

EXPECTATIONS OF THE CERTIFIED CROSS CONNECTION CONTROL TESTER



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TESTER CERTIFICATION

- ABPA and ASSE certifications are accepted.
- Copies of certifications, new or renewals, should be sent to us to keep our database current.
- Both ABPA and ASSE have websites that document current testers.
- <http://www.asse-plumbing.org/bpatcertlist.asp>
- http://www.abpa.org/?page=Tester_Cert
- Known, reputable testers' information can be updated from the test report if needed.

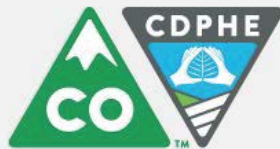


TESTER EXPECTATIONS

- All backflow assembly information must be confirmed when testing, even with pre-printed test reports.
- Databases are very specific with make, model, serial number and size.
- Handwritten reports must be legible. We will send back questionable test reports, which may cause an inconvenience to the customer.
- Test reports must be turned in to the water purveyor within 5 working days. Sooner is better.

TESTER EXPECTATIONS

- Regulation 11.39, (4.2)(a)(ii)(2), test report must include:
 - Certification agency,
 - Certification number,
 - Certification expiration date or statement that the certification is current,
 - Or, as an alternative to A-C, an electronic login may be used in the case of a reporting software program.



COLORADO
Department of Public
Health & Environment

THE TEST REPORT

Assembly Serial # _____
Test Date / Time _____
Tester Certification # _____
Assembly Test Results Pass *Fail
 Under Suspension - Process Immediately

Denver Water Backflow Assembly Test & Maintenance Report (please print with **BLOCK LETTERING**)

Account	Facility Name: _____ Meter #: _____			
	Facility Address: _____ City: _____			
	Contact Person: _____ Phone: _____			
Assembly	Make: _____ Model: _____	Type of Use _____ Protection _____ Orientation _____		
	Type: <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap	<input type="checkbox"/> Domestic <input type="checkbox"/> Containment <input type="checkbox"/> Inlet <input type="checkbox"/> Outlet		
	Size: _____ Date Installed: _____	<input type="checkbox"/> Fire <input type="checkbox"/> Glycol <input type="checkbox"/> Containment by Isolation <input type="checkbox"/> Horizontal <input type="checkbox"/>		
	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> Irrigation <input type="checkbox"/> Isolation <input type="checkbox"/> Vertical Up <input type="checkbox"/>		
Previous Assembly #: _____	<input type="checkbox"/> Recycled	<input type="checkbox"/> Vertical Down <input type="checkbox"/>		
Location: _____		Approved: Y <input type="checkbox"/> N <input type="checkbox"/>		
Testing & Maintenance	Line _____	Initial Test Results _____	Repairs _____	Re-Test Results _____
	PSI: _____	Tightness _____ Differential _____		Tightness _____ Differential _____
	Check Valve #1 (RP, DC, PVB) _____	<input type="checkbox"/> Leak <input type="checkbox"/> Tight		<input type="checkbox"/> Leak <input type="checkbox"/> Tight
	Check Valve #2 (RP, DC) _____	<input type="checkbox"/> Leak <input type="checkbox"/> Tight		<input type="checkbox"/> Leak <input type="checkbox"/> Tight
	Relief Valve (RP) _____			
	Buffer (RP) _____			
	Air Inlet (PVB) _____			
	Shutoff Valve #1: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced		Shutoff Valve #2: <input type="checkbox"/> Tight <input type="checkbox"/> Leaking <input type="checkbox"/> Replaced	
	Backpressure: <input type="checkbox"/> Yes <input type="checkbox"/> No	Test Procedure: <input type="checkbox"/> ABPA <input type="checkbox"/> ASSE:		
	Comments: _____			
Notification	Alarm Company/Fire Department: _____			
	Person Notified: _____		Contacted By: _____	
	Turn Off Date/Time: _____		Turn On Date/Time: _____	
Test Kit	Test Kit Make: _____		Model: _____	
	Serial #: _____		Last Calibration Date: _____	
Tester	Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.			
	Testing Company: _____			
	Tester Name: _____		Phone: _____	
Signature: _____		Certificate Expiration Date: _____		

Testing Company: Submit by e-mail (preferred) to CrossConnectionControl@denverwater.org.

type "Backflow Test Reports" in the subject line OR submit by Fax to (303) 794-8325.

* **FAILED** test results **must** be reported to Denver Water within 24 hours of failure at (303) 628-5969.

THE TEST REPORT

- Regulation 11.39 (4.2)(a)(ii)(1)
 - Assembly or method type,
 - Assembly or method location,
 - Assembly make, model and serial number,
 - Assembly size,
 - Test date and result (pass/fail).
- We require more information on the report
 - All fields must be filled out,

TEST GAUGE

- Must be calibrated on an annual basis, at a minimum.
- Calibration reports should be sent to the water purveyor. We track these in our database.
- We will not process a test report without a current test.
- Separate test kits need to be used for potable and recycled water.



TESTER ISSUES

- Repeated test report issues can be a problem
 - Missing, illegible or bad information
 - Test reports sent in late
 - No signatures
 - Questionable test values
- We may require the tester to perform the test procedures for which they are qualified for in our presence
- Suspicions of “drive-by testing” will be investigated
 - Over 20 test reports by the same tester in one day gets flagged by our system
- It is possible for a questionable tester to be banned from testing within our service area
- Customer complaints will be investigated
 - Using another company may be recommended

Questions???

