



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

R-0421-V5-A.1

Please Complete the following Information --- Fields indicated with ' * ' are MANDATORY				
* PREFERRED INSPECTION DATE & TIME <i>Please provide ALL preferred Dates & Times</i>			1) _____ 2) _____ 3) _____ DATE CONFIRMED WITH INSPECTOR? <input type="checkbox"/> YES <input type="checkbox"/> 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> <i>Please provide your TSSA Account Number</i> <i>Please provide a Purchase Order, if applicable</i>			LEGAL NAME & ADDRESS: TSSA ACCOUNT: PURCHASE ORDER:	
* DEVICE OWNER NAME & ADDRESS <i>(Who receives the Certificate of Inspection)</i> <i>Must be a Civic Address - Not a PO BOX</i>			<input type="checkbox"/> 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>			<input type="checkbox"/> SAME AS BILLING	
* INSPECTION SITE CONTACT <i>(Who will meet the Inspector)</i> <i>(NAME, PHONE, EMAIL)</i> <i>Please provide the Inspector's Site Contact</i>			NAME: PHONE: E-MAIL:	
* NAME OF DESIGNATED TSSA INSPECTOR <i>Local Inspector inspecting at Site location</i>			<input type="checkbox"/> UNKNOWN	
* IS SPECIAL SAFETY TRAINING REQUIRED TO ACCESS THE SITE <i>If "Yes", Please provide duration of training</i>		HOURS	<input type="checkbox"/> NO	
Please select ALL "Inspection Types" that Apply to this request and Complete the "Required Information"				
INSPECTION TYPES	REQUIRED INFORMATION			
<input type="checkbox"/> SHOP FABRICATION <i>Inspection of Shop Fabricated Boilers, Pressure Vessels and Code Parts</i>	* Estimated Duration of Inspection	HOURS <input type="checkbox"/> CONVENTIONAL <input type="checkbox"/> NUCLEAR		
<input type="checkbox"/> REPAIR <i>Inspection of Shop or Field Repaired Boilers and Pressure Vessels</i> Please provide Required Information for <u>EACH Device</u> to be inspected	* Estimated Duration of Inspection	HOURS		
	Inspection Location (Select one)	<input type="checkbox"/> SHOP	<input type="checkbox"/> FIELD SITE	
	Device Information (if known)	TSSA ID/UID Number	CRN	
	Device Information (if known)			
<input type="checkbox"/> ALTERATION <i>Inspection of Shop or Field Altered Boilers and Pressure Vessels</i> Please provide Required Information for <u>EACH Device</u> to be inspected	* Estimated Duration of Inspection	HOURS		
	Inspection Location (Select one)	<input type="checkbox"/> SHOP	<input type="checkbox"/> FIELD SITE	
	Device TSSA ID/UID Number (if known)			
	CRN Number (Existing)			
	Alteration CRN (SAN) (if available)	5AN-		
<input type="checkbox"/> PIPING <i>Inspection of Shop or Field Fabricated Piping Systems</i> If Boilers or Pressure Vessels have been installed, also complete and submit the BPV Installation Inspection Request Form	* Estimated Duration of Inspection	HOURS		
	Inspection Location (Select one)	<input type="checkbox"/> SHOP	<input type="checkbox"/> FIELD SITE	
	Associated Piping CRN (P#) <i>(If multiple, please specify each P#)</i>	P-	<input type="checkbox"/> N/A (Out of Province)	
	Any Boilers or Pressure Vessels Installed?	<input type="checkbox"/> NO	<input type="checkbox"/> YES – BPV Installation Request Form Attached	
	Original TSSA Work Order Number <i>(If request is for a Job In-Progress)</i>	TSSA WO-		
<input type="checkbox"/> WELDER/BRAZER <i>Qualification of Welders/Brazers</i>	Number of Welder/Brazer Tickets Requested			
<input type="checkbox"/> PERIODIC <i>Inspection of Operating UNINSURED Boilers and Pressure Vessels to RENEW a Certificate of Inspection (COI)</i> For inspection of <u>Insured Devices</u> , Please contact the Insurer	Device Information	TSSA ID/UID Number	CRN	
	Boiler Information			
	Pressure Vessel Information			
	Pressure Vessel Information			
<input type="checkbox"/> OTHER For requests that DO NOT apply to any of the above Inspection Types.	Estimated Duration of Inspection	HOURS		
	Please Select <u>ALL</u> that apply to this Request	<input type="checkbox"/> WPS/BPS Qualification <input type="checkbox"/> NDE Demonstration <input type="checkbox"/> Proof Testing - Fittings <input type="checkbox"/> Consultation/Meeting <input type="checkbox"/> OTHER (Specify):		

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