



Brazer/Operator Last Name	Initial	First Name	Signature	Stamp No.
Residence Address			Postal Code	Provincial Registration No.
Company Name			Company PQR No.	
Street Address			Company BPS No. used	
			Postal Code	

Testing Variables and Ranges Qualified

Material Specification of First Test Coupon Base Metal _____
 Material Specification of Second Test Coupon Base Metal _____

Brazing Variables	Actual Values	Range Qualified
Brazing Process(es) (QB-401)	_____	_____
Type of brazing (manual, semi-automatic, automatic, machine) (QB-351)	_____	_____
Torch Brazing: Manual or Mechanical (QB-410)	_____	_____
Base Metal P-Number to P-Number (QB-402)	_____	_____
<input type="checkbox"/> Plate <input type="checkbox"/> Pipe (enter diameter if pipe or tube)	_____	_____
First Base Metal thickness (in.) (QB-402)	_____	_____
To Second Base Metal thickness (in.) (QB-402)	_____	_____
Joint Type (Butt, Lap, Scarf, Socket, etc.) (QB-408)	_____	_____
If Lap or Socket, Overlap Length (in.) (QB-408)	_____	_____
Joint Clearance (in.) (QB-408)	_____	_____
Filler Metal (SFA) Specification(s) (info. only)	_____	_____
Filler Metal Classification(s) (info. only)	_____	_____
Filler Metal/F-Number (QB-403)	_____	_____
Filler Metal Product Form (QB-403)	_____	_____
First Brazing Flow Position (QB-407)	_____	_____
Second Brazing Flow Position (QB-407)	_____	_____

Testing and Results

Visual Examination of Completed Joint (QB-141.6) _____ **Date of Test** _____
(mm-dd-yyyy)

Mechanical Test Peel (QB-462.3) Section (QB-462.4) Tension (QB-462.1)
 Transverse Bends [QB-462.2(a)] Longitudinal Bends [QB-462.2(b)]

Position	Result	Position	Result	Position	Result

Brazing Supervised by (print name) _____ Company _____
 Mechanical Tests Conducted by (print name) _____ Company _____
 Specimens Evaluated by (print name) _____ Company _____
 Laboratory Test No. _____

We certify that the statements in this record are correct and that the test coupons were prepared, brazed, and tested in accordance with the requirements of Section IX of the ASME Boiler and Pressure Vessel Code.

Manufacturer _____
 Certified by _____ Signature _____ Date _____
(mm-dd-yyyy)

FOR TSSA INSPECTOR USE ONLY

The Brazer named above has passed the brazing test required under Ontario's **Technical Standards and Safety Act**, Boilers and Pressure Vessels Regulation and is hereby authorized, subject to the limitations of this certificate.

Check (✓) applicable box below:

- To braze for the Employer named above only.
- For seeking employment only.

This Certificate expires: _____
(mm-dd-yyyy)

Inspector Name and Number (Print)

Inspector Signature and Date