



☐ 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: <input type="checkbox"/> Boiler <input type="checkbox"/> Pressure Vessel <input type="checkbox"/> Other _____		Name of Original Manufacturer (As stamped on nameplate):		Year Built:
Original Mfg. Serial No.:	Original CRN Number:	TSSA ID Number:	5AN Number:	National Board Number:
Unit Insured: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurance Company (if applicable):	Periodic Inspection Cycle: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> Exempt per _____		
Design Pressure / Design Temperature: Shell: _____ <input type="checkbox"/> psi <input type="checkbox"/> kPa, at _____ <input type="checkbox"/> °F <input type="checkbox"/> °C Jacket/Tubeside _____ <input type="checkbox"/> psi <input type="checkbox"/> kPa, at _____ <input type="checkbox"/> °F <input type="checkbox"/> °C				
ASME Code Design: <input type="checkbox"/> Sec. I <input type="checkbox"/> Sec. IV <input type="checkbox"/> Sec. VIII <input type="checkbox"/> Other _____		Heating Surface: _____	Dimensions: _____ X _____ (Diameter/Width) (Length)	Safety Valve Setting: _____ <input type="checkbox"/> psi <input type="checkbox"/> 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: ( <input type="checkbox"/> 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 ( <input type="checkbox"/> N/A ):					
Maximum Allowable Working Pressure (MAWP Shell Side): _____ <input type="checkbox"/> psi <input type="checkbox"/> kPa	Maximum Allowable Temperature (Shell Side): _____ <input type="checkbox"/> °F <input type="checkbox"/> °C	Minimum Design Metal Temperature (MDMT Shell Side): _____ <input type="checkbox"/> °F <input type="checkbox"/> °C	Maximum Allowable Working Pressure (MAWP Tube Side): _____ <input type="checkbox"/> psi <input type="checkbox"/> kPa	Maximum Allowable Temperature (Tube Side): _____ <input type="checkbox"/> °F <input type="checkbox"/> °C	Minimum Design Metal Temperature (MDMT Tube Side): _____ <input type="checkbox"/> °F <input type="checkbox"/> °C
Safety Valve Setting: _____ <input type="checkbox"/> psi <input type="checkbox"/> kPa		Other:			

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



**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.

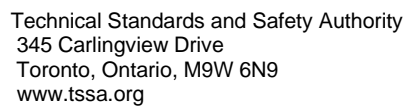
**Certificate of Authorization #** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

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

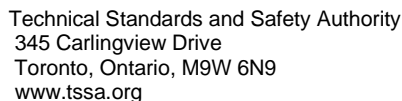
## Appendix A – Additional Line Information

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

<b>Unit Type:</b> <input type="checkbox"/> Boiler <input type="checkbox"/> Pressure Vessel <input type="checkbox"/> Other _____			<b>Name of Original Manufacturer (As stamped on nameplate):</b>			<b>Year Built:</b>			
<b>Original Mfg. Serial No.:</b>		<b>Original CRN Number:</b>		<b>TSSA ID Number:</b>		<b>5AN Number:</b>		<b>National Board Number:</b>	

Description of Defects / Description of Repair or Alteration:	

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



## Technical Standards and Safety Act

## 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)	

<b>Unit Type:</b> <input type="checkbox"/> Boiler <input type="checkbox"/> Pressure Vessel <input type="checkbox"/> Other _____		<b>Name of Original Manufacturer (As stamped on nameplate):</b>		<b>Year Built:</b>
<b>Original Mfg. Serial No.:</b>	<b>Original CRN Number:</b>	<b>TSSA ID Number:</b>	<b>5AN Number:</b>	<b>National Board Number:</b>

[illegible]

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



Technical Standards and Safety Authority  
345 Carlingview Drive  
Toronto, Ontario, M9W 6N9  
www.tssa.org

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## Technical Standards and Safety Act

### Boilers and Pressure Vessels Regulation

#### Guideline

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www.tssa.org

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

☐ 1a Repair ☐ 1b Alteration ☐ Hot Tap (Inspection by a TSSA Inspector mandatory) ☐ 1c 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)  2

Location of Installation: (Street Address)  3

Repair or Alteration Performed By: (Name and Street Address)  4

Unit Type: ☐ 5 Boiler ☐ Pressure Vessel ☐ Other  Name of Original Manufacturer (As stamped on nameplate):  6 Year Built:  7

Original Mfg. Serial No.:  8 Original CRN Number:  9 TSSA ID Number:  10 SAN Number:  11 National Board Number:  12

Unit Insured: ☐ 13 Yes ☐ No Name of Insurance Company (if applicable):  14 Periodic Inspection Cycle: ☐ 1 year ☐ 2 years ☐ 3 years ☐ Exempt per  15

