

Backflow Online Test Forms

Instruction Manual

Any questions please email to:

backflow@cedar-rapids.org

Or you may call the following:

Bonnie Brewer – 319-286-5932

Darrell Cannon – 319-286-5922

PROGRAM OVERVIEW

We will not be supplying forms to everyone –only parties that are submitting by mail.

No emailing of test forms will be accepted.

If a tester changes employment, their office is responsible for changing on the state level (State of Iowa, Public Health ph # 515-281-3548) and notifying Cross Connection via email: backflow@cedar-rapids.org. If not changed you will have to make adjustments to the auto fill on the test submission.

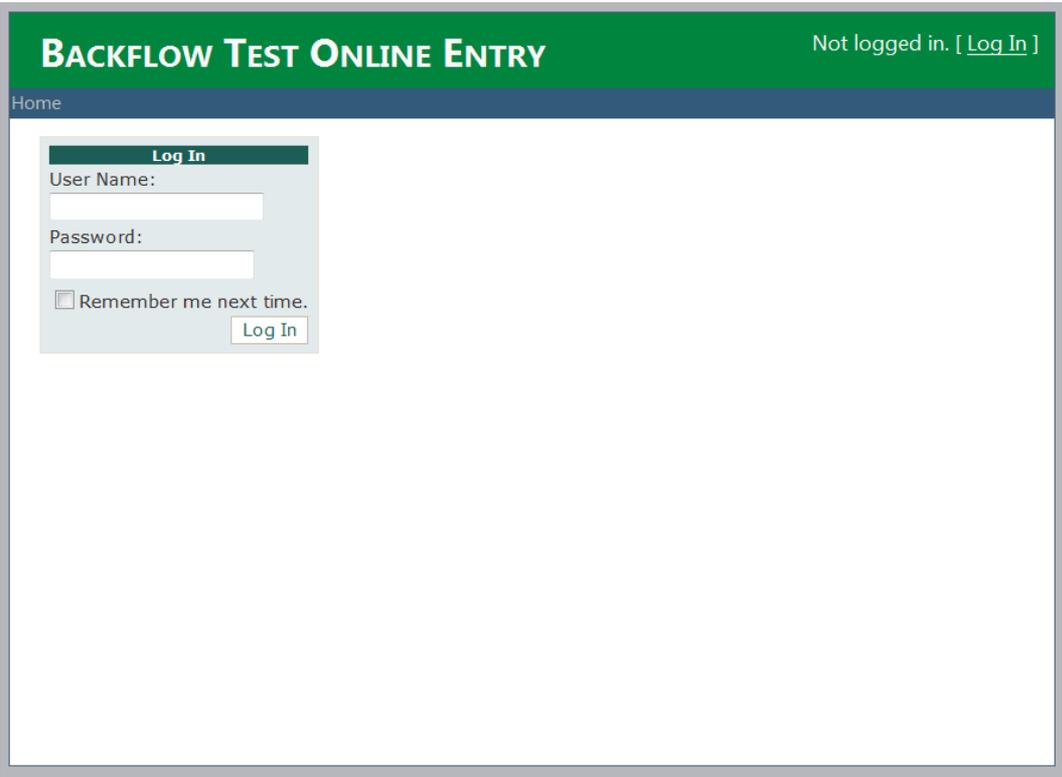
You are responsible for printing off your confirmation number and corresponding test information. You must maintain a copy of the test. The confirmation number is your proof of submission.

