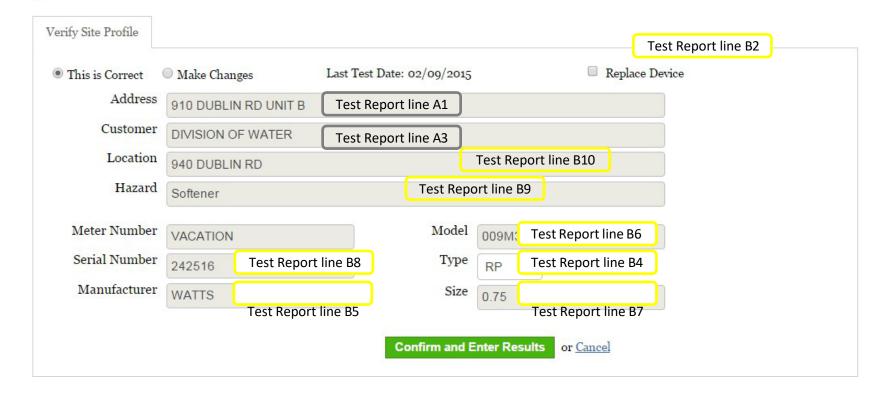


DIVISION OF WATER, BACKFLOW COMPLIANCE OFFICE
BACKFLOW PREVENTION ASSEMBLY TEST REPORT SUBMITTAL PORTAL

Main Add Test Review Tests Logout

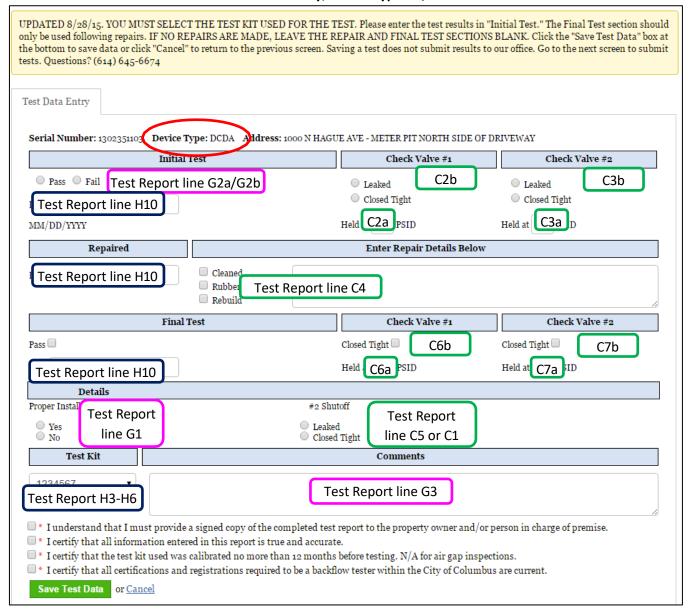
George Meyers is logged in with City of Columbus

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.



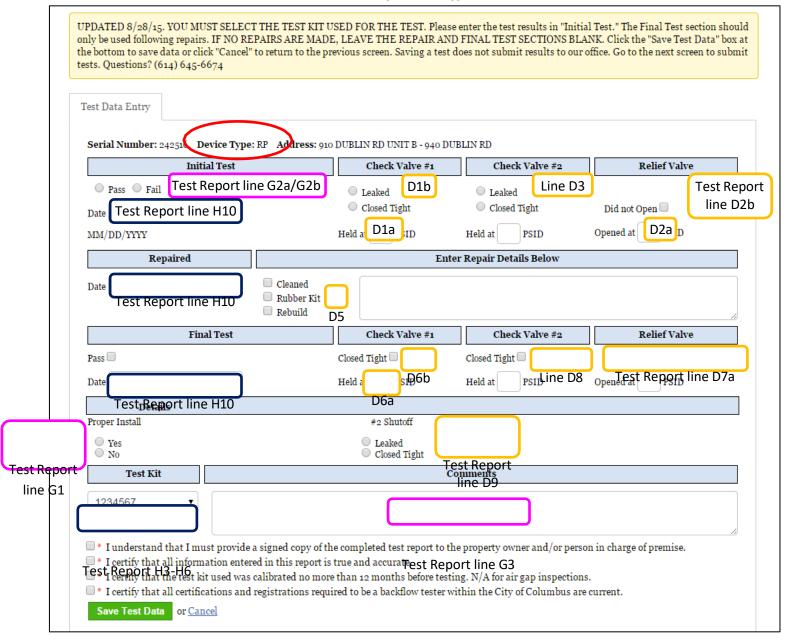
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Figure 9
Test Data Entry, Device Type DC/DCDA



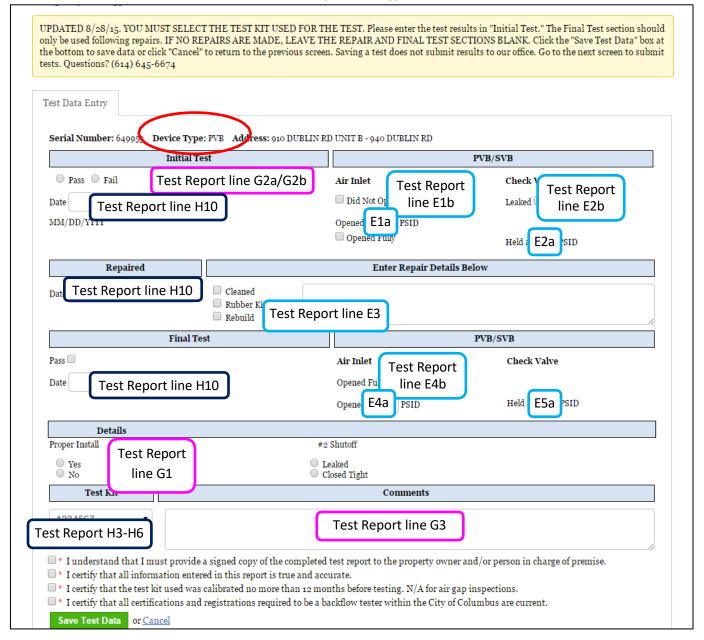
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Figure 10
Test Data Entry, Device Type RP/RPDA



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Figure 11
Test Data Entry, Device Type PVB/SVB



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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 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

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