

Report of Repair or Alteration

Technical Standards and Safety Act Boilers and Pressure Vessels Regulation

Repair

Alteration Hot Tap (Inspection by a TSSA Inspector mandatory)

Shop Field

NOTE:	: This report shall be completed and signed by the person responsible, in whole or in part, for the repair or	alteration of
	the unit, leaving a copy with the owner of the repaired or altered item and forwarding the original to the	TSSA Boiler
	and Pressure Vessel Safety Program.	

Owner of Facility: (Name and Street Address)	
Location of Installation: (Street Address)	
Repair or Alteration Performed By: (Name and Street Address)	

Unit Type:			Name of	Original M	anufacturer (As stamped o	n nameplate):	Year Built:
Boiler Pre	ssure Vesse	el 🗌 Other					
Original Mfg. Se	rial No.:	Original CRN Number:	TSSA ID Nu	mber:	5AN Number:	National Board Number:	
Unit Insured:	Nam	ne of Insurance Company ((if applicable):		Periodic Inspe	ection Cycle:	
🗌 Yes 🗌 No				🗌 1 year	2 years 3 years	Exempt per	
	Design Pressure / Design Temperature:						
Shell:	Shell: psi 🗌 kPa, at 0°F 🔲 °C Jacket/Tubeside Dsi 🗌 kPa, at 0°F 🗍 °			°F 🔲 °C			
ASME Code Design: He			Heating Surface:		Dimensions:	Safety Valve Setting:	
Sec. I Sec. IV Sec. VIII Other				(Diamete	A X		🗌 psi 🔲 kPa
Description of Defects: (Appendix A or additional reports attached)							

Description of Repair or Alteration: (
Appendix A or additional reports attached)

Welder(s)/Brazer(s) Used: (🗌 N/A):					
Name of Welder/Brazer:	Stamp/ID No.:	Employer:	Expiry Date: (mm/dd/yyyy)	Process:	

Appendix B Attached (for extra lines)

If re-rating, specify the following re-stamped information (
Maximum Allowable Working Pressure (MAWP Shell Side):	Maximum Allowable Temperature (Shell Side):	Minimum Design Metal Temperature (MDMT Shell Side):	Maximum Allowable Working Pressure (MAWP Tube Side):	Maximum Allov Temperatur (Tube Side)	re	Minimum Design Metal Temperature (MDMT Tube Side):
🗋 psi 🗌 kPa	□ ℉□ ℃	¶ •F 🔲 •C	🗋 psi 🗌 kPa	🗆 °F [_ ℃	¶ •F 🔲 •C
Safety Valve Setting:	psi 🗌 kPa	Other:				
			Company Rep.	Initial & Date:	Ins	pector Initial & Date:



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Technical Standards and Safety Act

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Description of Non-Destructive Examination (N/A):			
Radiography Examination 🗌 Ultrasonic Examination 🗌 Liquid Penetrant Examination 🗌 Magnetic Particle Examination 🗌 Visual Inspection			

Description of Post-Weld Heat Treatment (N/A):

Description of Pressure Test(s) (🗌 N/A):				
Description:	Medium & Temp (°F/°C):	Final Test Pressure (psi/kPa):	Duration:	Remarks:

Remarks:

CERTIFICATE OF COMPLIANCE

The undersigned certifies that the statements made in this report are correct and that all design, material, construction, and workmanship on this unit conforms to the requirements of the *Technical Standards and Safety Act*, Boiler and Pressure Vessels Regulation, and CSA B51 Code.

Certificate of Authorization #	Expiry Date:
Name:	Signature:
Title:	Date:

CERTIFICATE OF INSPECTION

I, the undersigned, a duly authorized Boiler and Pressure Vessel Inspector employed by

of _______have inspected the above unit and state that to the best of my knowledge and belief, the repair/alteration has been completed in accordance with Ontario's **Technical Standards and Safety Act**, Boilers and Pressure Vessels Regulation, and CSA B51 Code. By signing this certificate, neither the Inspector nor his/her employer makes any warranty expressed or implied, concerning the unit described in this data report. Furthermore, neither the Inspector nor his/her employer shall be liable in any manner for any personal injury or property damage, or a loss of any kind arising from or connected with this inspection.