- No changes to program – submission of tests can be by 3 part form or by filling out online.
- Per City Code - Customer still needs to receive a copy of the test
- Per City Code – the Cross Connection Dept. still needs to receive the test within 15 days of the test
- List of testers is verified with the State on a quarterly basis

To Begin

- Sort your tests by tester number, you must log in on the correct tester.
 - Go to: the City's website
 - ❖ Resident Resources
 - ❖ Utilities
 - ❖ Water
 - ❖ Backflow Prevention
 - ❖ *Mobile-capable version at <http://apps.cedar-rapids.org/backflow>*
- The login is the tester ID number and the password is the tester's last name (all lower case)
- If you are a new tester and it will not let you enter your login – contact Bonnie to get you added to the State List (must have state issued number)

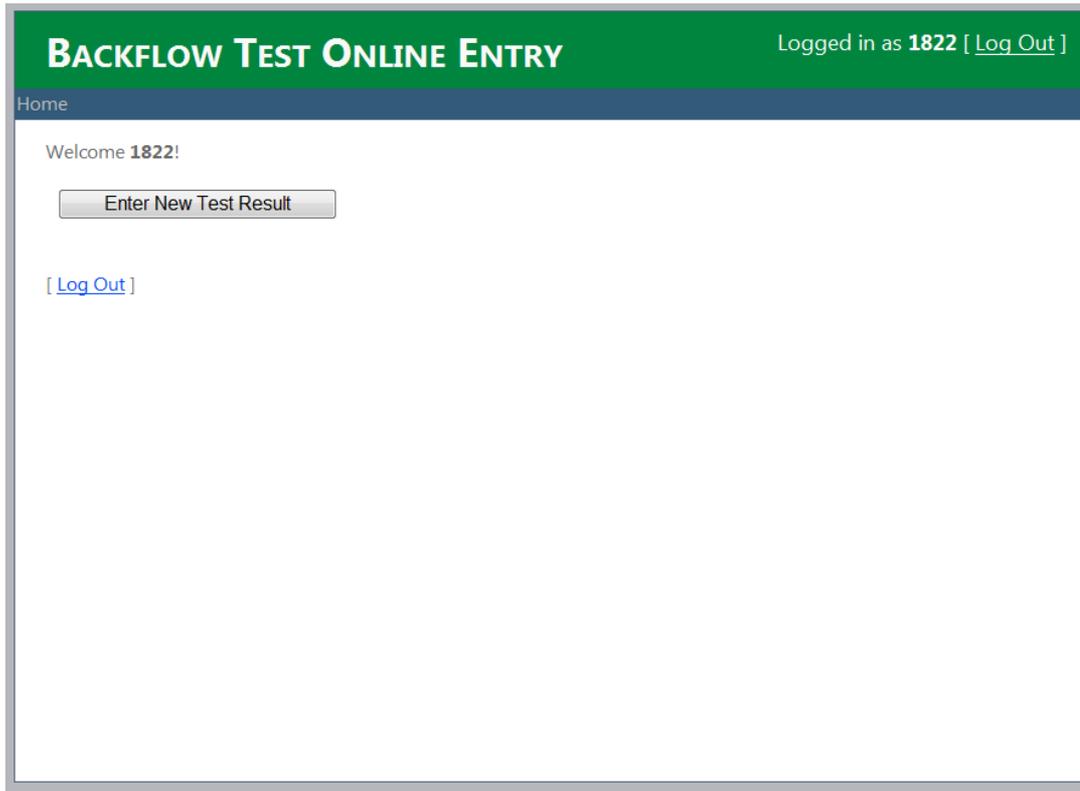
Initial Log in



The screenshot shows a web application interface for "BACKFLOW TEST ONLINE ENTRY". At the top, there is a green header bar with the text "BACKFLOW TEST ONLINE ENTRY" on the left and "Not logged in. [Log In]" on the right. Below the header is a dark blue navigation bar with a "Home" link. The main content area is white and contains a "Log In" form. The form has a title "Log In" in a dark green box. It includes a "User Name:" label followed by a text input field, a "Password:" label followed by a text input field, and a checkbox labeled "Remember me next time." Below the checkbox is a "Log In" button.

