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

Alternate Piping Data Form

Technical Standards and Safety Act
Boilers and Pressure Vessels Regulation

☐ Partial Data Form

TSSA Work Order Number:

Note: This report shall be completed and signed by the person responsible, in whole or in part, for the fabrication, installation, testing, and inspection of the pressure piping system leaving a copy with the owner of the installation and forwarding the original report to the TSSA Boiler and Pressure Vessel Safety Program.

Owner of Facility: (Name and Street Address)		
Location of Installation: (Street Address)	☐ Same as Owner	
Installer / Fabricator: (Name and Street Address)		
Description of Piping System(s) or Identification:		Piping Registration Number:

Design Code:	Maximum Allowable Working Pressure:		Design Temperature:		Total Length of Piping:
☐ ASME B31.1 ☐ CSA Z7396.1 ☐ ASME B31.3 Category	☐ psi ☐ kPa		☐ °F ☐ °C		☐ ft ☐ cm
☐ ASME B31.5 Refrigerant Type:	High Side: ☐ psi ☐ kPa	Low Side: ☐ psi ☐ kPa	High Side: ☐ °F ☐ °C	Low Side: ☐ °F ☐ °C	☐ ft ☐ cm

Line # and/or Dwg #:	Pipe Diameter: (NPS/DN)	Pipe Schedule, Type, or Thickness:	Material Specification and Grade:	Length: (ft/cm)	Type of Connection: (Welded, Brazed, Threaded, etc.)	NDE: (Yes or No; if yes, state % and type: RT, UT, MT, or PT)	PWHT: (Yes or No)

☐ Appendix 'A' Attached for extra lines (Note: Company documents are not acceptable for additional lines)

Welder(s) / Brazer(s), and Procedure(s) Used: (☐ N/A)

Welder/Brazer Name:	Stamp/ ID No.:	Employer:	Expiry Date: (mm/dd/yyyy)	Process:	Procedure Registration Number(s):

☐ Appendix 'B' Attached for extra lines ☐ Welding/Brazing to be completed by others

Certificate Holder Qualified Person Initials, Date, and Unique Identification Number:	TSSA Representative Initial & Date:

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TSSA Work Order Number:	

Final Check of Clamps, Supports, and Flexible Hoses:				Visual Weld Examination Completed: (☐ N/A)		
Print Name:	Signature:	Date:		Print Name:	Signature:	Date:

☐ Final check to be completed by others

Description of Pressure Test(s):				
Line # and/or Dwg #:	Medium & Temperature: (°F / °C)	Final Test Pressure: (psi/kPa)	Duration:	Remarks:

☐ Appendix 'C' Attached for extra lines ☐ Pressure test(s) by others

Remarks:

CERTIFICATE OF COMPLIANCE
(Certificate Holder Qualified Person)

I, the undersigned, declare that the described pressure piping system approved under design registration number P# complies in all respects with the regulations for construction, installation, testing, and inspection as required by Ontario's Technical Standards and Safety Act, Boilers and Pressure Vessels Regulation, CSA B51 and/or CSA B52, and the applicable Pressure Piping Code of Construction. All piping and fittings in this installation have been visually inspected to ensure that they comply with Code requirements for identification. All fittings have been duly registered, are of correct schedule and/or ANSI service rating, and compatible with the required service condition.

Certificate of Authorization Number:	**Expiry Date:**
Print Name:	Signature:
Qualified Person – Unique Identification Number:	Date:

CERTIFICATE OF INSPECTION
(Jurisdictional Review)

I, the undersigned, employed by the Technical Standards and Safety Authority of Ontario have reviewed the above piping system and state that to the best of my knowledge and belief, the contractor/installer has constructed the piping system in accordance with the Provincial registration P# and the requirements of standards CSA B51 and/or CSA B52. By signing this certificate, neither the TSSA Representative nor his/her employer makes any warranty expressed or implied, concerning the piping described in this data report. Furthermore, neither the TSSA Representative 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 review. This report is deemed to meet the requirements of 'Certificate of Inspection' under sec 9(4) of Regulation 220/01.