Inspector Name:	Inspector Signature:
Inspector Number:	Date:



Report of Repair or Alteration Technical Standards and Safety Act Boilers and Pressure Vessels Regulation Appendix A – Additional Line Information

Owner of Facility: (Name and Street Address)	
Location of Installation: (Street Address)	
Repair or Alteration Performed By: (Name and Street Address)	

Unit Type:		Name of Original Manufacturer (As stamped on nameplate):		Year Built:	
Boiler Pressure Vesse	el 🗌 Other	-			
Original Mfg. Serial No.:	Original CRN Number:	TSSA ID Number:	5AN Number:	National B	loard Number:

Description of Defects / Description	Description of Defects / Description of Repair or Alteration:		

Company Rep. Initial & Date:	Inspector Initial & Date:



Appendix B – Additional Welder/Brazer Information

Owner of Facility: (Name and Street Address)	
Location of Installation: (Street Address)	
Repair or Alteration Performed By: (Name and Street Address)	

Unit	Туре:	Name of Original M	lanufacturer (As stamped on nan	neplate):	Year Built:
Boiler Pressure Vesse	el 🗌 Other				
Original Mfg. Serial No.:	Original CRN Number:	TSSA ID Number:	5AN Number:	National B	loard Number:

	Welder(s)/Brazer(s) Used:					
Name of Welder/Brazer:	Stamp/ID No.:	Employer:	Expiry Date: (mm/dd/yyyy)	Process:		

Company Rep. Initial & Date:	Inspector Initial & Date:

Report of Repair or Alteration Technical Standards and Safety Act Boilers and Pressure Vessels Regulation Guideline

