

TOKAY WEBTEST:USER GUIDE

City of Oak Harbor: Submittal Instructions User Guide

As an approved certified backflow assembly tester for the City of Oak Harbor, you are required to submit test results to our office **within 14 days of testing**. Only tests for City of Oak Harbor customers may be submitted to our office. Please verify with your customer which public water system serves their property prior to testing.

Beginning January 2024, test results from all approved testers must be submitted electronically using the City's new on-line submittal portal. This document provides step-by-step guidance on use of the online portal.

Use of the online software does not change how tests are performed or what information must be submitted to our office. This document indicates which parts of the online forms are required and which are optional. The layout of this document follows the basic steps needed to submit test results to the Cross Connection Control Program. Please contact the Cross Connection Control Program at cccprogram@oakharbor.org if you have any questions.

Please keep in mind that we are new to the software as well, but we believe that this is in the best interest of both the City and all backflow testers moving forward. Rest assured, Tokay has a great team and support desk if we need help, on either the side of the tester or the City. Thank you in advance for your patience and understanding as we move to this new software program.

TOKAY WEBTEST

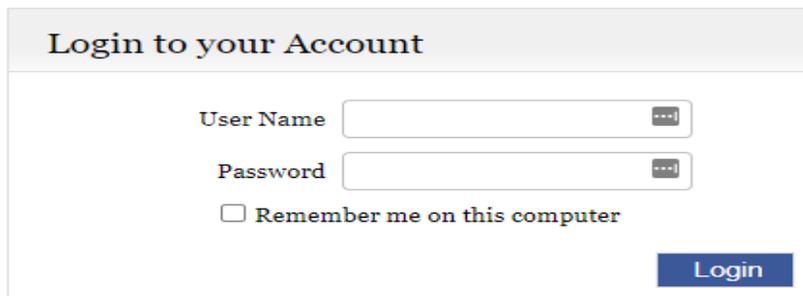
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The website for online submittal is located at oakharborwa.tokaytest.com The web site can be accessed by most electronic devices (desktop computer, tablet, smart phone, etc.) using most common web browsers.

LOGGING IN

Only testers approved by the City of Oak Harbor's Cross Connection Program will be provided a User Name and Password to access the site. **Failure to maintain up-to-date documentation with the program administrators, including credentials required for tester approval (DOH certification, gage calibration, etc.), will result in your login credentials being deactivated.** Please make sure that PRIOR to December 31, 2023 that we have your current BAT and gage calibration credentials.

Log in to the web site using the User Name and Password **assigned to you by the City's Cross Connection Team**. This will be e-mailed to you once the cross connection team has approved you to test devices. **You must provide our office with a valid e-mail address** to obtain your User Name and Password. A view of the login screen is shown below.



The screenshot shows a login form with the following elements:

- Title: Login to your Account
- User Name: A text input field with a clear button (X).
- Password: A text input field with a clear button (X) and a password visibility toggle (eye icon).
- Remember me: A checkbox labeled "Remember me on this computer".
- Login Button: A blue button labeled "Login".

If you forget your User Name or Password you will need to contact our office at cccprogram@oakharbor.org to have your login information e-mailed to you.

If your login credentials are deactivated for any reason please contact our office at cccprogram@oakharbor.org

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Once you have logged into the application a screen will appear as shown below. Confirm that the name and company name indicated are yours. If you are registered with more than one company you will be given a unique username and password for each.

Chris Weinandt is logged in with A TOTAL SOLUTION FIRE PROTECTION GROUP

You can customize the default message that appears when all testers log into the WebTest software.

Select a Company

- A TOTAL SOLUTION FIRE PROTECTION GROUP
- Tokay's Backflow Experts

ENTERING TEST RESULTS

The first step in entering test results is to add a new test. Click on the **Add Test** link.



Chris Weinandt is logged in with A TOTAL SOLUTION FIRE PROTECTION GROUP

You can customize the default message that appears when all testers log into the WebTest software.

Select a Company

- A TOTAL SOLUTION FIRE PROTECTION GROUP
- Tokay's Backflow Experts

Clicking on the **Add Test** link will open the **Device Profile Search** page.