- User Name is your tester ID number
- Password is the tester's last name
- REMEMBER – if entering for staff – you must log off and log on again to change the tester information
- Tester is still responsible for information entered or given to their staff for entry

Access Test Information



- Click on “Enter New Test Result”

Premise and Owner Information

BACKFLOW TEST ONLINE ENTRY Logged in as 1822 [[Log Out](#)]

[Home](#) Premise and Owner

Business or Owner Name:

Service Address:

City:

Zip Code:

Protection Type:

Test Type:

- Please select...
- RPZ (Reduced Pressure)
- Double Check
- Double Check Detector Assembly
- Reduced Pressure Detector Assen
- Pressure Vacuum Breaker
- Atmospheric Vacuum Breaker
- Air Gap
- Anti-siphon Flush Valve
- Hose Bibb Vacuum Breaker
- Removal/Replacement of any devic

- Fill in appropriate responses
- Protection Type – is it - Isolation or Containment
- Choose correct device type
- NOTE: when a device is removed and/or replaced – must enter using the removal/replacement of any device

RPZ (Reduced Pressure)

BACKFLOW TEST ONLINE ENTRY Logged in as 1822 [[Log Out](#)]

[Home](#) - Premise and Owner

Business or Owner Name:

Service Address:

City:

Zip Code:

Protection Type:

Test Type:

- All tests go through this same format
- NOTE – when entering a Fire Line – Detector Assembly you will have to submit both large device and by pass at the same time – this is an assembly and must be tested as such

Premise and Owner Information Screen

BACKFLOW TEST ONLINE ENTRY Logged in as 1822 [[Log Out](#)]

[Home](#) [Premise and Owner](#)

Business or Owner Name:

Service Address:

City:

Zip Code:

Protection Type:

Test Type:

- Highlights in red – prompt you about missing or incorrect information entered
- System will not let you go to “next” page until all highlights are corrected

Test Results

BACKFLOW TEST ONLINE ENTRY Logged in as 1822 [[Log Out](#)]

[Home](#) [Premise and Owner](#) [Test Results](#)

RPZ TEST RESULTS

Manufacturer:

Model Number:

Size:

Serial Number:

MeterNum:

Location of Device (floor #, building #, etc.):

Test Step	Requirement	Final
Check Valve 1 Confirmed Pressure Drop	5.0 PSID minimum	<input type="text"/>
Relief Valve	2.0 PSID minimum	<input type="text"/>
Check Valve 2	Differential pressure in direction of flow 1.0 PSID minimum	<input type="text"/>
Check Valve 2	Held against backpressure	Please select... ▼
Check Valve 1	Apparent pressure drop	<input type="text"/>
Check Valve 1	Difference between Apparent and Confirmed 1.0 PSID maximum	<input type="text"/>
Buffer	Confirmed pressure-relief valve pressure 3.0 PSID minimum	<input type="text"/>

- All information must be completed on the form

Example of input

BACKFLOW TEST ONLINE ENTRY Logged in as 1822 [[Log Out](#)]

[Home](#) - [Premise and Owner](#) - Test Results

RPZ TEST RESULTS

Manufacturer:

Model Number:

Size:

Serial Number:

MeterNum:

Location of Device (floor #, building #, etc.):

Test Step	Requirement	Final
Check Valve 1 Confirmed Pressure Drop	5.0 PSID minimum	<input type="text" value="5.2"/>
Relief Valve	2.0 PSID minimum	<input type="text" value="2.2"/>
Check Valve 2	Differential pressure in direction of flow 1.0 PSID minimum	<input type="text" value="2.0"/>
Check Valve 2	Held against backpressure	<input type="text" value="Yes"/>
Check Valve 1	Apparent pressure drop	<input type="text" value="3.00"/>
Check Valve 1	Difference between Apparent and Confirmed 1.0 PSID maximum	<input type="text" value="2.00"/>
Buffer	Confirmed pressure-relief valve pressure 3.0 PSID minimum	<input type="text" value="3.00"/>

- Location of device
 - Type of hazard protecting (boiler, pump etc.)
 - Location – so you can locate the device on the next test date

Repairs and/or notes

The screenshot shows a web application interface for "BACKFLOW TEST ONLINE ENTRY". The header is green with the title "BACKFLOW TEST ONLINE ENTRY" and "Logged in as 1822 [Log Out]". Below the header is a blue navigation bar with links: "Home", "Premise and Owner", "Test Results", and "Repairs and Notes". The main content area has two text input fields: "Repairs Made (Detail repairs and list parts):" and "Additional Notes:". A "Next" button is located at the bottom right of the form area.

