City of Tempe
P. O. Box 5002
31 East Fifth Street
Tempe, AZ 85280
480-350-2678
www.tempe.gov

Public Works Department
Water Utilities Divsion
Environmental Services Section

RECOGNIZED BACKFLOW ASSEMBLY TESTER CERTIFICATION REQUIREMENTS

1. Upon satisfactory fulfillment of the requirements provided by R18-4-215 and City of Tempe Ordinance, the Department will recognize the certificates issued by the American Backflow Prevention Association (ABPA), the Arizona State Environmental Technology Training (ASETT) Center or Piping Industry Progress & Education Fund (PIPE). Provided that a newly certified tester schedules an interview with the backflow prevention personnel prior to conducting his/her first backflow assembly test.

2. The certificate shall indicate that the holder is a Backflow Prevention Assembly Tester.

3. The ABPA, PIPE or ASETT Certification Administrator shall sign the certificate.

4. The certificate shall bear the seal of the certifying agency and state the date when the certificate was issued.

5. Any certificate issued in accordance with this requirement shall be valid for a period of three (3) years from the date of issue. At the end of that time, the certificate shall be renewed. Renewal shall be in accordance with the rules set forth by ABPA, PIPE, and/or ASETT Center.

6. In the event that a recognized testers certification expires, said testers shall be not be notified that his/her certification has expired and he/she will be removed from the “List of Recognized Testers”, until such time as he/she has satisfied the requirements of the department.

7. The Department, at its discretion, may establish additional requirements in connection with any certification or renewal.

TESTING EQUIPMENT CRITERIA

1. Each backflow prevention assembly tester shall have properly operating test equipment to be used in the evaluation of the performance of the following types of assemblies:

   A. Pressure Vacuum Breakers - Differential Pressure Gage

      1. Midwest 830, 845
      2. ITT Barton 226, 246, 247, Duke Barton
      3. Transducer (Duke 75,1000 - Watts TK99D,TKDP, TKDR)
      4. ProMaster ASRP-4

   B. Double Check Valve - Differential Pressure Gage

      1. Midwest 830, 845
      2. ITT Barton 226, 246, 247, Duke Barton
      3. Transducer (Duke 75,1000 - Watts TK99D,TKDP, TKDR)
      4. ProMaster ASRP-4

   C. Reduced Pressure Principle - Differential Pressure Gage

      1. Midwest 830, 845
      2. ITT Barton 226, 246, 247, Duke Barton
      3. Transducer (Duke 75,1000 - Watts TK99D,TKDP, TKDR)
      4. ProMaster ASRP-4

2. Each tester shall provide the Department with calibration documentation annually. The manufacturer, or an agency approved by the manufacturer shall perform this calibration. The agency will have to provide written documentation from the manufacturer giving approval to perform the calibration.

3. In the event that a recognized tester's gage calibration expires, the Department shall not notify the tester that his/her gage calibration has expired and that the equipment shall be removed from service until such time that he/she has satisfied the requirements of the department.

4. The Department, at its discretion, may establish additional requirements in connection with any gage calibrations issues.

CONTRACTORS LICENSE AND INSURANCE INFORMATION

1. Each testing company shall provide the department with a copy of their contractors license and PROOF OF RENEWAL.

2. Each testing Company shall provide the department with proof of at least one million dollars of general liability insurance annually.

TEST REPORT SUBMISSION CRITERIA

1. Test reports shall be in ink or typed and shall be legible. Online entry is available in the fall of 2012.

2. Xerox copies or faxes will not be accepted as originals. These will be held for five days in order to give the original time to be received by mail. After the five days faxes or copies will be discarded.

3. Each test form submitted shall have the companies name address and telephone number displayed on the top of the form. Those submitted without this information may be returned to the customer.

4. Test reports shall be filled out completely, with all necessary data as follows:

Water Purveyor	**Owner information** ***Contractors will not be accepted***
Water Meter No.	**Test and Repair Information**
Manufacturer, Size, Model, & Serial No.	**Testers Name & Signature**
Assembly Address	**Testers Certificate No.**
New Installation	**Test Kit Serial No**
Replacement ***(including the serial # of the replaced unit)***	**Pass or Fail**
Type of use	**Dates**

4. Test reports with incorrect, illegible or missing data will be returned to the tester and the owner of the assembly, with notification that the owner is still in non-compliance. The areas requiring correction will be highlighted. A VALID TEST FORM SHALL BE RESUBMITTED BEFORE YOUR CUSTOMERS COMPLIANCE DEADLINE, otherwise a valued customer may be inconvenience by the loss of domestic water services.

5. The return of three (3) test forms within a 30-day period may result in the removal of a tester from the recognized tester list.

6. Newly installed assembly test results (COPY) shall remain on site so that they may be submitted to the Building Safety Inspector for permit approval.

7. Before any assembly is replaced, the Department shall be notified, so that the Department can be present during the replacement process.

8. The Department, at its discretion, may establish additional requirements in connection with any test reporting issues.

WATER UTILITIES DIVISION

Application for Recognition as a
Backflow Assembly Tester

Tempe

READ ALL OF THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION

1. All statements in this application are subject to investigation by the division.
2. The application shall be typed or completed in ink or through use of the PDF form.
3. Improperly prepared or incomplete applications will be returned.
4. **A copy of Company Contractors License, Certificate of Liability Insurance, tester's certificate, and test gauge calibration report/s must accompany this form and should be submitted to the City of Tempe, Environmental Services Section, P. O. Box 5002, Tempe, AZ 85280 or faxed to 480-350-2615 or emailed by clicking "Submit" on the bottom of this form.**

PERSONAL AND BUSINESS INFORMATION

TESTERS NAME: _____

COMPANY NAME: _____

MAILING ADDRESS: _____

City: _____ State:_____ Zip:_____-_____

Phone: _____ Fax:_____

E-MAIL ADDRESS: _____

EDUCATION INFORMATION

COURSE NAME: _____ DATES ATTENDED:_____

COURSE LOCATION: _____

CERTIFICATE NO.: _____ EXPIRATION DATE:_____

CERTIFYING ORGANIZATION: _____

TEST GAUGE INFORMATION

Make and Model:_____ Gauge Serial No.:_____

Make and Model:_____ Gauge Serial No.:_____

Make and Model:_____ Gauge Serial No.:_____

Make and Model:_____ Gauge Serial No.:_____

INSURANCE INFORMATION

INSURANCE CO:_____ POLICY NO.:_____

Amount: _____

CONTRACTORS LICENSE INFORMATION

License Type:_____ License Number:_____

License Type:_____ License Number:_____

License Type:_____ License Number:_____

I hereby certify that this application contains no willful misrepresentation or falsification and the information given by me is true and complete to the best of my knowledge. If submitting by e-mail type in name on signature line.

_____ _____

Signature Date

E-mail Application