Device Profile Search

To ensure that you are testing the correct device, it is very important that you obtain the device serial number, the property address, and the location that are provided to the owner on the back of their notification letter from the City of Oak Harbor. We suggest that you obtain this information from the owner at the time of scheduling the test. Also, please take the time to locate the **“Hazard ID”**. This is a unique number for each device, which can help us locate the device in our database if there is a question on either the serial number or house number associated with the device. **If the serial number and house/building number are not entered exactly as they appear on the customer’s letter you will not be able to submit the test results.**

A list of serial numbers and building numbers is also available on the Tester’s Page of the City’s web site at oakharborwa.tokaytest.com

Please enter the assembly serial number and building number only (no street name), -OR- Enter only the Hazard Identification (HID) that is issued for this particular backflow preventer. The HID was sent to the water customer.

Device Profile Search

* Indicates Required Field

* Serial Number a

House/Building Number b

--- OR ---

*Device/Hazard ID c

d Show All Hazards at Site

e f

Explanation Above:

- a) Serial Number – Located on device. Confirm that this matches the serial number on the letter sent to the owner and that you are testing the correct device. If not, refer to Troubleshooting/FAQs.
- b) House/Building Number – Numeric portion only of street address. For example, if the address is 910 Dublin Road, you would enter 910. Obtain this number from the “Property Address” line on the back of the letter sent to the owner. Please note that for properties with multiple buildings or businesses the “Property Address” may be different than the address at the location of the assembly. Use the number on the form sent to the owner. If the location address is different, it will often be listed on the “LOCATION” line on the back of the owner’s letter.
- c) Hazard # - Tokay software unique tracking number. Not needed if Serial Number and House/Building Number are known. This can be the most essential identification item since location may have been described differently and entered into the system as such on previous tests. Serial numbers may have become worn or reported incorrect in the past.
- d) Show All Hazards at Site - This will populate all the Hazards associated at the site.
- e) Locate Device – Once the serial number and house/building number have been entered, click this button to search the database for the device that requires its annual test.
- f) Clear Form – Click this button to empty the contents of the cells.

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Verify Site Profile

Once the correct serial number and house/building number are entered, selecting “Locate Device” will bring up the “Verify Site Profile” screen, as shown below. Refer to “Troubleshooting/FAQ” at the end of this document if you are having difficulty locating the device in the database.

Review the information on this screen, and update as necessary. Please note that any changes made will be submitted to our office when you confirm and enter results, regardless of whether you submit a test.

By clicking “Add Test,” you will then be prompted to verify the **Site Profile**.

Verify that the information below is correct. Click "Add Test" in the menu above to enter more test results. If you are done, check the corresponding boxes under "Submit" and click the "Submit Tests" button. Tests that are paid for are listed in the "Paid For" tab. Call us at [utility phone number] with questions.

Address: 2029 S TAMIAMI TRL LS449 0839
Company: CALECALTO COUNTY PUBLIC UTILITI

	Hazard Id	Serial#	Device Size	Device Type	Location	Last Test Date	New Test Date
Add Test	78969	4317509	0.75	RP		8/15/2017 12:00:00 AM	

****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.)**

Verify Site Profile

a No Changes **b** Suggest Changes **c** Replace Device

Last Test Date: 07/22/2020 12:00 Last Test Status: Fail Next Test Due: 05/21/2021 12:00

Contact: John2 Smith **d**

Address: #500 Main St **e**

Customer: CUSTOM CARTS **f**

Location: **g**

Hazard: Res-Active Well **h**

Meter Number: 8503772 **i**

Device Status: Active **j**

Serial Number: 1235 **k**

Manufacturer: FEBCO **l**

Model: 805YB **m**

Type: DC **n**

Size: 0.750 **o**

Owner Provided ID: 132795 **p**

Bypass

or **r**

Explanation Above:

- a) No Changes – This is the default. If all of the information on this screen is correct, leave this button checked, and click q. (Confirm and Enter Results)
- b) Suggest Changes – If any of the information is incorrect, select this button and enter what you feel are the correct values. The Cross Connection Administrator will review any proposed changes before updating the database. Corrections of typographical errors for the serial number (e.g. correcting a missing or incorrect digit) should be made using this feature.
- c) Replace Device – If the device that the test is requested for has been replaced since the last test, check this button and enter the relevant information for the replacement device (serial number, manufacturer, model number, type, and size).
- d) Contact – Customer or business name listed in the City’s customer billing system and cannot be changed by tester.
- e) Address– Property address listed on the form on the back of the owner’s notification letter. For some properties, the property address may be different than the building or unit address where the device is located. Refer to Item g) in the above picture.