- Any repairs done – shall be noted in the detail area
- Additional notes – are any notations or changes that you need to have me note in my database (i.e. serial number should be a 12345 not 12845)

Legal Terms – Be sure to read

BACKFLOW TEST ONLINE ENTRY Logged in as 1822 [[Log Out](#)]

[Home](#) > [Premise and Owner](#) > [Test Results](#) > [Repairs and Notes](#) > [Sign Off](#)

Date of Actual Test:

Tester Name:

Employer:

Employer Address:

Phone Number:

Email Address:

DATA INPUT - LEGAL CONFIRMATION

I certify that the above test was completed using either ASSE or USC test procedures and met all parameters required. I certify the device was tested by me and tested on the date submitted on this form. I hereby certify that all data submitted is true, accurate, and complete.

By typing your name in this box, you are certifying acceptance of the above statement.

Test Performed By:

If data entry completed by someone other than the tester, please complete the following:

Data entry performed by:

Phone Number:

- This information will be auto filled based on your license information submitted to the State of Iowa

YOUR SUBMISSION HAS BEEN RECEIVED.

YOUR CONFIRMATION NUMBER IS 1127

Business or Owner Name: ABC

Business Address: 1111 Shaver Rd NE

Business City: Cedar Rapids

Business Zip Code: 52402

Protection Type: Containment

Test Type: Reduced Pressure

Manufacturer: watts

Model Number: 009

Size: 5

Serial Number: 123456

Meter Number:

Location: boiler make up line - second floor

Check Valve 1 Confirmed Pressure Drop 6.000

Relief Valve 3.000

Check Valve 2 1.400

Check Valve 2 Yes

Check Valve 1 2.000

Check Valve 1 3.000

Buffer 3.000

Repairs:

Notes:

Test Date: 04/29/2013

Employer Name: [REDACTED]

Employer Address: [REDACTED]

Phone Number: [REDACTED]

Email Address:

Data Entry Name: Bonnie Brewer

Data Entry Phone: 319-286-5932

Signature: [REDACTED]

Entry Date: 4/30/2013 12:15:55 PM

Per City of Cedar Rapids Ordinance No 29-93 (I)6. The registered backflow-prevention assembly technician shall report the successful test of a backflow-prevention assembly to the customer and to the administrative authority on the form provided by the administrative authority **within 15 days of the test.**

Per City of Cedar Rapids Ordinance No 29-93 (J)2. Any of the following conditions constitute noncompliance: A. Improper testing or repair of backflow-prevention assemblies; B. Improper reporting of the results of testing or of repairs made to backflow-prevention assemblies; C. Failure to meet registration requirements; D. Related unethical practices.

Be sure to print this page before proceeding. If you do not and a request is submitted to the Cross Connection staff to locate and send you a copy there will be a charge assessed for \$5 per test form.

