Technical Standards and Safety Authority
345 Carlingview Drive
Toronto, Ontario M9W 6N9
Call: 1-877-682-8772
Email: inspectionscheduling@tssa.org
www.tssa.org

Clear Form Print Form

BPV INSPECTION REQUEST FORM
for **Hot Tap & Periodic Inspections**
Technical Standards and Safety Act
Boilers and Pressure Vessels
R-0825-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 * Does site Require Bio Security? ☐ YES ☐ NO	* Preferred Inspection Date(s) & Time 1) 2) 3)
*WHO IS COMPLETING THE APPLICATION? ☐ CONTRACTOR ☐ OWNER	DATE CONFIRMED WITH INSPECTOR ☐ YES ☐ NO
* BILLING CUSTOMER NAME & ADDRESS *(Who is being billed for the inspection?)* TSSA Contract Details *(if available):* PO# *(if available):* Contract Name: Start Date: End Date:	LEGAL NAME & ADDRESS (NOT a PO BOX): TSSA ACCOUNT #:
* DEVICE OWNER NAME & ADDRESS *Must be a Civic Address - Not a PO BOX* *(Certificate of Inspection is issued in the Device Owner's name)*	☐ SAME AS BILLING
* INSPECTION SITE NAME & ADDRESS *Must be a Civic Address - Not a PO BOX* *(Where is the inspection taking place)*	☐ SAME AS BILLING
* INSPECTION SITE CONTACT *(Who will meet the Inspector)* *Please provide the Inspector's Site Contact* *(NAME, PHONE, EMAIL)*	NAME: PHONE: E-MAIL:
NAME OF DESIGNATED TSSA INSPECTOR *Local Inspector inspecting at Site location*	☐ UNKNOWN
* IS SPECIAL SAFETY TRAINING REQUIRED TO ACCESS THE SITE *If "Yes", Please provide duration of training* * IS THERE SPECIAL HEALTH & SAFETY PROTOCOLS REQUIRED TO ENTER THE FACILITY ? *If "Yes", Please advise*	HOURS ☐ NO

SECTION B - Inspection of HOT TAP or PERIODIC Inspection

☐ **HOT TAP** (Please provide Required Information for EACH Device to be inspected)

Inspection of Hot Tap for Boiler / Pressure Vessel or Piping

Accept Number -

☐ **Boiler / Pressure Vessel**

5AN -

☐ **Piping**

Piping CRN (P#)-

N/A (Out of Province) ☐

☐ **PERIODIC**

Inspection of Operating UNINSURED Boilers and Pressure Vessels to RENEW a Certificate of Inspection (COI)

For Inspection of Insured Devices, Please contact the Insurer

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**