- g) Location – Description of the location of the device. Please supplement if more detail is necessary. If the building number differs from the mailing address, please note the building address here. This is useful to reference for future testers. Remember, cardinal directions do not change. The most helpful location descriptions include using North, South, East and West.
- h) Hazard – Description of the hazard that requires the backflow prevention assembly
- j) Device Status - Will display the current devices status.
- k) Serial Number – Serial number of the backflow prevention device per the administrator database. If this number does not match the device you are testing, refer to the Troubleshooting/FAQ section for guidance on verifying/updating information.
- l) Manufacturer – Manufacturer of backflow prevention assembly. Also referred to as “make of assembly.”
- m) Model – Manufacturer’s model number
- n) Type – Type of device assembly.
- o) Size - Size.
- q) Confirm and Enter Test Results - Click this button to confirm values or save changes. Once you have confirmed, changes will be submitted to our office regardless of whether you continue to the next step to submit test data. All changes are proposed until reviewed and accepted by Cross Connection staff. Please note, your login session may be closed automatically if you are inactive for more than 5 minutes. Data entered but not saved will be lost.
- r) Cancel – Clears any changes and returns you to the prior (Device Profile Search) screen.

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Test Data Entry, Device Type: RP or RPDA

Please note, your login session may be closed automatically if you are inactive for more than 5 minutes. Data entered but not saved will be lost. We recommend that you save your work frequently.

For reduced pressure principle devices, the following screen appears. Items in yellow are not tracked by Oak Harbor Cross Connection Control Program.

Test Data Entry

Serial Number: 242516 Device Type: RP Address: 910 DUBLIN RD UNIT B - 940 DUBLIN RD

Initial Test	Check Valve #1	Check Valve #2	Relief Valve
<input type="radio"/> Pass <input type="radio"/> Fail a	<input type="radio"/> Leaked c <input type="radio"/> Closed Tight	<input type="radio"/> Leaked e <input type="radio"/> Closed Tight	Did not Open <input type="checkbox"/> g
Date <input type="text"/> b MM/DD/YYYY	Held at <input type="text"/> d PSID	Held at <input type="text"/> f SID	Opened at <input type="text"/> h SID

Repaired	Enter Repair Details Below
Date <input type="text"/> i	<input type="checkbox"/> Cleaned j <input type="checkbox"/> Rubber K k <input type="checkbox"/> Rebuild

Final Test	Check Valve #1	Check Valve #2	Relief Valve
Pass <input type="checkbox"/> l	<input type="checkbox"/> Closed Tight n	<input type="checkbox"/> Closed Tight p	Opened at <input type="text"/> r PSID
Date <input type="text"/> m	Held at <input type="text"/> o PSID	Held at <input type="text"/> q SID	

Details	
Proper Install <input type="radio"/> Yes s <input type="radio"/> No	#2 Shutoff <input type="radio"/> Leaked t <input type="radio"/> Closed Tight

Test Kit	Comments
<input type="text"/> 1234567 u	<input type="text"/> v

w 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.

x Save Test Data or **y** Cancel

Explanation Above:

Initial Test

- a) Pass/Fail – Mandatory. Indicates if the device passed or failed the initial test.
- b) Date – Mandatory. Date of initial test. Select value from the pop-up calendar.

Initial Test, Check Valve #1

- c) Leaked/Closed Tight – Mandatory. Indicate if Check Valve #1 leaked (failed) or closed tight (passed).
- d) Held at _____ PSID – Mandatory. Enter the test PSID for Check Valve #1. Initial Test,

Check Valve #2

- e) Leaked/Closed Tight – Mandatory. Indicate if Check Valve #2 leaked (failed) or closed tight (passed).
- f) Held at _____ PSID – Data entry optional. Enter the test PSID for Check Valve #2.