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Technical Stand 345 Carlingvier Toronto, Ontar	idards and Safety Aut w Drive	hority				of Repair of Standards				
www.tssa.org						and Pressure Ve				
Repair	Alteration	Hot Tap (Ins	pection by a TS	SA Inspector mand	itory)	Shop	Fiel	t		
NOTE: This report sh										
	ing a copy with th Vessel Safety Pro		repaired of an	ered item and for	warding the t	nginai to the	133A Doller			
Owner of F (Name and Stree		(2)						T I		
Location of In	stallation:	3								
(Street Add Repair or Alteration	and the second s	\geq						-		
(Name and Stree		(4)						13		
Boiler Pressure	Unit Type:		Name of C	Driginal Manufacture	r (As stamped or	nameplate):	Year Built:			
Original Mfg. Serial N	Io.: Original CR		TSSA ID Num		Number:		oard Number			
(8) Unjt/ījsurēd:	Name of Insurance	1	(10) plicable):	(15)	(11) Periodic Inspe		12)	- 1		
Ves No	35	4)	ressure / Desigr	🗌 1 year 🔲 2 yea		Exempt per				
	psi 🔲 kPa, at		C Jacket/T	ubeside	🔲 psi 🔲 kP		¶ ¶ 0			
(17)ASME (Sec. IV Sec. IV	Code Design: Sec. VIII Dother	He	atipg-Surface:	(19) Dimensio (Diameter/Wath)	(Length)	Safety Vah	ve Setting: 🔲 psi 🔛 kPa			
Description of Defec	cts: (🗌 Appendix A	or additional report	ts attached) (21))						
			6)							
			9							
Description of Repai	ir or Alteration: ([Appendix A or a	dditional reports a	attached)(23)						
Description of Repai	ir or Alteration: ([] Appendix A or a	dditional reports a (24)	attached) (23)						
Description of Repai	ir or Alteration: ([] Appendix A or a	idditional reports a	attached) (23)						
		Welde	r(s)/Brazer(s) Use							
Name of Welder/Br	irazer: Stamp	Welder	(5)/Brazer(5) Use	ed: ([] N/A): (25) loyer:	Expiry D)ate <u>: (mm/dd/yyy)</u> (29)	Process: (30)			
		Welder	24	ed: ([] N/A): (25) loyer:		(29)	(30)			
Name of Welder/Br	irazer: Stamp (2	Welder	(24) r(s)Brazer(s) Uso Emp (2	ed: (N/A); (25) loyer: 8)	31 🗆 🗛	1	(30)		345 Carlingvi Toronto, Onta	no, M9W 6N9
Name of Welder/Br	irazer: Stamp, (2) If re- Maximum Allowab Temperature	Welder	(24) r(s)/Brazer(s) Us Emp (2) e following re-sta Design M	ed: (NIA): (25) loyer: 8	31 A N/A): 32 Maximum Allo Temperati	(29) ppendix B Attach wable Minimure T	(30)		345 Carlingvi	ew Drive irio, M9W 6N9
Name of Welder/Br	irazer: Stamp (2) If re-t Maximum Allowabi	Welder ID No.: rating, specify the e Minimum Metal Ten Metal Ten	(24) r(s)/Brazer(s) Usa Emp (2 e following re-sta Design Ma perature I Stole; e i Stole;	ed: (N/A): (25) loyer: 8) imped information (31 A N(A): 32 Maximum Allo Temperato	(29) ppendix B Attach wable Minimu ure T	ed (for extra i um Design M emperature MT Tube Side)	ANT NOT	345 Carlingvi Toronto, Onta	ew Drive rio, M9W 6N9
Name of Welder/Br 26 Maximum Allowable Working Pressure Working Pressure	irazer: Stamp (2) If re- Maximum Allovabi Temperature Colleti Surger	Welder	24 r(s)/Brazer(s) Us Emp 2 e following re-sta Design perature te l Stde; ∓ □ ec	ed: (NA): (25) loyer: 8 mped information (aximum Allowable looking Pressure awyor Ture stue):	31 A N(A): 32 Maximum Allo Temperato	(29) ppendix B Attach wable Minimu re ::	ed (for extra l um Design M emperature MT Tube Side)	ANT NOT	345 Carlingvi Toronto, Onta www.tssa.org	ew Drive rio, M9W 6N9
Name of Welder/Br (26) Maximum Allowable Working Pressure MAWP State State: (33) psi kPa	Irazer: Stamp (2) If re- Maximum Allowab Temperature Cpall 300 (34) T F 0	Welder	24 r(s)/Brazer(s) Us Emp 2 e following re-sta Design perature te l Stde; ∓ □ ec	ed: (NA): 25 loyer: 8 mped information (aximum Allowable forking Pressure MAYP Ture State): 6 psi kPa	31 A N(A): 32 Maximum Allo Temperati Rube Stok (37) F	(29) ppendix B Attach wable Minim re p: C 38 Inspector [t	(30) ed (for extra l um Design M emperature MT Tube Side) 	ANT NOT	345 Carlingvi Toronto, Onta www.tssa.org	ew Drive rio, M9W 6N9
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www.tssa.c	rg			Во	o	ure vessels Regulatio
			tive Examinatio			
Radiography Exam	nination 🔲 Ultrasonic Examination	1 Liquid Penetr	ant Examination	Magnetic Partic	cle Examination	Visual Inspection
		(45)				
		\sim				
	Description	of Post-Weld	Heat Treatment	(🗆 NA): (4(6)	
		(47)				
			ure Test(s) (🗌 🛚			
Description: (49)	Medium & Temp (°F/°C):	Final Test Pres	5	Duration: (52)	-	Remarks: (53)
(49)	(50)	(51	2	(52)		(53)
		Rema	rks:			
		54)			
vorkmanship on th /essels Regulation	ertifies that the statements ma is unit conforms to the require I, and CSA B51 Code.	de in this repo ements of the	Technical Stand	lards and Sa	ign, material, afety Act, Bo	construction, and iler and Pressure
Cer	tificate of Authorization #	(55)	Expiry Da	nte:	(56)	
Name:	(57)		Signature:			
Title:			Date:			
epair/alteration ha Pressure Vessels F nakes any warrant nspector nor his/h	a duly authorized Boiler and F have inspected the al been completed in accordan tegulation, and CSA B51 Cod y expressed or implied, conce er employer shall be liable in a connected with this inspectio	Pressure Vess bove unit and the with Ontari e. By signing t ming the unit ony manner for	o's Technical St his certificate, ne described in this	andards and ither the Insp data report.	d Safety Act, pector nor his Furthermore,	Boilers and /her employer neither the
Inspector Name:	60		Inspector Signati	ure:		
Inspector Number:			Date:			
		-	1000			



