



Technical Standards and Safety Authority
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 Customer Service: 1.877.682.8772
 Email: inspectionscheduling@tssa.org
 www.tssa.org

BPV INSPECTION REQUEST FORM
 Welder/Brazer Test, Shop Fabrication, Periodic, etc.,
 Technical Standards and Safety Authority
 Boilers and Pressure Vessels

R-0923-V9

Please Complete the following Information --- Fields indicated with '*' are MANDATORY				
*Is the facility a Hospital, Long Term Care Facility, Retirement Home or Post-Secondary School?			Yes	No
* Is request for an Agricultural Site?	YES	NO		
* Does site Require Bio Security?	YES	NO	* PREFERRED INSPECTION DATE(S) & TIME	
			1) _____	
			2) _____	
			3) _____	
* ESTIMATED DURATION OF INSPECTION	HOURS		DATE CONFIRMED WITH INSPECTOR?	
			YES NO	
*BILLING CUSTOMER NAME & ADDRESS <i>(Who is being billed for the Inspection)</i>		<i>Legal Name and Civic Address - Not a PO BOX</i>		
*DO YOU HAVE A PURCHASE ORDER NUMBER		<i>Please provide your TSSA Account Number if known</i>		
		TSSA ACCOUNT:		
		PO NUMBER:		
* DEVICE OWNER NAME & ADDRESS <i>(Who receives the Certificate of Inspection)</i>		<i>Must be a Civic Address - Not a PO BOX</i>		
		SAME AS BILLING		
* INSPECTION SITE NAME & ADDRESS <i>(Where is the inspection taking place)</i>		<i>Must be a civic address - Not a PO BOX</i>		
FEDERAL / RESERVE LAND				
<i>If site is a Federal Site, has a legal contract been established with TSSA.</i>		<i>If site is Reserve Land, please provide written consent from First Nation Chief permitting visit from TSSA.</i>		
*INSPECTION SITE CONTACT <i>(Who will meet the Inspector) (NAME, PHONE, EMAIL)</i>		<i>Please provide the Site Contact for Inspector</i>		
		NAME:		
		PHONE:		
		E-MAIL:		
* NAME OF DESIGNATED TSSA INSPECTOR		<i>Local Inspector inspecting at Site location</i>		
		UNKNOWN		
* IS SPECIAL SAFETY TRAINING REQUIRED TO ACCESS THE SITE		<i>If "Yes", Please provide duration of training</i>		
* ANY SPECIAL HEALTH & SAFETY PROTOCOLS REQUIRED TO ENTER THE FACILITY		<i>If "Yes", please advise</i>		
		HOURS		
		NO		
Please select ALL "Inspection Types" that Apply to this request and Complete the "Required Information"				
INSPECTION TYPES	REQUIRED INFORMATION			
SHOP FABRICATION <i>Inspection of Shop Fabricated Boilers, Pressure Vessels and Code Parts</i>			CONVENTIONAL	
			NUCLEAR	
REPAIR <i>Inspection of Shop or Field Repaired Boilers and Pressure Vessels</i> Please provide Required Information for <u>EACH</u> Device to be inspected	Device Information (if known)		TSSA ID/UID Number	
			CRN	
ALTERATION <i>Inspection of Shop or Field Altered Boilers and Pressure Vessels</i> Please provide Required Information for <u>EACH</u> Device to be inspected	* Inspection Location (Select one)		SHOP FIELD	
	* Device TSSA ID/UID Number			
	CRN Number (Existing)			
	Alteration CRN (5AN) (If available)		5AN-	
HOT TAP <i>Inspection of Hot Tap Boiler / Pressure Vessel or Piping</i> Please provide Required Information for <u>EACH</u> Device to be inspected	* Is this for a Boiler / Pressure Vessel or Piping?		Boiler / Pressure Vessel Piping	
	Boiler / Pressure Vessel		5AN- Accept Number-	
	Piping		Piping CRN (P#)- N/A (Out of Province) Accept Number-	
WELDER/BRAZER <i>Qualification of Welders/Brazers</i>	Number of Welder/Brazer Tickets Requested			
PERIODIC <i>Inspection of Operating UNINSURED Boilers and Pressure Vessels to <input type="checkbox"/> RENEW a Certificate of Inspection (COI)</i> For Inspection of Insured Devices, Please contact the Insurer	Device Information		TSSA ID/UID Number	
	Boiler Information		CRN	
	Pressure Vessel Information			
OTHER For requests that <u>DO NOT</u> apply to any of the above Inspection Types.	Please Select <u>ALL</u> that apply to this Request		WPS/BPS Qualification Proof Testing - Fittings Other (Specify):	
			NDE Demonstration Consultation/Meeting	

Please E-mail this completed Form to: inspectionscheduling@tssa.org