Initial Test, Relief Valve Mandatory

- g) Did not Open – Check this box if the relief valve did not open at the required PSID.
- h) Opened at _____ PSID – Enter the test PSID when the relief valve opened.

Repaired – Mandatory to fill in this section if repairs were made. Leave blank if no repairs.

- i) Date – Date repairs were completed. Select value from the pop-up calendar.

Enter Repair Details for Specific Assemblies Below – Mandatory to fill in this section if repairs were made. Leave blank if no repairs.

- j) Cleaned/Rubber Kit/Rebuild – Select box that best describes the nature of the repairs.
- k) Comments – Describe repairs.

Final Test – Only fill in this section after repairs are made and the device passes all tests. If no repairs were made this section should be left blank.

- l) Pass – Check this box only if repairs were made and tests show the device is now functioning properly.
- m) Date – Date the final test was performed that showed the device as functional. Final

Test, Check Valve #1 – Only fill in this section after repairs are made and the device passes all tests.

- n) Closed Tight – Check this box only if repairs were made and tests show that Check Valve #1 is now functioning properly.
- o) Held at _____ PSID – Enter the test PSID for Check Valve #1.

Final Test, Check Valve #2 – Only fill in this section after repairs are made and the device passes all tests.

p) Closed Tight – Check this box only if repairs were made and tests show that Check Valve #2 is now functioning properly.

q) Held at _____ PSID – Data not tracked by Oak Harbor but the software may require an entry to continue. Enter the test PSID for Check Valve #2. If the PSID was not recorded, enter o.o.

Final Test, Relief Valve – Only fill in this section after repairs are made and the device passes all tests.

r) Opened at _____ PSID – Enter the test PSID when the relief valve opened.

Details

s) Proper Install, Yes/No – Mandatory. Does the assembly meet proper piping installation requirements?

t) #2 Shutoff, Leaked/Closed Tight – Mandatory. Did the outlet valve leak (fail) or close tight (pass)?

Test Kit

u) Mandatory. Select the serial number for the test kit used for the test. Test kits must be registered with the City of Oak Harbor Cross Connection Team. Test kits may not be used if it has been more than 12 months since it was last calibrated.

Comments

v) Data entry optional. Provide any comments.

w) Certification – Tests cannot be submitted until you have checked the box acknowledging the four certification statements are true.

x) Save Test Data – Temporarily saves test data until you are ready to submit test results. Your login session may be closed automatically if you are inactive for more than 5 minutes. Data entered but not saved will be lost. We recommend that you save your work frequently.

y) Cancel – Clicking this button discards any unsaved changes and returns you to the prior (“Verify Site Profile”) screen.

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Test Data Entry, Device Type: DC or DCDA

For double check devices the following screen appears. Items in yellow are not tracked by the City of Oak Harbor Cross Connection Control Program.

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: 1302351103 Device Type: DCDA Address: 1000 N HAGUE AVE - METER PIT NORTH SIDE OF DRIVEWAY

Initial Test	Check Valve #1	Check Valve #2
<input type="radio"/> Pass <input type="radio"/> Fail a	<input type="radio"/> Leaked <input type="radio"/> Closed Tight c	<input type="radio"/> Leaked <input type="radio"/> Closed Tight e
Date <input type="text"/> b MM/DD/YYYY	Held at <input type="text"/> d PSID	Held at <input type="text"/> f PSID

Repaired	Enter Repair Details Below
Date <input type="text"/> g <input type="checkbox"/> Cleaned h <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Rebuild	<input type="text"/> i

Final Test	Check Valve #1	Check Valve #2
Pass <input type="checkbox"/> j	Closed Tight <input type="checkbox"/> l	Closed Tight <input type="checkbox"/> n
Date <input type="text"/> k	Held at <input type="text"/> m PSID	Held at <input type="text"/> o PSID

Details	
Proper Install <input type="radio"/> Yes <input type="radio"/> No p	#2 Shutoff <input type="radio"/> Leaked <input type="radio"/> Closed Tight q

Test Kit	Comments
1234567 <input type="text"/> r	<input type="text"/> s

* 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. **t**
 * I certify that all certifications and registrations required to be a backflow tester within the City of Columbus are current.

or **u** **v**

Explanation Above:

Initial Test

- a) Pass/Fail – Mandatory. Indicates if device passed or failed the initial test.
- b) Date – Mandatory. Date of initial test. Select value from the pop-up calendar.

