

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

Technical Standards and Safety Act **Boilers and Pressure Vessels Regulation**

Partial Data Form

TSSA Work Order Number:

Note: This report shall be complete the pressure piping system le Safety Program.										
	1									
Owner of Facility: (Name and Street Address)										
Location of Installation: (Street Address)		Same Owne								
Installer / Fabricator: (Name and Street Address)						ſ				
Description of Piping System(s) or Identification:							g Registratior Number:	ו		
Design Code:		М	aximum Allov Press	wable Working sure:	[Design Ter	mperature:		Total Ler Pipir	•
ASME B31.1 CSA Z73	96.1			□psi□kPa			□°F □]°C		ft ∏cm
ASME B31.5 Refrigerant Type:			gh Side: psi	Low Side: □psi □kPa	High □°F	n Side: □°C	Low Side			ft
Line # and/or Dwg #:	Pip Diam _{(NPS}	eter:	Pipe Schedule, Type, or Thickness:	Material Speci and Grad		Length: (ft/cm)	Type of Connection (Welded, Brazec Threaded, etc.)	ł,	NDE: (Yes or No; if yes, state % and type: RT, UT, MT, or PT)	PWHT: (Yes or No)
			Appendix	A' Attached for e	extra lines	S (Note: Comp	bany documents are	e not a	acceptable for ad	Iditional lines)
		Weld	ler(s) / Braze	r(s), and Procedu	re(s) Use	ed: (🗌 N/	A)			
vvelder/Brazer Name	amp/		Emplo	yer:		/ Date:	Process:	Pro	cedure Reg	

Welder/Brazer Name:	Stamp/ ID No.:	Employer:	Expiry Date: (mm/dd/yyyy)	Process:	Procedure Registration Number(s):
<u></u>		Appendix 'B' Attached for (avtra lines DWeld	lina/Brazina	to be completed by others

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

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



Technical Standards and Safety Act Boilers and Pressure Vessels Regulation

TSSA Work Order Number:

Final Check of Clamps, Supports, and Flexible Hoses:			Visual Weld Exa	amination 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:Final Test Pressure:Duration:(°F / °C)(psi/kPa)							

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 a	bove piping
system and state that to the best of my knowledge and belief, the contractor/installer has constructed the pipir	ıg 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 ex	xpressed or
implied, concerning the piping described in this data report. Furthermore, neither the TSSA Representative	
employer shall be liable in any manner for any personal injury or property damage, or a loss of any kind arisi	ng from or
connected with this review. This report is deemed to meet the requirements of 'Certificate of Inspection' under	r sec 9(4) of
Regulation 220/01.	
TSSA Representative:	



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:	Same as						
(Street Address)	Owner						
Installer / Fabricator:							
(Name and Street Address)							
Description of Piping					Piping Reg	istration N	umber:
System(s) or Identification:							
		Dine					
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,	TSSA Representative Initial &
Date, and Unique Identification Number:	Date:



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

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:



Alternate Piping Data Form

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

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

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,	TSSA Representative Initial &
Date, and Unique Identification Number:	Date:



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 Guideline

ST S S A Toronto, Or www.tssa.or	view Drive ntario M9W		ety Authority				Technical S ilers and Pres		d Safety A	Act								
Partial Data Form 1 Note: This report shall be con the pressure piping sys Safety Program.	npleted and s item leaving a	signed by a copy wit	the person resp th the owner of	consible, in whole or ir the installation and for	n part, for t	the fabricatio	er Number: n, installation, te port to the TSS/	esting, and insp	ection of essure Vess	e								
Owner of Facility: (Name and Street Address) Location of Installatio (Street Address) Installer / Fabricator	n: 4 🗌	Same a Owner	^{as} 5															
(Name and Street Address) Description of Piping							Registration	ⁿ 8		-								
System(s) or Identificat	uon.	Max		able Working		Design Ten	Number:	Tota	Length o	of								
ASME B31.1 CSA	. 27396.1 ry <mark>10</mark>		Press 11	ure: □psi □kPa		12	□°F []°C 13	Piping:	cm								
ASME B31.5 14 Refrigerant Type: 15		22-22	h Side: 16 Isi _kPa	Low Side: 17 psi kPa	High 1 □°F	Side:	Low Side	: ℃ 20	ft(cm								
Line # and/or Dwg #.		neter:	Pipe Schedule, Type, or Thickness:	Material Specifi and Grade	ication a:	Length:	Type of Connectio (Weided, Braze Threaded, etc.	n: (Yes or No	and (Yes or									
21	2	2	23	24		25	26	27	28	8								
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Welder/Brazer Name: 31	Stamp/ ID No.: 32		Employ 33	and the second sec	Expiry (mm/di	d/yyyy)	Process: 35	Procedure Num	per(s):	ion								
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e	<u>.</u>											Standards	B	Authority			Alternate Pipi	ing Data Form
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Alternate Piping Data Form Technical Standards and Safety Act Boilers and Pressure Vessels Regulation Guideline

	Guideline for completing the Alternate Pip (Note: All references to 'piping' includes both piping and tubi	
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.



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	13 feet, 600 cm, etc.
	the unit of measurement.	
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.	



Technical Standards and Safety Act Boilers and Pressure Vessels Regulation Guideline

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	QA-12345-01
	Qualified Person.	
59	To be dated by the Certificate Holder Qualified Person.	
60	To be completed by a TSSA Representative.	