Design Pressure / Design Temperature:  16

Shell:  17 psi  kPa, at  °F  °C Jacket/Tubeside:  psi  kPa, at  °F  °C

ASME Code Design: ☐ 17 Sec. I ☐ Sec. IV ☐ Sec. VIII ☐ Other  Heating Surface:  18 Dimensions:  19 X  Safety Valve Setting:  20

Description of Defects: (☐ Appendix A or additional reports attached)  21

Description of Repair or Alteration: (☐ Appendix A or additional reports attached)  23

Welder(s)/Brazer(s) Used: (☐ N/A)  25

Name of Welder/Brazer:  26 Stamp/ID No.:  27 Employer:  28 Expiry Date: (mm/dd/yyyy)  29 Process:  30

If re-rating, specify the following re-stamped information (☐ N/A)  32

Maximum Allowable Working Pressure (MAWP Shell Side): <input type="text"/> 33 psi <input type="text"/> kPa	Maximum Allowable Temperature (Shell Side): <input type="text"/> 34 °F <input type="text"/> °C	Minimum Design Metal Temperature (MDMT Shell Side): <input type="text"/> 35 °F <input type="text"/> °C	Maximum Allowable Working Pressure (MAWP Tube Side): <input type="text"/> 36 psi <input type="text"/> kPa	Maximum Allowable Temperature (Tube Side): <input type="text"/> 37 °F <input type="text"/> °C	Minimum Design Metal Temperature (MDMT Tube Side): <input type="text"/> 38 °F <input type="text"/> °C
Safety Valve Setting: <input type="text"/> 39 psi <input type="text"/> kPa Other: <input type="text"/> 40					

Company Rep. Initial & Date:  41 Inspector Initial & Date:  42

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Description of Non-Destructive Examination (☐ N/A)  43

☐ Radiography Examination ☐ Ultrasonic Examination ☐ Liquid Penetrant Examination ☐ Magnetic Particle Examination ☐ Visual Inspection

Description of Post-Weld Heat Treatment (☐ N/A)  46

Description of Pressure Test(s) (☐ N/A)  48

Description:	Medium & Temp (°F/°C):	Final Test Pressure (psia/kPa):	Duration:	Remarks:
<input type="text"/> 49	<input type="text"/> 50	<input type="text"/> 51	<input type="text"/> 52	<input type="text"/> 53
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Remarks:  54

**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 #  55 Expiry Date:  56

Name:  57 Signature:

Title:  Date:

**CERTIFICATE OF INSPECTION**

I, the undersigned, a duly authorized Boiler and Pressure Vessel Inspector employed by  58 of  59 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:  60 Inspector Signature:

Inspector Number:  Date:



### Guideline for completing the Report of Repair or Alteration

Item #	Description	Example
1a	Check box if the intended work is a "Repair". Inspection is required by 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 repair/alteration. If "Other", state the type of pressure retaining item.	Other: Cat. H Fitting
6	Provide the name of the original manufacturer shown on the nameplate of the pressure retaining item.	
7	Provide the year built shown on the nameplate of the pressure retaining item.	
8	Provide the original manufacturer serial number as shown on the nameplate of the pressure retaining item.	
9	Provide the original CRN number as shown on the nameplate of the pressure retaining item.	
10	Provide the TSSA ID Number. This number is provided by the TSSA through the COI (Certificate of Inspection) portal. If unknown during the time of the repair/alteration, leave blank.	
11	Provide the 5AN Number as shown on the nameplate of the pressure retaining item (if applicable).	
12	Provide the National Board Number as shown on the nameplate of the pressure retaining item (if applicable).	
13	Check if the pressure retaining item is insured or not.	
14	If the pressure retaining item is insured, provide the name of the Insurance company.	
15	Check the appropriate box for the periodic inspection cycle. If the pressure retaining item is exempt, state the reason.	Reason: O.Reg. 220/01, s.2(2)(c)
16	Record the design pressure/temperature as shown on the nameplate of the pressure retaining item. Fill all applicable areas.	
17	Check the appropriate design Code to which the pressure retaining item was originally built. This information can be found on the original Manufacturer's Data Report. If other, state design Code.	If Cat. H Fitting designed to ASME B31.1, state other: ASME B31.1.
18	Provide the heating surface of the pressure retaining item (if applicable).	
19	Provide the approximate dimensions of the pressure retaining item.	
20	Provide the safety valve setting of the pressure retaining item.	
21	Check box if more room is required in this section and Appendix A or 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.	
24	Describe the repair or alteration to be completed to the pressure 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.	





26	When repairs/alterations are welded or brazed, list the name(s) of the welder(s)/brazers(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. This information is required to be stamped on the re-rate nameplate.	
34	If the pressure retaining item requires re-rating, provide the new Maximum Allowable Temperature of the Shell Side. This information is required 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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**Guideline**

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 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.	