Initial Test, Check Valve #1

- c) Leaked/Closed Tight – Mandatory. Indicate if Check Valve #1 leaked (failed) or closed tight (passed).
- d) Held at _____ PSID – Mandatory. Enter the test PSID for Check Valve #1.

Initial Test, Check Valve #2

- e) Leaked/Closed Tight – Mandatory. Indicate if Check Valve #2 leaked (failed) or closed tight (passed).
- f) Held at _____ PSID – Mandatory. Enter the test PSID for Check Valve #2.

Repaired – Mandatory to fill in this section if repairs were made. Leave blank if no repairs.

- g) Date – Date repairs were completed. Select value from the pop-up calendar.

Enter Repair Details for Specific Assemblies Below – Mandatory to fill in this section if repairs were made. Leave blank if no repairs.

- h) Cleaned/Rubber Kit/Rebuild – Select box that best describes the nature of the repairs.
- i) Comments – Describe repairs.

Final Test – Only fill in this section after repairs are made and the device passes all tests. If no repairs were made this section should be left blank.

- j) Pass – Check this box only if repairs were made and tests show the device is now functioning properly.
- k) Date – Date the final test was performed that showed the device as functional.

Final Test, Check Valve #1 – Only fill in this section after repairs are made and the device passes all tests.

- l) Closed Tight – Check this box only if repairs were made and tests show that Check Valve #1 is now functioning properly.
- m) Held at _____ PSID – Enter the test PSID for Check Valve #1.

Final Test, Check Valve #2 – Only fill in this section after repairs are made and the device passes all tests.

n) Closed Tight – Check this box only if repairs were made and tests show that Check Valve #2 is now functioning properly.

o) Held at _____ PSID – Enter the test PSID for Check Valve #2.

Details

p) Proper Install, Yes/No – Mandatory. Does the assembly meet proper piping installation requirements?

q) #2 Shutoff, Leaked/Closed Tight – Mandatory. Did the outlet valve leak (fail) or close tight (pass)?

Test Kit

r) Mandatory. Select the serial number for the test kit used for the test. Test kits must be registered with the City of Oak Harbor Cross Connection Control Program. Test kits may not be used if it has been more than 12 months since last calibrated.

Comments

s) Data entry optional. Provide any comments.

t) **Certification** – Tests cannot be submitted until you have checked the box acknowledging the four certification statements are true.

u) **Save Test Data** – Temporarily saves test data until you are ready to submit test results to the Cross Connection Team. Your login session may be closed automatically if you are inactive for more than 5 minutes. Data entered but not saved will be lost. We recommend that you save your work frequently.

v) **Cancel** – Clicking this button discards any unsaved changes and returns you to the prior (“Verify Site Profile”) screen.

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Test Data Entry, Device Type: PVB or SVB

For vacuum breaker devices the following screen appears. Items in yellow are not tracked by the City of Oak Harbor.

Test Data Entry

Serial Number: 649953 Device Type: PVB Address: 910 DUBLIN RD UNIT B - 940 DUBLIN RD

Initial Test	PVB/SVB
<input type="radio"/> Pass <input type="radio"/> Fail a	Air Inlet
Date <input type="text"/> b MM/DD/YYYY	<input type="checkbox"/> Did Not Open c
	Opened at <input type="text"/> d PSID
	<input type="checkbox"/> Opened Fully e
	Check Valve
	Leaked <input type="checkbox"/> f
	Held at <input type="text"/> g PSID

Repaired	Enter Repair Details Below
Date <input type="text"/> h	<input type="checkbox"/> Cleaned i
	<input type="checkbox"/> Rubber Kit
	<input type="checkbox"/> Rebuild
	<input type="text"/> j

