



Technical Standards and Safety Authority  
 345 Carlingview Drive  
 Toronto, Ontario M9W 6N9  
 Tel: 1-833-937-8772  
 Email: inspectionscheduling@tssa.org  
 www.tssa.org

**BPV INSPECTION REQUEST FORM**  
 for **Hot Tap & Periodic Inspections**  
*Technical Standards and Safety Act*  
*Boilers and Pressure Vessels*  
 R-0524-v1

<b>SECTION A - Please complete this Request Form - Fields indicated with ' * ' are MANDATORY</b>			
<b>*Is the facility a Hospital, Long Term Care Facility, Retirement Home or Post-Secondary School?</b>		Yes	No
<b>* Is request for an Agricultural Site?</b>	YES      NO	<b>* Preferred Inspection Date(s) &amp; Time</b>	1) _____
<b>* Does site Require Bio Security?</b>	YES      NO		2) _____
			3) _____
<b>*WHO IS COMPLETING THE APPLICATION?</b>		CONTRACTOR      OWNER	<b>DATE CONFIRMED WITH INSPECTOR</b> Yes      No
<b>* BILLING CUSTOMER NAME &amp; ADDRESS</b> <i>(Who is being billed for the inspection?)</i>		<b>LEGAL NAME &amp; ADDRESS (NOT a PO BOX):</b>	
TSSA Contract Details <i>(if available):</i> PO# <i>(if available):</i>			
Contract Name:			
Start Date:      End Date:		TSSA ACCOUNT #:	
<b>* DEVICE OWNER NAME &amp; ADDRESS</b> <i>Must be a Civic Address - Not a PO BOX (Certificate of Inspection is issued in the Device Owner's name)</i>		<b>SAME AS BILLING</b>	
<b>* INSPECTION SITE NAME &amp; ADDRESS</b> <i>Must be a Civic Address - Not a PO BOX (Where is the inspection taking place)</i>		<b>SAME AS BILLING</b>	
<b>* INSPECTION SITE CONTACT</b> <i>(Who will meet the Inspector)</i> <i>Please provide the Inspector's Site Contact (NAME, PHONE, EMAIL)</i>		<b>NAME:</b>	
		<b>PHONE:</b>	
		<b>E-MAIL:</b>	
<b>NAME OF DESIGNATED TSSA INSPECTOR</b> <i>Local Inspector inspecting at Site location</i>		<b>UNKNOWN</b>	
<b>* IS SPECIAL SAFETY TRAINING REQUIRED TO ACCESS THE SITE</b> <i>If "Yes", Please provide duration of training</i>		<b>HOURS</b>	<b>NO</b>
<b>* IS THERE SPECIAL HEALTH &amp; SAFETY PROTOCOLS REQUIRED TO ENTER THE FACILITY ?</b> <i>If "Yes", Please advise</i>			
<b>SECTION B - Inspection of HOT TAP or PERIODIC Inspection</b>			
<b>HOT TAP</b> <i>(Please provide Required Information for EACH Device to be inspected)</i>		<i>Inspection of Hot Tap for Boiler / Pressure Vessel or Piping</i>	
		<b>Accept Number -</b>	
		<b>Boiler / Pressure Vessel</b>	
		<b>SAN -</b>	
		<b>Piping</b>	
		<b>Piping CRN (P#)-</b>	
		<b>N/A (Out of Province)</b>	
<b>PERIODIC</b> <i>Inspection of Operating UNINSURED Boilers and Pressure Vessels to RENEW a Certificate of Inspection (COI)</i>  <i>For Inspection of Insured Devices, Please contact the Insurer</i>	<b>Device Information</b>	<b>TSSA ID/UID Number</b>	<b>CRN</b>
	<b>Boiler Information</b>		
	<b>Pressure Vessel Information</b>		

Send the completed form to [inspectionscheduling@tssa.org](mailto:inspectionscheduling@tssa.org), with subject line as **"BPV Inspection Request for Hot Tap / Periodic"**.

Request for the below inspections must be made through the **TSSA Client Portal**

- Installation Inspection
- Shop Fabrication
- Repair Inspection
- Alteration Inspection
- Welder / Brazer
- Other / Special

For **Piping Inspection** request, please fill the Piping Inspection Request Form