Technical Standards and Safety Authority
345 Carlingview Drive
Toronto, Ontario M9W 6N9
Call: 1.877.682.8772
Email: inspectionscheduling@tssa.org
www.tssa.org

Clear Form Print

BPV PIPING INSPECTION REQUEST FORM
Process & Pressure Piping
Technical Standards and Safety Act
Boilers and Pressure Vessels

P - 0826-V1.1

Please Complete the following Information --- Fields indicated with ' * ' are MANDATORY

Is this a Healthcare Facility or Long Term Care Facility / Retirement Home or Educational Institutions? ☐ YES ☐ NO	**Is this an Agricultural Site?** YES ☐ NO ☐ **Does Site require Bio Security?** YES ☐ NO ☐

***BILLING CUSTOMER NAME & ADDRESS** *(Who is being billed for the Inspection)*	*Legal Name and Civic Address - Not a PO BOX*	
***DO YOU HAVE A PURCHASE ORDER NUMBER**	*Please provide your TSSA Account Number if known* ☐ YES ☐ NO	**TSSA ACCOUNT:** **PO NUMBER:**
* **DEVICE OWNER NAME & ADDRESS** *(Civic Address not a PO Box)* *(Provide Legal Name, Address, Email, PhoneNumber)*	☐ **SAME AS BILLNG CUSTOMER**	
* **INSPECTION SITE NAME & ADDRESS** (*Where is the inspection taking place*)	*Must be a civic address - Not a PO BOX*	☐ **SAME AS BILLING**

PIPING/PIPING REPAIR ***Inspection of Shop or Field Fabricated Piping Systems and Piping Repair*** If any NEW Boilers or Pressure Vessels are being installed, submit an installation inspection request through the TSSA Customer Portal - https://clientportal.tssa.org/	**Associated Piping CRN (P#)** *(If multiple, please specify each P#)*	P- N/A (Out of Province)
	Will any NEW BPV be installed with this job?	☐ **NO** ☐ **YES – BPV Installation Request Form Attached** ☐ **YES – Installed by Others**
	Original TSSA Work Order Number *(If request is for a Job In-Progress)*	TSSA WO-

SECTION A - ELIGIBILITY for ALTERNATE PROCESS for PRESSURE PIPING

* **Will the work be installed in Ontario?** ☐ YES ☐ NO

* **Does your current Company Certificate of Authorization scope include Alternate Piping Process?** ☐ YES ☐ NO

If YES, *please provide appropriate Company QA#

* **Do you employ Qualified Personnel that has successfully completed TSSA Regulatory Requirements Training Course Module 1 ?** ☐ YES ☐ NO

* **Does the piping system meet the criteria of the Alternate Piping Process?** ☐ YES ☐ NO

If **"YES" to ALL of the above questions**, provide **Estimated Date of Job Completion**

and send this form to inspectionscheduling@tssa.org to obtain a Work Order# (specify "**Alternate Piping Request**" in the subject line).

If "NO" to ANY of the above Questions, then **Inspection is Required - PLEASE FILL DETAILS IN SECTION B below**

SECTION B - SCHEDULING PIPING / PIPING REPAIR INSPECTION

* **Is this site location on a Federal Facility/ On Reserve Land?** ☐ YES ☐ NO

*Refer instructions on TSSA website under - **Inspections at Federal sites, on Reserve or Indigenous Lands***

***INSPECTION SITE CONTACT** *(Who will meet the Inspector at Site Location?)*	**NAME:** **PHONE:** **E-MAIL:**
* **NAME OF DESIGNATED TSSA INSPECTOR** *Local Inspector inspecting at Site location*	☐ **UNKNOWN**
* **IS SPECIAL SAFETY TRAINING / BIO SECURITY REQUIRED TO ACCESS THE SITE?** (If "Yes", please provide duration of Training)	☐ **YES** ☐ **NO** **DURATION** **HRS**
IS THERE SPECIAL HEALTH & SAFETY PROTOCOLS REQUIRED TO ENTER THE FACILITY? If "Yes" please advise	
* **PREFERRED INSPECTION DATE(s) & TIME** (Provide all preferred dates & times)	1) 2) 3)
ESTIMATED DURATION OF INSPECTION **HRS**	**DATE CONFIRMED WITH INSPECTOR?** ☐ **YES** ☐ **NO**

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