



Technical Standards and Safety Authority  
345 Carlingview Drive  
Toronto, Ontario M9W 6N9  
Call: 1.877.682.8772  
Email: [inspectionscheduling@tssa.org](mailto:inspectionscheduling@tssa.org)  
[www.tssa.org](http://www.tssa.org)

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<br><i>Legal Name and Civic Address - Not a PO BOX<br/>(Who is being billed for the Inspection)</i> |  |     |    |  |  |                             |    |
| *DO YOU HAVE A PURCHASE ORDER NUMBER  |  |     |    | Please provide your TSSA Account Number if known |  | TSSA ACCOUNT:<br>PO NUMBER: |    |
|   |  |     |    | YES  |  | NO                          |    |
| * DEVICE OWNER NAME & ADDRESS<br><i>Must be a Civic Address - Not a PO BOX</i>  |  |     |    | SAME AS BILLING                                  |  |                             |    |
| * INSPECTION SITE NAME & ADDRESS<br><i>Must be a civic address - Not a PO BOX<br/>(Where is the inspection taking place)</i>        |  |     |    | SAME AS BILLING                                  |  |                             |    |

|  |   |   |                       |  |
|--|---|---|-----------------------|--|
| PIPING/PIPING REPAIR<br><br><i>Inspection of Shop or Field Fabricated Piping Systems and Piping Repair</i><br><br>If any NEW Boilers or Pressure Vessels are being installed, submit an installation inspection request through the TSSA Customer Portal - <a href="https://clientportal.tssa.org/">https://clientportal.tssa.org/</a> | Associated Piping CRN (P#)<br><i>(If multiple, please specify each P#)</i>      | P-  | N/A (Out of Province) |  |
|  | Will any NEW BPV be installed with this job?                                    | NO<br><br>YES – BPV Installation Request Form Attached<br><br>YES – Installed by Others |                       |  |
|  | Original TSSA Work Order Number<br><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](mailto: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 - <i>Inspections at Federal sites, on Reserve or Indigenous Lands</i> |  |     |    |

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