TSSA Representative:

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Alternate Piping Data Form

Technical Standards and Safety Act
Boilers and Pressure Vessels Regulation
Appendix A – Additional Line Information

TSSA Work Order Number:	

Owner of Facility: (Name and Street Address)		
Location of Installation: (Street Address)	☐ Same as Owner	
Installer / Fabricator: (Name and Street Address)		
Description of Piping System(s) or Identification:		Piping Registration Number:

Line # and/or Dwg #:	Pipe Diameter: (NPS/DN)	Pipe Schedule, Type, or Thickness:	Material Specification and Grade:	Length: (ft/cm)	Type of Connection: (Welded, Brazed, Threaded, etc.)	NDE: (Yes or No; if yes, state % and type: RT, UT, MT, or PT)	PWHT: (Yes or No)

Certificate Holder Qualified Person Initials, Date, and Unique Identification Number:	TSSA Representative Initial & Date:

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Alternate Piping Data Form

Technical Standards and Safety Act
Boilers and Pressure Vessels Regulation
Appendix B – Additional Welder/Brazer Information

TSSA Work Order Number:	

Owner of Facility: (Name and Street Address)			
Location of Installation: (Street Address)	☐ Same as Owner		
Installer / Fabricator: (Name and Street Address)			
Description of Piping System(s) or Identification:			Piping Registration Number:

Welder(s) / Brazer(s), and Procedure(s) Used:					
Welder/Brazer Name:	Stamp/ ID No.:	Employer:	Expiry Date: (mm/dd/yyyy)	Process:	Procedure Registration Number(s):

Certificate Holder Qualified Person Initials, Date, and Unique Identification Number:	TSSA Representative Initial & Date:

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Alternate Piping Data Form

Technical Standards and Safety Act
Boilers and Pressure Vessels Regulation
Appendix C – Additional Pressure Test Line Information

TSSA Work Order Number:	

Owner of Facility: (Name and Street Address)			
Location of Installation: (Street Address)	☐ Same as Owner		
Installer / Fabricator: (Name and Street Address)			
Description of Piping System(s) or Identification:			Piping Registration Number:

Description of Pressure Test(s):				
Line # and/or Dwg #:	Medium & Temperature: (°F / °C)	Final Test Pressure: (psi/kPa)	Duration:	Remarks:

Certificate Holder Qualified Person Initials, Date, and Unique Identification Number:	TSSA Representative Initial & Date:

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Alternate Piping Data Form

Technical Standards and Safety Act
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Guideline

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Alternate Piping Data Form
Technical Standards and Safety Act
Boilers and Pressure Vessels Regulation

☐ Partial Data Form 1 TSSA Work Order Number: 2

Note: This report shall be completed and signed by the person responsible, in whole or in part, for the fabrication, installation, testing, and inspection of the pressure piping system leaving a copy with the owner of the installation and forwarding the original report to the TSSA Boiler and Pressure Vessel Safety Program.

Owner of Facility: (Name and Street Address)	3		
Location of Installation: (Street Address) 4	☐ Same as Owner	5	
Installer / Fabricator: (Name and Street Address)	6		
Description of Piping System(s) or Identification:	7	Piping Registration Number:	8

9 Design Code:	Maximum Allowable Working Pressure:	Design Temperature:	Total Length of Piping:
☐ ASME B31.1 ☐ CSA Z7396.1 ☐ ASME B31.3 Category 10	11 ☐psi ☐kPa	12 ☐°F ☐°C	13 ☐ft ☐cm

☐ ASME B31.5 14 Refrigerant Type: 15	High Side: 16 ☐psi ☐kPa	Low Side: 17 ☐psi ☐kPa	High Side: 18 ☐°F ☐°C	Low Side: 19 ☐°F ☐°C	20 ☐ft ☐cm

Line # and/or Dwg #:	Pipe Diameter: (NPS/DN)	Pipe Schedule, Type, or Thickness:	Material Specification and Grade:	Length: (ft/cm)	Type of Connection: (Welded, Brazed, Threaded, etc.)	NDE: (Yes or No; if yes, state % and type: RT, UT, MT, or PT)	PWHT: (Yes or No)
21	22	23	24	25	26	27	28

29 ☐ Appendix 'A' Attached for extra lines (Note: Company documents are not acceptable for additional lines)

Welder(s) / Brazer(s), and Procedure(s) Used: (☐ N/A) 30

Welder/Brazer Name:	Stamp/ ID No.:	Employer:	Expiry Date: (mm/dd/yyyy)	Process:	Procedure Registration Number(s):
31	32	33	34	35	36
			38		

37 ☐ Appendix 'B' Attached for extra lines ☐ Welding/Brazing to be completed by oth