Print

New Entry - Same Location

New Entry - New Location

Logout

Confirmation

- You have completed all of the necessary information.
- MUST print a copy of this confirmation for your records**
- PLEASE NOTE: requesting a copy of the confirmation incurs a charge of \$5 per test form**
- You must print after every test submission - NOTE: Once you go to the next screen you can NOT back up and print your submission. If you do not print, you will have to contact Bonnie to send you a copy.
- This has been submitted to me for entry into my database
- If have additional tests at the same location and by the same tester - you can continue
- If same tester but new location – click on appropriate button
- If you need to change tester – click on logout and this will take you back to the initial log in screen

REMOVAL/REPLACEMENT

BACKFLOW TEST ONLINE ENTRY Logged in as 1822 [[Log Out](#)]

[Home](#) > Premise and Owner

Business or Owner Name:

Service Address:

City:

Zip Code:

Protection Type:

Test Type:

- Please select...
- RPZ (Reduced Pressure)
- Double Check
- Double Check Detector Assembly
- Reduced Pressure Detector Asse
- Pressure Vacuum Breaker
- Atmospheric Vacuum Breaker
- Air Gap
- Anti-siphon Flush Valve
- Hose Bibb Vacuum Breaker
- Removal/Replacement of any devi

- Complete premise and owner information
- NOTE: when this process is complete – you must enter the test of the new device

REMOVAL/REPLACEMENT

BACKFLOW TEST ONLINE ENTRY Logged in as 1822 [[Log Out](#)]

[Home](#) > [Premise and Owner](#)

Business or Owner Name:

Service Address:

City:

Zip Code:

Protection Type:

Test Type:

- Highlight Removal under test type and go to next

REMOVAL/REPLACEMENT

BACKFLOW TEST ONLINE ENTRY Logged in as 1822 [[Log Out](#)]

[Home](#) > [Premise and Owner](#) > [Test Results](#)

REMOVAL/REPLACEMENT

Manufacturer:

Model Number:

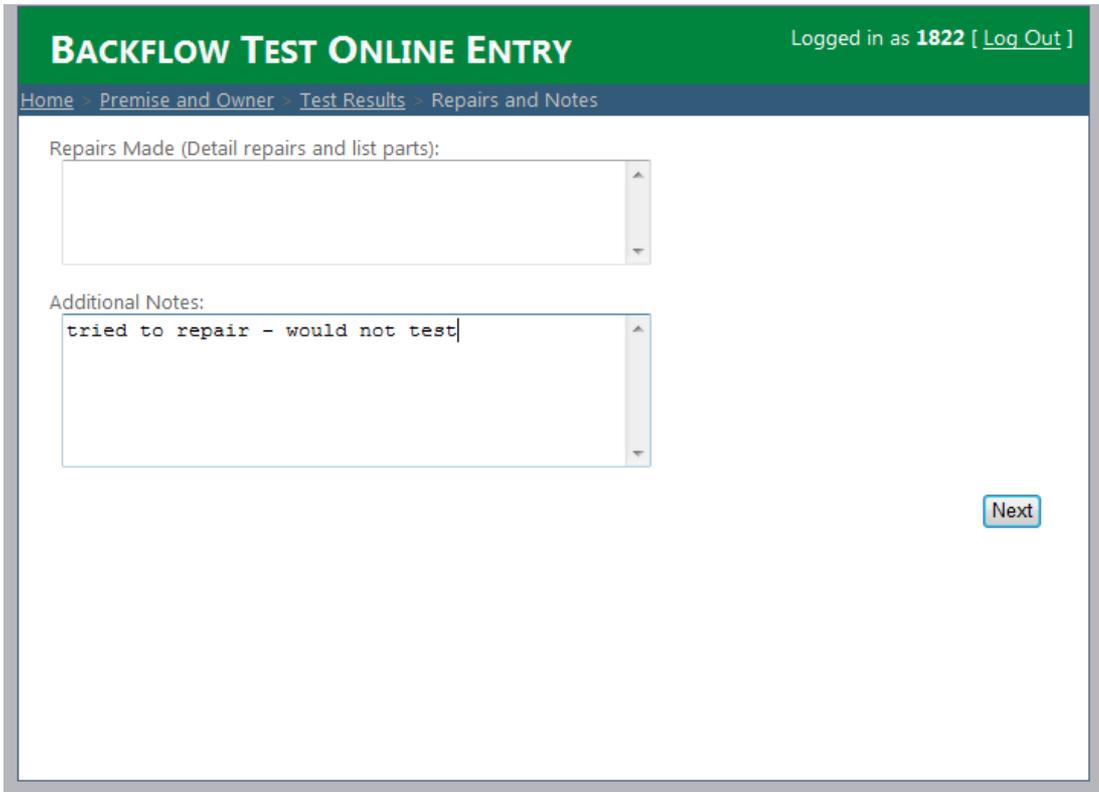
Size:

