



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

Is this a Healthcare Facility or Long Term Care Facility / Retirement Home or Educational Institutions?	YES	NO	Is this an Agricultural Site? YES NO
			Does Site require Bio Security? 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> YES NO	TSSA ACCOUNT: PO NUMBER:
* DEVICE OWNER NAME & ADDRESS	<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>	SAME AS BILLING

PIPING/PIPING REPAIR <i>Inspection of Shop or Field Fabricated Piping Systems and Piping Repair</i> If any NEW Boilers or Pressure Vessels are being installed, submit an installation inspection request through the TSSA Customer Portal - https://clientportal.tssa.org/	Associated Piping CRN (P#) <i>(If multiple, please specify each P#)</i>	P- _____ N/A (Out of Province)
	Will any NEW BPV be installed with this job?	NO YES – BPV Installation Request Form Attached YES – Installed by Others
	Original TSSA Work Order Number <i>(If request is for a Job In-Progress)</i>	TSSA WO- _____

SECTION A - ELIGIBILITY for ALTERNATE PROCESS for PRESSURE PIPING

* Will the work be installed in Ontario? YES NO

* Does your current Company Certificate of Authorization scope include Alternate Piping Process? YES NO
 If YES, *please provide appropriate Company QA#

* Do you employ Qualified Personnel that has successfully completed TSSA Regulatory Requirements Training Course Module 1 ? YES NO

* Does the piping system meet the criteria of the Alternate Piping Process? YES NO

If "**YES**" to ALL of the above questions, provide Estimated Date of Job Completion and send this form to inspectionscheduling@tssa.org to obtain a Work Order# (specify "**Alternate Piping Request**" in the subject line).

If "**NO**" to ANY of the above Questions, then **Inspection is Required - PLEASE FILL DETAILS IN SECTION B below**

SECTION B - SCHEDULING PIPING / PIPING REPAIR INSPECTION

* Is this site location on a Federal Facility/ On Reserve Land? YES NO
 Refer instructions on TSSA website under - *Inspections at Federal sites, on Reserve or Indigenous Lands*

*INSPECTION SITE CONTACT <i>(Who will meet the Inspector at Site Location?)</i>	NAME: PHONE: E-MAIL:
* NAME OF DESIGNATED TSSA INSPECTOR <i>Local Inspector inspecting at Site location</i> * IS SPECIAL SAFETY TRAINING / BIO SECURITY REQUIRED TO ACCESS THE SITE? <i>(If "Yes", please provide duration of Training)</i> IS THERE SPECIAL HEALTH & SAFETY PROTOCOLS REQUIRED TO ENTER THE FACILITY? <i>If "Yes" please advise</i>	UNKNOWN YES NO DURATION HRS
* PREFERRED INSPECTION DATE(S) & TIME <i>(Provide all preferred dates & times)</i>	1) 2) 3)
ESTIMATED DURATION OF INSPECTION HRS	DATE CONFIRMED WITH INSPECTOR? YES NO