Certificate Holder Qualified Person Initials, Date, and Unique Identification Number:	TSSA Representative Initial & Date:
39	40

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Alternate Piping Data Form
Technical Standards and Safety Act
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TSSA Work Order Number: 2

Final Check of Clamps, Supports, and Flexible Hoses:			Visual Weld Examination Completed: (☐ N/A) 44		
Print Name:	Signature:	Date:	Print Name:	Signature:	Date:
42			45		

43 ☐ Final check to be completed by others

Description of Pressure Test(s):

Line # and/or Dwg #:	Medium & Temperature: (°F / °C)	Final Test Pressure: (psi/kPa)	Duration:	Remarks:
46	47	48	49	50
			52	

51 ☐ Appendix 'C' Attached for extra lines ☐ Pressure test(s) by others

Remarks:

53

CERTIFICATE OF COMPLIANCE
(Certificate Holder Qualified Person)

I, the undersigned, declare that the described pressure piping system approved under design registration number P# 8 complies in all respects with the regulations for construction, installation, testing, and inspection as required by Ontario's Technical Standards and Safety Act, Boilers and Pressure Vessels Regulation, CSA B51 and/or CSA B52, and the applicable Pressure Piping Code of Construction. All piping and fittings in this installation have been visually inspected to ensure that they comply with Code requirements for identification. All fittings have been duly registered, are of correct schedule and/or ANSI service rating, and compatible with the required service condition.

Certificate of Authorization Number: 54	Expiry Date: 55
Print Name: 56	Signature: 57
Qualified Person – Unique Identification Number: 58	Date: 59

CERTIFICATE OF INSPECTION
(Jurisdictional Review)

I, the undersigned, employed by the Technical Standards and Safety Authority of Ontario have reviewed the above piping system and state that to the best of my knowledge and belief, the contractor/installer has constructed the piping system in accordance with the Provincial registration P# 8 and the requirements of standards CSA B51 and/or CSA B52. By signing this certificate, neither the TSSA Representative nor his/her employer makes any warranty expressed or implied, concerning the piping described in this data report. Furthermore, neither the TSSA Representative 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 review. This report is deemed to meet the requirements of 'Certificate of Inspection' under sec 9(4) of Regulation 220/01.

TSSA Representative:

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Alternate Piping Data Form
Technical Standards and Safety Act
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Guideline

Guideline for completing the Alternate Piping Data Form

(Note: All references to 'piping' includes both piping and tubing as applicable)

Item #	Description:	Example:
1	Check only if this is a partial data report (for shop fabrication, a signed data report is required to be sent with the shipment to the installation site).	
2	Provide the TSSA Work Order Number provided by TSSA Inspection Scheduling.	8765432
3	Provide the name and full address of the facility owner.	
4	Select if the location of installation is the same address of the facility owner.	
5	Provide the location of the installation if not the same address as the facility owner.	
6	Provide the legal name and full address of the piping system installer/fabricator as listed on the applicable Certificate of Authorization.	
7	Provide a brief description of the piping system installed.	Compressed air line, food processing line, nitrogen line, etc.
8	Provide the TSSA Piping Registration Number (P# or P-STD#) as identified on the registration documentation.	P12345, PSTD12345, ACCEPT12345, etc.
9	Select the applicable design Code as listed on the registered drawing. For refrigeration systems, proceed to next line (14).	
10	For ASME B31.3, provide the fluid service category of the piping system as identified on the registration documentation.	NFS (Normal Fluid Service), M, HPF (High Pressure Fluid, etc.
11	Provide the Maximum Allowable Working Pressure as indicated on the registration documentation and identify the unit of measurement.	
12	Provide the Design Temperature as indicated on the registration documentation and identify the unit of measurement.	
13	Provide the total value calculated in Item 26 (include totals from Appendix A, if used) and identify the unit of measurement.	
14	Select if the design Code listed on the registered drawing is ASME B31.5.	
15	Include the refrigerant as indicated on the registered drawing.	R410A, R404A, etc.
16	Provide the Maximum Allowable Working Pressure of the high side of the system as identified on the registration documentation and identify the unit of measurement.	
17	Provide the Maximum Allowable Working Pressure of the low side of the system as identified on the registration documentation and identify the unit of measurement.	
18	Provide the Design Temperature of the high side of the system as identified on the registration documentation and identify the unit of measurement.	
19	Provide the Design Temperature of the low side of the system as identified on the registration documentation and identify the unit of measurement.	
20	Provide the total value calculated in Item 25 (include totals from Appendix A, if used) and identify the unit of measurement.	
21	List the line number(s)/drawing number(s) as identified on the registered drawing, line list, or other means to identify the line(s).	Line 1, Hight Side, etc.
22	Include the pipe diameter for the specific line number and identify the unit of measurement (create a separate line for each diameter/thickness used).	2" OD, 1-3/8" OD, etc.
23	List the pipe schedule, thickness, or type for the specific line number.	Sch.40, Type L, etc.