14 a raa	Description	E verente
Item #	Description	Example
4.	Check box if the intended work is a "Repair". Inspection is required by	
1a	a TSSA Inspector, Insurance Inspector, Owner/User Inspector, or	
	other, as applicable.	
1b	Check box if the intended work is an "Alteration" or "Hot Tap".	
	Inspection is required by a TSSA Inspector.	
1c	Check box if the intended work is being completed in the shop or field.	
2	Provide the name and address of the facility owner.	
3	Provide the address of where the pressure retaining item is located.	
4	Provide the name and address of the repair/alteration company	
-	completing the work as listed on the Certificate of Authorization.	
5	Check the appropriate box for the pressure retaining item requiring	Other: Cat. H Fitting
5	repair/alteration. If "Other", state the type of pressure retaining item.	
6	Provide the name of the original manufacturer shown on the nameplate	
6	of the pressure retaining item .	
7	Provide the year built shown on the nameplate of the pressure	
7	retaining item.	
_	Provide the original manufacturer serial number as shown on the	
8	nameplate of the pressure retaining item.	
0	Provide the original CRN number as shown on the nameplate of the	
9	pressure retaining item.	
	Provide the TSSA ID Number. This number is provided by the TSSA	
10	through the COI (Certificate of Inspection) portal. If unknown during	
-	the time of the repair/alteration, leave blank.	
	Provide the 5AN Number as shown on the nameplate of the pressure	
11	retaining item (if applicable).	
10	Provide the National Board Number as shown on the nameplate of the	
12	pressure retaining item (if applicable).	
13	Check if the pressure retaining item is insured or not.	
	If the pressure retaining item is insured, provide the name of the	
14	Insurance company.	
	Check the appropriate box for the periodic inspection cycle. If the	
15	pressure retaining item is exempt, state the reason.	Reason: O.Reg. 220/01, s.2(2)(c)
	Record the design pressure/temperature as shown on the nameplate	
16	of the pressure retaining item . Fill all applicable areas.	
	Check the appropriate design Code to which the pressure retaining	
17	item was originally built. This information can be found on the original	If Cat. H Fitting designed to ASME
17	Manufacturer's Data Report. If other, state design Code.	B31.1, state other: ASME B31.1.
	Provide the heating surface of the pressure retaining item (if	
18	applicable).	
19	Provide the approximate dimensions of the pressure retaining item .	
20		
20	Provide the safety valve setting of the pressure retaining item . Check box if more room is required in this section and Appendix A or	
21		
	an additional report is attached.	
22	Describe the defects found on the pressure retaining item . A drawing	
	is also acceptable to attach to the report.	
23	Check box if more room is required in this section and Appendix A or	
	an additional report is attached.	
	Describe the repair or alteration to be completed to the pressure	
24	retaining item. Include a detailed description. A drawing is also	
	acceptable to attach to the report.	
25	Check box if no welding or brazing is applicable, or if a sub-contractor	
	is performing the welding or brazing.	



