



Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
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 Customer Service: 1.877.682.8772
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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-0123-V8

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) _____	
* ESTIMATED DURATION OF INSPECTION	HOURS	3) _____	
		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>		
*DO YOU HAVE A PURCHASE ORDER NUMBER	<i>Please provide your TSSA Account Number if known</i>	TSSA ACCOUNT:	
	YES NO	PO NUMBER:	
* DEVICE OWNER NAME & ADDRESS <i>(Who receives the Certificate of Inspection)</i>	<i>Must be a Civic Address - Not a PO BOX</i>	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>	STREET:	SAME AS BILLING
FEDERAL / RESERVE LAND	<i>If site is Reserve Land, please provide written consent from First Nation Chief permitting visit from TSSA.</i>	CITY /POSTAL CODE:	
		FEDERAL	RESERVE LAND
*INSPECTION SITE CONTACT <i>(Who will meet the Inspector) (NAME, PHONE, EMAIL)</i>	<i>Please provide the Site Contact for Inspector</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 <u>EACH</u> 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 <u>EACH</u> 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 <u>UNINSURED</u> Boilers and Pressure Vessels to <input type="checkbox"/> RENEW a Certificate of Inspection (COI)</i> For Inspection of <u>Insured</u> Devices, Please contact the Insurer	Device Information	TSSA ID/UID Number	CRN
	Boiler Information		
	Pressure Vessel Information		
OTHER For requests that <u>DO NOT</u> apply to any of the above Inspection Types.	Please Select <u>ALL</u> 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