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24	List the material specification of the piping used.	SA-106 Grade B, ASTM B280, etc.
25	Provide the length of piping installed in the specific line and identify the unit of measurement.	13 feet, 600 cm, etc.
26	Identify the type of connection of the line.	Welded, brazed, threaded, etc.
27	List the Non-Destructive Examination completed for the line. Include the percentage of NDE completed and the type. If none, state “N/A”.	RT-5%, PT-100%, etc.
28	Indicate if Post Weld Heat Treatment has been completed for this line.	
29	Check box if more lines are required and attach Appendix A.	
30	Check box if no welding or brazing is used.	
31	When lines are welded or brazed, state the name of the welder or brazer.	
32	State the welder or brazer’s symbol or ID number. This number is found on the upper right-hand side of the Welder/Welding Operator Certificate or the Brazer/Brazing Operator Certificate (this symbol is determined at the time of the welder/brazer certification, provided by the employer.	JM, 01, etc.
33	List the name of the welder or brazer’s employer. This is to be the same name as the company identified in 6, ORAC, or MCAO, as listed on the Welder/Welding Operator Certificate or the Brazer/Brazing Operator Certificate.	
34	List the expiration date of the Welder/Welding Operator Certificate or the Brazer/Brazing Operator Certificate. When the company maintains a Welder or Brazer’s Log as allowed by ASME, CSA, or the TSSA Code Adoption Document, state “ASME Sec. IX”.	
35	List the process that is used by the welder or brazer.	GTAW, SMAW, MTB, etc.
36	Provide the Welding or Brazing Procedure Registration Number identified on the Procedure Qualification Record.	WP-T1234.5, BP-1234.5, etc.
37	Check box if more lines are required and attach Appendix B.	
38	Check box if welding or brazing is completed by a sub-contractor. If selected, ensure the “Partial Data Report” in 1 is selected.	
39	To be initialed and dated by the company representative.	
40	To be initialed and dated by the Inspector.	
41	Include the page count for all pages.	
42	To be signed and dated by the individual responsible for the final check of all supports, anchors, guides, clamps, flexible hoses, etc. before the application of the pressure test.	
43	Check box if the final check of supports, anchors, guides, clamps, flexible hoses, etc., is completed by others. If selected, ensure the “Partial Data Report” in 1 is selected.	
44	Check box if the visual weld examination is not applicable.	
45	To be signed and dated by the individual responsible for the visual weld examination. This individual shall be appointed by the company as a visual weld examiner. Qualifications of the examiner shall be in accordance with the requirements of ASME B31.1 or ASME B31.3.	
46	List each line number and/or dwg number from 21 being pressure tested.	
47	List the test medium and temperature of the pressure test.	Nitrogen @ Ambient Temp., Water @ 70°F, etc.
48	Record the final test pressure and identify the unit of measurement.	100 psi, 250 kPa, etc.
49	Record the duration of the pressure test.	10 minutes, 1 hour, etc.
50	Indicate the results of the pressure test.	Acceptable, No leaks, etc.
51	Check box if more lines are required and attach Appendix C.	
52	Check box if the pressure test is completed by others. If selected, ensure the “Partial Data Report” in 1 is selected.	

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53	Include any other remarks pertinent to the piping system or use when more room is required elsewhere in the data report.	
54	Indicate the Certificate of Authorization number from the Alternate Piping Process Certificate of Authorization.	
55	Indicate the Certificate of Authorization expiration date.	
56	Print the name of the Certificate Holder Qualified Person.	
57	To be signed by the Certificate Holder Qualified Person.	
58	Record the Unique Identification Number of the Certificate Holder Qualified Person.	QA-12345-01
59	To be dated by the Certificate Holder Qualified Person.	
60	To be completed by a TSSA Representative.	