

BPV INSPECTION (except First/Installation) REQUEST FORM

R-0421-V3

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

Please be advised that Your Request will be reviewed and an Agent will contact you by E-mail Confirming the Inspector, Inspection Date & Time

<p>* PREFERRED INSPECTION DATE & TIME <i>(Please provide ALL preferred Dates & Times)</i></p>	<p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p style="text-align: right;">EXPEDITED <input type="checkbox"/></p>
<p>* BILLING NAME & ADDRESS <i>(Legal Name and Civic Address - Not a PO BOX)</i></p>	
<p>* DEVICE OWNER NAME & ADDRESS <i>(IF DIFFERENT FROM BILLING NAME)</i> <i>(Must be a Civic Address - Not a PO BOX)</i></p>	
<p>* INSPECTION SITE ADDRESS <i>(IF DIFFERENT FROM BILLING ADDRESS)</i> <i>(Must be a civic address - Not a PO BOX)</i></p>	
<p>* INSPECTION SITE CONTACT <i>(NAME, PHONE, EMAIL)</i> <i>(Please provide the Inspector's Site Contact)</i></p>	<p>NAME: _____</p> <p>PHONE: _____</p> <p>E-MAIL: _____</p>
<p>* NAME OF LOCAL TSSA INSPECTOR <i>(Local Inspector inspecting at Site location)</i></p>	<input type="checkbox"/> UNKNOWN
<p>* IS SPECIAL SAFETY TRAINING REQUIRED TO ACCESS THE SITE <i>(If "Yes", Please provide duration of training)</i></p>	

Please select ALL "Inspection Types" that Apply to this request and Complete the "Required Information"

INSPECTION TYPES	REQUIRED INFORMATION		
<p><input type="checkbox"/> SHOP FABRICATION <i>Inspection of Shop Fabricated Boilers, Pressure Vessels and Code Parts</i></p> <p>Please Call 1 business day in advance</p>	<p>Estimated Duration of Inspection</p>	<p>HOURS</p> <p><input type="checkbox"/> CONVENTIONAL</p> <p><input type="checkbox"/> NUCLEAR</p>	
<p><input type="checkbox"/> REPAIR <i>Inspection of Shop or Field Repaired Boilers and Pressure Vessels</i></p> <p>Please provide Required Information for <u>EACH Device</u> to be inspected</p> <p>Please Call 1 business day in advance</p>	<p>Inspection Location <i>(Select one)</i></p>	<p><input type="checkbox"/> SHOP</p> <p><input type="checkbox"/> FIELD SITE</p>	
	<p>Device TSSA ID/UID Number <i>(If known)</i></p>		
	<p>CRN Number</p>		
<p><input type="checkbox"/> ALTERATION <i>Inspection of Shop or Field Altered Boilers and Pressure Vessels</i></p> <p>Please provide Required Information for <u>EACH Device</u> to be inspected</p> <p>Please Call 1 business day in advance</p>	<p>Inspection Location <i>(Select one)</i></p>	<p><input type="checkbox"/> SHOP</p> <p><input type="checkbox"/> FIELD SITE</p>	
	<p>Device TSSA ID/UID Number <i>(If known)</i></p>		
	<p>CRN Number <i>(Existing)</i></p>		
	<p>Alteration CRN (5AN) <i>(If available)</i></p>	5AN-	
<p><input type="checkbox"/> PIPING <i>Inspection of Shop or Field Fabricated Piping Systems</i></p> <p>Please Call 2 business days in advance</p>	<p>Inspection Location <i>(Select one)</i></p>	<p><input type="checkbox"/> SHOP</p> <p><input type="checkbox"/> FIELD SITE</p>	
	<p>Associated Piping CRN (P#) <i>(If multiple, please specify each P#)</i></p>	P-	<input type="checkbox"/> N/A (Out of Province)
	<p>Original TSSA Work Order Number <i>(If request is for a Job In-Progress)</i></p>	TSSA WO-	
<p><input type="checkbox"/> WELDER/BRAZER <i>Qualification of Welders and Brazers</i></p> <p>Please Call 2 business days in advance</p>	<p>Number of Welder/Brazer Tickets Requested</p>		
<p><input type="checkbox"/> PERIODIC <i>Inspection of Operating UNINSURED Boilers and Pressure Vessels to RENEW a Certificate of Inspection (COI)</i></p> <p>For Inspection of Insured Devices, Please contact your Insurer</p> <p>Please Call 5 business days in advance</p>	<p>Device Type</p>	<p>TSSA ID/UID Number</p>	<p>CRN</p>
	<p>Boiler Information</p>		
	<p>Pressure Vessel Information</p>		
<p><input type="checkbox"/> OTHER</p> <p>For requests that DO NOT apply to any of the above Inspection Types. <i>(i.e. Removal from Service, Fitting Proof Testing, Demonstrations, Consults, etc.)</i></p> <p>Please Call 5 business days in advance</p>	<p>Please provide details of your Request in the space provided</p>		

Please E-mail the completed form to: inspectionsscheduling@tssa.org