Final Test	PVB/SVB
Pass <input type="checkbox"/> k	Air Inlet
Date <input type="text"/> l	Opened Fully <input type="checkbox"/> m
	Opened at <input type="text"/> n PSID
	Check Valve
	Held at <input type="text"/> o PSID

Details	
Proper Install <input type="radio"/> Yes <input type="radio"/> No p	#2 Shutoff <input type="checkbox"/> Leaked q
	<input type="checkbox"/> Closed Tight

Test Kit	Comments
1234567 <input type="text"/> r	<input type="text"/> s

* 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. **t**

* I certify that all certifications and registrations required to be a backflow tester within the City of Columbus are current.

u Save Test Data or [Cancel](#) **v**

Explanation Above:

Initial Test

- a) Pass/Fail – Mandatory. Indicates if device passed or failed the initial test.
- b) Date – Mandatory. Date of initial test. Select value from the pop-up calendar.

Initial Test, PVB/SVB, Air Inlet – Mandatory

- c) Did Not Open – Check this box if the air inlet valve failed to open at all when water pressure was released from the body of the pressure vacuum breaker.
- d) Opened at _____ PSID – If the air inlet opened when water pressure was released from the body of the pressure vacuum breaker record the pressure differential that opened it.
- e) Opened Fully – Check this box if the air

Initial Test, Check Valve – Mandatory

- f) Leaked – Check this box if the check valve was not water tight at pressures less than 1 psig.
- g) Held at _____ PSID – Record the maximum pressure obtained without the check valve leaking.

Repaired – Mandatory to fill in this section if repairs were made. Leave blank if no repairs.

- h) Date – Date repairs were completed. Select value from the pop-up calendar.

Enter Repair Details for Specific Assemblies Below – Mandatory to fill in this section if repairs were made. Leave blank if no repairs.

- i) Cleaned/Rubber Kit/Rebuild – Select box that best describes the nature of the repairs.
- j) Comments – Describe repairs.

Final Test – Only fill in this section after repairs are made and the device passes all tests. If no repairs are necessary leave this section blank.

- k) Pass – Check this box only if repairs were made and tests show the device is now functioning properly.
- l) Date – Date the final test was performed that showed the device as functional.

Final Test, PVB/SVB, Air Inlet– Only fill in this section after repairs are made and the device passes all tests.

m) Opened Fully – Check this box if the air inlet opened fully when all of the water drained from the body of the pressure vacuum breaker.

n) Opened at _____ PSID – Record the pressure differential that opened the air inlet when water pressure was released from the body of the pressure vacuum breaker.

Final Test, Check Valve – Only fill in this section after repairs are made and the device passes all tests.

o) Held at _____ PSID – Record the maximum pressure obtained without the check valve leaking.

Details

p) Proper Install, Yes/No – Mandatory. Does the assembly meet proper piping installation requirements?

q) #2 Shutoff, Leaked/Closed Tight – Data entry optional. Not tracked by BCO.

Test Kit

r) Mandatory. Select the serial number for the test kit used for the test. Test kits must be registered with the Cross Connection Team. Test kits may not be used if it has been more than 12 months since last calibrated.

Comments

s) Data entry optional. Provide any comments.

t) Certification – Tests cannot be submitted until you have checked the box acknowledging the four certification statements are true.

u) Save Test Data – Temporarily saves test data until you are ready to submit test results to the Cross Connection Team. Your login session may be closed automatically if you are inactive for more than 5 minutes. Data entered but not saved will be lost. We recommend that you save your work frequently.

v) Cancel – Clicking this button discards any unsaved changes and returns you to the prior (“Verify Site Profile”) screen.

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REVIEWING AND SUBMITTING TESTS

Once tests have been saved, they will appear in the list on the Review Tests page. Saving a test does not submit any information to our office.



Chris Weinandt is logged in with A TOTAL SOLUTION FIRE PROTECTION GROUP - [click to change](#)

Verify that the information below is correct. Click "Add Test" in the menu above to enter more test results. If you are done, check the corresponding boxes under "Submit" and click the "Submit Tests" button. Tests that are paid for are listed in the "Paid For" tab. Call us at [utility phone number] with questions.

