



Technical Standards and Safety Authority
345 Carlingview Drive
Toronto, Ontario M9W 6N9
Call: 1-877-682-8772
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-0525-V1

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

Send the completed form to 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