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26	When repairs/alterations are welded or brazed, list the name(s) of the welder(s)/brazer(s).	
27	Include the welder/brazer symbol to identify connections made by the individual. This is found on the upper right-hand side of the Welder/Welding Operator Certificate or Brazer/Brazing Operator Certificate.	This symbol is determined at the time of the welder/brazer certification, typically listed by the employer.
28	State the employer of the welder/brazer.	
29	State the expiry Date of the Welder/Welding Operator Certificate or Brazer/Brazing Operator Certificate.	If maintaining a Welder/Brazer Log as allowed by ASME, CSA or the TSSA Code Adoption Document, state "Per ASME Section IX".
30	List the welding/brazing process used.	GTAW, SMAW, GTAW, etc.
31	Check box if more lines are required and attach Appendix B.	
32	Check box if re-rating is not a part of the repair or alteration.	
33	If the pressure retaining item requires re-rating, provide the new Maximum Allowable Working Pressure (MAWP) for the Shell Side.	
34	This information is required to be stamped on the re-rate nameplate.If the pressure retaining item requires re-rating, provide the newMaximum Allowable Temperature of the Shell Side. This information isrequired to be stamped on the re-rate nameplate.	
35	If the pressure retaining item requires re-rating, provide the new Minimum Design Metal Temperature of the Shell Side. This information is required to be stamped on the re-rate nameplate.	
36	If the pressure retaining item requires re-rating, provide the new Maximum Allowable Working Pressure (MAWP) for the Tube Side. This information is required to be stamped on the re-rate nameplate.	
37	If the pressure retaining item requires re-rating, provide the new Maximum Allowable Temperature of the Tube Side. This information is required to be stamped on the re-rate nameplate.	
38	If the pressure retaining item requires re-rating, provide the new Minimum Design Metal Temperature of the Tube Side. This information is required to be stamped on the re-rate nameplate.	
39	If the pressure retaining item requires a change to the safety valve or safety valve setting, provide new set pressure.	
40	Record any other relevant information regarding the re-rating.	
41	To be initialed and dated by the company representative.	
42	To be initialed and dated by the Inspector (TSSA Inspector, Insurance Inspector, Owner/User Inspector, or other, as applicable).	
43	Check box if Non-Destructive Examination is not applicable, or if the Non-Destructive Examination requirements are the responsibility of the sub-contractor.	
44	Check applicable boxes for the Non-Destructive Examination that was performed for the repair or alteration.	
45	Describe in detail the extent of the Non-Destructive Examination performed for the repair or alteration.	100% radiography of the repaired connection, Complete visual examination, etc.
46	Check box if Post-Weld Heat Treatment is not applicable, or if the Post-Weld Heat Treatment requirements are the responsibility of the sub-contractor.	
47	Describe in detail the extent of Post Weld Heat Treatment completed.	Time and temperature range, etc.
48	Check box if the Pressure Test(s) are not applicable, or if the Pressure Test(s) are the responsibility of the sub-contractor.	
49	Describe the pressure retaining item that is being pressure tested.	Pressure Vessel, Boiler, etc.
50	Include the test medium and temperature of the pressure test.	Nitrogen at Ambient Temperature, Water at 70 °F, etc.
51	Record the final test pressure. Identify the unit of measurement.	
52	Record the duration of the pressure test was.	



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53	Remarks are to include acceptability of the test.	Acceptable, No leaks, etc.
54	Include any other remarks pertinent to the repair or alteration.	
55	Record the number issued on the company's Certificate of Authorization.	QA 012345
56	Record the expiration date listed on the Certificate of Authorization.	
57	Print the name and title of the Manufacturer's Representative. To be	
57	signed and dated by the individual responsible.	
58	State the Authorized Inspection Agency responsible for the inspection.	TSSA, Insurance Company, etc.
59	State the location of the Authorized Inspection Agency.	Ontario, etc.
60	To be completed by the Inspector performing the inspection. Print the name of the Inspector, and record the Province/Territory, State, or National Board Commission Number (as applicable). To be signed and dated by the Inspector.	