Unsubmitted **Submitted** Filter:

No Test Data Found

Tests that have not been submitted can be reviewed by clicking on the “Unsubmitted” tab. Click on the serial number to open that particular test. After opening, unsubmitted tests may be edited or deleted. Any tests in the “Unsubmitted” tab **have not** been sent to our office.

When you are ready to submit a test, check the box in the column next to the test or tests you wish to submit, then click on “Submit Tests”. Tests submitted will be available to the Cross Connection Administrator the next business day.

To review tests that have been submitted click on the “Submitted” tab. Submitted tests may only be viewed or printed. They cannot be edited or deleted. If you need to modify a test already submitted, you must contact the Cross Connection Team or resubmit the report as a new test. **If resubmitting to correct a test with an error, please add a note in the comments section of the report.**

Applying a Search Filter

On either tab you can search for individual tests or tests meeting certain criteria using the “Filter” tool to the right of the “Unsubmitted” and “Submitted” tabs. You can use any of the information in your test list as search criteria, e.g. serial number or test date. You can also search using the following qualifiers: equal to, not equal to, starts with, contains, or does not contain.

To apply a filter, select a criterion and qualifier from the pull-down lists and type the search value in the box. Click the “Filter” button to narrow the list.

PRINTING TEST REPORTS

Test reports can be printed from either the “Unsubmitted” or the “Submitted” tabs on the “Review Tests” page. Click on the box under the “Select” column to place a check in the box next to the report(s) you wish to print.

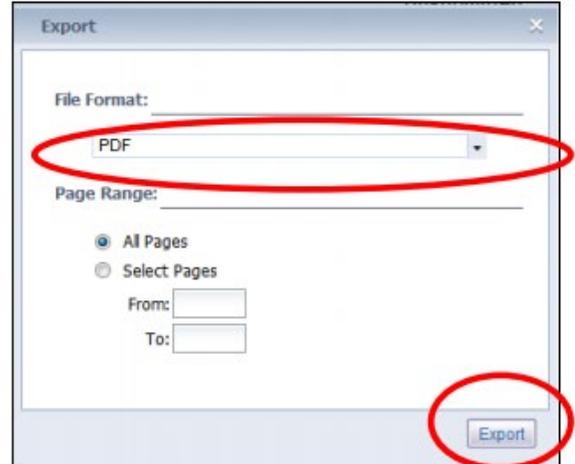
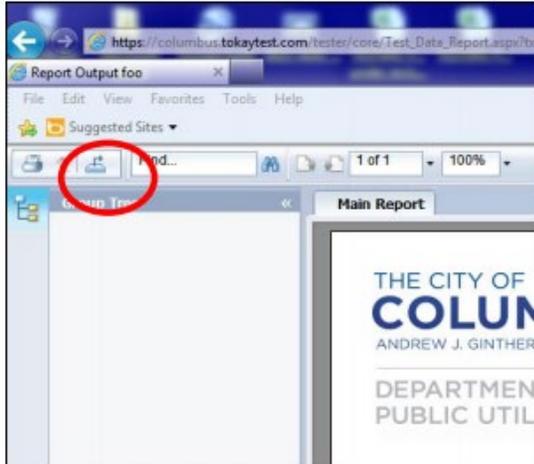
The first screen that returns may look somewhat jumbled. This is normal and will be corrected in the next step.

<input type="checkbox"/>	5498157 / 182336	3/24/2021 7:54:00 AM	4182 - Greenwood Ave. - In mechanical room on north wall	3/24/2021 fail	3/24/2021 pass	0090438	1052378
<input type="checkbox"/>	999988888 / 181862	3/24/2021 6:34:00 AM	2132 100th Ave - irrigation	3/24/2021 pass		0090438	1052377
<input checked="" type="checkbox"/>	5498157 / 182336	3/23/2021 8:10:00 AM	4182 - Greenwood Ave. - In mechanical room on north wall	3/23/2021 fail	3/23/2021 pass	0090438	1052376
<input checked="" type="checkbox"/>	5498157 / 182336	9/17/2020 10:06:00 AM	4182 - Greenwood Ave. - In mechanical room on north wall	9/17/2020 pass		0090438	1052375
<input type="checkbox"/>	654168134 / 182329	9/17/2020 10:06:00 AM	738 105TH AVE - Basement, mechanical room, n.w. corner	9/17/2020 fail	9/17/2020 pass	0090438	1052374
<input type="checkbox"/>	134-5436 / 182021	9/11/2020 12:31:00 PM	315 1/2 Thomas L Berkley Way - Boiler room west wall	9/11/2020 pass		01050660	1052373
<input checked="" type="checkbox"/>	654168134 / 182329	9/11/2020 12:31:00 PM	738 105TH AVE - Fire riser	9/11/2020 fail	9/11/2020 pass	0090438	1052372