Serial Number:

Test Step	Requirement	Final
Was the device replaced?		<input type="text" value="Yes"/>
Serial Number	If replaced, serial number of new device	<input type="text" value="603555"/>
Reason for removal		<input type="text" value="froze and will not test"/>

- Enter device that was removed from service
- If device was replaced – you must enter the new test information
- If not replaced you do not have to enter any additional test information

REMOVAL/REPLACEMENT



BACKFLOW TEST ONLINE ENTRY Logged in as 1822 [[Log Out](#)]

[Home](#) > [Premise and Owner](#) > [Test Results](#) > Repairs and Notes

Repairs Made (Detail repairs and list parts):

Additional Notes:

tried to repair - would not test

[Next](#)

- If you attempted to repair device – note here
- Any additional notes you want to add

REMOVAL/REPLACEMENT

BACKFLOW TEST ONLINE ENTRY Logged in as 1822 [[Log Out](#)]

[Home](#) [Premise and Owner](#) [Test Results](#) [Repairs and Notes](#) [Sign Off](#)

Date of Actual Test:

Tester Name:

Employer:

Employer Address:

Phone Number:

Email Address:

DATA INPUT - LEGAL CONFIRMATION

I certify that the above test was completed using either ASSE or USC test procedures and met all parameters required. I certify the device was tested by me and tested on the date submitted on this form. I hereby certify that all data submitted is true, accurate, and complete.

By typing your name in this box, you are certifying acceptance of the above statement.

Test Performed By:

If data entry completed by someone other than the tester, please complete the following:

Data entry performed by:

Phone Number:

- This is auto filled like a regular test
- Read legal confirmation
- Submit

REMOVAL/REPLACEMENT

BACKFLOW TEST ONLINE ENTRY Logged in as 1822 [[Log Out](#)]

[Home](#) - Finished

YOUR SUBMISSION HAS BEEN RECEIVED.

YOUR CONFIRMATION NUMBER IS 1111

Business or Owner Name: ABC
Business Address: 1111 Shaver Rd NE
Business City: Cedar Rapids
Business Zip Code: 52402
Protection Type: Isolation
Test Type: Removal/Replacement

Manufacturer: watts
Model Number: 009
Size: 3/4
Serial Number: 123456
Meter Number:
Location:
Was the device replaced? Yes
Serial Number: 603555
Reason for removal: froze and will not test

Repairs:
Notes: tried to repair - would not test
TestDate: 3/15/2013 12:00:00 AM
Employer Name: [REDACTED]
Employer Address: [REDACTED]
Phone Number: [REDACTED]
Email Address: [REDACTED]
Data Entry Name: Bonnie Brewer
Data Entry Phone: 319-286-5932
Signature: [REDACTED]
Entry Date: 4/12/2013 1:21:18 PM

- Print this for your records
- You must enter the new device test on the appropriate drop down (like any other test)

General Information

- License Questions
 - Contact: State of Iowa – Public Health
 - Randy Lane 515-281-5894
 - Joyce Brown 515-281-3548
 - Fax # 515-281-4529

City of Cedar Rapids

Cross Connection Control

- Program Administrator
 - Darrell Cannon
 - Ph # 319.286.5922
 - Email d.cannon@cedar-rapids.org
- Customer Service/Data Entry
 - Bonnie Brewer
 - Ph# 319.286.5932
 - Email b.brewer@cedar-rapids.org