



Technical Standards and Safety Authority
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 www.tssa.org

BPV INSPECTION REQUEST FORM
 Piping, Welder/Brazer Test, Shop Fabrication, Periodic, etc.,

Technical Standards and Safety Act
 Boilers and Pressure Vessels

R-0222-V7

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
* PREFERRED INSPECTION DATE & TIME <i>Please provide ALL preferred Dates & Times</i>	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> <i>Please provide your TSSA Account Number if known</i>		LEGAL NAME & ADDRESS:	
* DO YOU HAVE A PURCHASE ORDER NUMBER YES NO		TSSA ACCOUNT:	
* DEVICE OWNER NAME & ADDRESS <i>(Who receives the Certificate of Inspection)</i> <i>Must be a Civic Address - Not a PO BOX</i>		PO NUMBER:	
* INSPECTION SITE NAME & ADDRESS <i>(Where is the inspection taking place)</i> <i>Must be a civic address - Not a PO BOX</i>		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>		UNKNOWN	
* IS SPECIAL SAFETY TRAINING REQUIRED TO ACCESS THE SITE <i>If "Yes", Please provide duration of training</i>		HOURS NO	
* IS THERE SPECIAL HEALTH & SAFETY PROCICALS REQUIRED TO ENTER THE FACILITY <i>If "Yes", please advise</i>			
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 EACH 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 EACH Device to be inspected	* Device TSSA ID/UID Number		
	CRN Number (Existing)		
	Alteration CRN (SAN) (If available)		5AN-
PIPING/PIPING REPAIR <i>Inspection of Shop or Field Fabricated Piping Systems and Piping Repair</i> If Boilers or Pressure Vessels have been installed, also complete and submit the BPV Installation Inspection Request form	Associated Piping CRN (P#) <i>(If multiple, please specify each P#)</i>		P- N/A (Out of Province)
	Any Boilers or Pressure Vessels Installed?		NO YES – BPV Installation Request Form Attached
	Original TSSA Work Order Number <i>(If request is for a Job In-Progress)</i>		TSSA WO-
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 RENEW a Certificate of Inspection (COI)</i> For Inspection of Insured Devices, Please contact the Insurer	Device Information		TSSA ID/UID Number CRN
	Boiler Information		
	Pressure Vessel Information		
OTHER For requests that DO NOT apply to any of the above Inspection Types.	Please Select ALL that apply to this Request		WPS/BPS Qualification NDE Demonstration Proof Testing - Fittings Consultation/Meeting Other (Specify):

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