1 2 3 4

[Print Selected Tests](#)

Near the top left corner of the screen select the “Export this report” button. When the “Export” window opens, choose “PDF” for the file format and then click “Export” at the bottom right of the “Export” window. A PDF file will be created that you can print and/or save.



Select the “Return to Test Data Summary Page” button at the bottom of the page or use the back arrow on your web browser to return to the “Review Tests” page.

Logout

When you are finished entering test results you may log out by selecting this button. If you do not logout on your own, the site may automatically log you out after approximately 5 minutes of inactivity.



TOKAY WEBTEST

City of Oak Harbor: Submittal Instructions User Guide

TROUBLESHOOTING/FREQUENTLY ASKED QUESTIONS

What if the serial number on the device does not match the serial number on the owner's notification letter? This is why there is also the option of reporting by using the **Hazard ID**. Other possibilities: you are at the wrong device; the device has been replaced; or the information in the database is incorrect. You will need to troubleshoot to determine which scenario is the case.

Search the online database using the serial number you found on the device and the property address. If the search locates a record in the database, you are likely not at the correct device. Confirm if the owner has other backflow assemblies. Tests performed on the incorrect device may result in non-compliance for the device noted on the customer's letter.

If a search of the serial number on the device does not locate a record in the database and you are at the correct hazard, the device may have been replaced or the serial number in the database may be incorrect. Does the owner have knowledge of the device being replaced? Does the other device information (manufacturer, model, type, and size) match? Is the serial number on the device similar to the one on the letter? Use your judgment to determine if the device was replaced or the serial number in the database is incorrect. Pull up the record in the database using the serial number and address on the owner's notification letter to locate the record in the database. Select either the "Make Changes" button or the "Replace Device" button, as appropriate, and enter the correct information.

What if I cannot locate a device in the database using the serial number and address provided on the owner's notification letter?

First, make sure the notification letter is from City of Oak Harbor Water Division, not another public water system. If the owner received a letter from the City of Oak Harbor Cross Connection Control Program notifying them of their annual testing requirement, the device exists in the City's Tokay database and the most likely cause of this problem is searching using incorrect values. Double check the serial number and house/building number you are entering into the cells on the search screen. The information you are entering must match the information on the back of the letter. Only the numeric portion

of the house/building number must be entered. This information must come from the “Property Address” line on the back of the owner’s letter.

What if a device has been removed?

Backflow prevention devices may be required by plumbing code (enforced by local building departments) or by the Water Division. Devices required by the Water Division (containment devices) are required to prevent the public water supply from contamination by on-site hazards. Devices required by plumbing code (isolation devices) are required to protect the on-site consumers from contamination by on-site hazards. In some cases, a single device may be required by both the Water Division and plumbing code.

Removal of a device generally must be approved by the overseeing authority (Water Division or the local building department or both) and is only permissible if the hazard that initially required the device to be installed has been eliminated. If a device has been removed, from the Verify Site Profile screen select Make Changes and type the word “Removed” in the Serial Number box.

How do I enter reports for new devices?

Before a test report can be submitted through the on-line portal a record of it must exist in our database. For newly installed devices send an e-mail to cccprogram@oakharbor.org with the following:

customer name
property address
device serial number
device type (e.g. RP, DC, PVB, etc.)

We will add the device to the database and notify you by e-mail when the device can be accessed in the online portal. When submitting the test report you will need to fill in the remaining information (Location, hazard type, manufacturer, model, and size.