

APPLICATION

FOR

City of Columbus List of Approved Certified Backflow Assembly Testers

Thank you for your interest in being placed on the City of Columbus's list of Approved Certified Backflow Assembly Testers. The City of Columbus's guidelines are listed below. If you have questions, please call the Backflow office @ (614)645-6674

What You Must Have: To be placed on the City of Columbus's list of Certified Backflow Assembly Testers, you must have and maintain the following required documentation:

1. Current State of Ohio Backflow Assembly Tester certificate.
2. Currently registered and bonded in accordance with the City of Columbus, Department of Building Regulation's requirements for Plumbing Contractors.
3. Certificate of all testing equipment showing calibration within the last (12) twelve months.

What You Must Do:

1. Ensure that test forms are complete, accurate, and legible. Failure to submit reports that are complete and accurate may result in rejection of all test reports, removal from the City's list, and/or a requirement to retest the backflow assembly.
2. All test forms must be submitted to the City's Backflow Office within (5) five days of completion.
3. Provide a copy of the completed test report to the property owner and/or person in charge of premise.
4. Be responsible for quality control and provide Columbus Water's customers with accurate tests results.
5. Provide the City with copies of the above-referenced required documentation annually. You will be responsible to do this. You will not be notified by our office when you need to update your information.

We Reserve the Right To:

1. Randomly check test results submitted.
2. Remove your name from the City's list for failure to follow these guidelines. If you are removed from the list, any test reports from you, or your company, will not be accepted.
3. List your information for customers on the City website. Information will include, but is not limited to:
 - Tester's Name
 - Telephone Number
 - Certification Number
4. Accepting faxed copies of test reports is currently acceptable and is done as a convenience to you, the tester. If this is or becomes a problem in the future the City may, at it's discretion, require that only originals be sent via mail or hand carried to the Backflow Office.

**Backflow Assembly Tester
Application Form
Page 2**

Application: Please provide the following information then sign and date the form. Mail this application form with the required documentation to the address we have provided below. Please print clearly. Incomplete or illegible paperwork will not be accepted.

Required Information

(Please print)

Business Name: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax# _____

Is this Company Registered and Bonded in accordance with the City of Columbus, Department of Building Regulation's requirements for Plumbing Contractors? Yes: _____ No: _____

State Certification Card(s): Provide a copy of your State Certification card(s).

Equipment Calibration Certificate(s): Provide copies of your current equipment calibration certificate(s).

Test equipment: Make: _____ Model: _____ Serial # _____

Please note, certificates must clearly state who the test equipment belongs to or is used by.

I, the undersigned, have read and agree to the City of Columbus Backflow Assembly Tester guidelines.

Tester Name (print clearly) _____ Date: _____

Signature of Certified Tester: _____

State Certification Number: _____

Return This Completed Application by Mail or in Person To:

City of Columbus, Backflow Prevention,
Public Utilities Complex
Attention: Dan Richards
910 Dublin Rd.
Columbus, Ohio 43215

For More Information: Visit our website, or contact The Backflow office Monday through Friday 7:00am to 3:30pm @ (614) 645-6674.

REQUIRED INFORMATION

FOR

BACKFLOW ASSEMBLY TEST REPORT FORMS

Information Required: The information required for Backflow Assembly Test Report forms submitted to the City of Columbus is listed below. Failed, illegible or incomplete test report forms will not be accepted. Testers may use only the form mailed directly to our customers or the blank City of Columbus standardized form. A printer friendly version of the standardized form is available on our website.

Customer and Property Information;

1. **Property Address:** Service address of the building or residence at which testing was done. Note: For newly installed devices the **SERVICE ADDRESS** must be provided.
2. **Business Name:** Name of business or property owner.
3. **Contact Person:** Name and phone number of person to contact with questions regarding this address.

Device Information;

1. **Check the appropriate box:** New Installation, Existing or Replacement.
Note: If Replacement, you must also include old assembly's serial number.
2. **Type of Assembly:** Circle one of the choices or specify in 'Other'
3. **Make of Assembly:** Manufacturer's name, such as "Conbraco"
4. **Model Number:** Use complete model number, such as "009M2QT" or "950XLT."
5. **Size:** Size of assembly being tested.
6. **Serial Number:** Be accurate. Include alpha prefixes, such as "A101682"
7. **What hazard is being isolated:** For example, for service protection, irrigation, carbonation machine, boiler, etc.
8. **Describe Assembly Location:** Please give the physical location of device, such as next to meter, west wall of room 102, 15 feet SW of building, etc.

Test results: To include the following:

1. Values are required for each check valve tested
2. Repair information and details
3. Final test results
4. Check Pass or Fail box for each check valve tested.
5. For Air Gap Inspections, indicate whether proper air gap separation is provided by checking the appropriate box.
6. **Assembly Passed**(____) **Failed**(____) Check Passed or Failed for entire assembly.
7. **Proper Installation Annotation:** Check the appropriate Yes or No box.

NOTE: If the assembly *is not* installed in accordance with the installation requirements the discrepancy must be recorded in the comments section.

Certified Tester Information;

1. **All** test reports must include legibly printed or typed tester's name, certification number, test completion date, test equipment's make/model and serial #, tester's company name, and telephone number.

Important note: The report form must include the signature of the person performing the test.