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

Piping Systems Installation and Test Data Report

Technical Standards and Safety Act

Boilers and Pressure Vessels Regulation

Shop Fabrication (Send signed report with shipment to site)  Field Installation / Piping Repair Fabrication  Piping Repair  Partial Data Report (Select if not responsible for all sections)  Hot Tap									)					
Note: This Data 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 signed Data Report to the TSSA Boiler and Pressure Vessel Safety Program.														
Owner of Facility: (Name and Street Address)														
Location of Installation (Street Address)	า:		Same as Owner											
Installer / Fabricator: (Name and Street Address)			— Owner Owner											
Description of Piping System(s) or Identificati								Pip		Registra	tion			
Design Code:			Max	imum Allo Pres		ble Working re:	Des	ign Ter	npe	rature:			Total Length of Piping:	
☐ ASME B31.1 ☐ CSA ☐ ASME B31.3 Categor		6.1				□psi □kPa				□°F□	I°C			
☐ ASME B31.5			High	Side:		Low Side:	High Si	de:		Low Side	w Side:		□ft □cm	
Refrigerant Type:			□ ps	i □kPa		□ psi □kPa	□°F [	]°C		□°F □°	°F □°C		II CIII	
Line # and/or Dwg #:			Pipe meter:	Pipe Schedu Type, o Thickne	or	Material Spe and Gra				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)	
L	ı									ppendix '	A' Att	ached for e	extra lines	
			Welder	(s) / Braz	er(s	), and Procedur	e(s) Used:	( \( \sim \) N/.	A)					
Welder/Brazer Name: Sta				Em	ploy	yer:	Expiry [ (mm/dd/y		Р	rocess:	Prod	cedure Registration Number(s):		
∐Appendix 'B' Attached	Appendix 'B' Attached for extra lines (or Contractor's list of welders/brazers attached)  Welding/Brazing to be completed by others													
Company Rep. Initial & Date Inspector Initial & Date:														



Piping Systems Installation and Test Data Report

Technical Standards and Safety Act

Boilers and Pressure Vessels Regulation

Final Check of Clam	Final Check of Clamps, Supports, and Flexible Hoses:				Visual Weld Examination Completed: (□N/A)							
Print Name:	Signature: Date		Date:		Print Name:	Signature:	Date:					
Final ched	ck to be cor	mpleted by o	thers									
Description of Pressure Test(s):												
Line # and/or Dwg #: Medium & Temperature:					Final Test Pressure:	Duration:	Remarks:					
	<i></i>	(°	F / °C)	<u> </u>	(psi/kPa)							
				-								
				-								
			ПАр	pe	endix 'C' Attached for extr		test(s) by others					
			Ren	_			1001(0) 23 0111010					
			Ken	IIai	IKS.							
					COMPLIANCE							
					oing system approved un ns for construction, insta							
required by Ontario's	Technical	Standards aı	nd Safety Act, B	oile	ers and Pressure Vessel	s Regulation, CSA B5	1 and/or CSA					
					. All piping and fittings in or identification. All fitting							
					compatible with the requ							
Certificat	e of Autho	rization Nu	mber:		Expiry Date:							
Name:				;	Signature:							
Title:				ı	Date:							
			CERTIFICATE (	OF	INSPECTION							
		ed Boiler an	d Pressure Vess	sel	Inspector employed by	of						
					pest of my knowledge an							
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 Inspector nor his/her employer makes any												
warranty expressed of	or implied, o	d in this data report. Fur	thermore, neither the	Inspector nor								
riis/ner employer shal	ı be iiable ii		er for any person or connected wi		injury or property damage this inspection.	je, or a loss of any Kir	id arising from					
Inspector Name:					Inspector Signature:							
Inspector Number:				Ī	Date:							



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

Owner of Facility: (Name and Street Address)								
Location of Installation: (Street Address)	Same as Owner							
Installer / Fabricator:	0 111161							
(Name and Street Address)								
Description of Piping					Piping Reg	istration N	umber:	
System(s) or Identification:								
, , , ,		D:				NDE.		
Line # and/or Dwg #:	Pipe Diameter: (NPS/DN)	Pipe Schedule, Type, or Thickness:	Material Specification and Grade:	Length:	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)	
Company Rep. Initial & Date Inspector Initial & Date:								



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

Owner of Facility:									
(Name and Street Addre	ess)								
Location of Installation:		Same as							
(Street Address)		l Owner							
Installer / Fabricator:									
(Name and Street Addre	255)								
Description of Piping	.55)						Pinin	g Registration Number:	
System(s) or Identification	nn.						приц	g Registration Number.	
System(s) or identification	511.								
Welder(s) / Brazer(s), and Procedure(s) Used:									
Welder/Brazer Name:	Stamp/ ID No.:		Employer:		Expiry Date: (mm/dd/yyyy)	Proce	ess:	Procedure Registration Number(s):	
					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\ /	
				Compa	ny Rep. Initial &	Date	lr	nspector Initial & Date:	



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 Regist	tration Number:
System(s) or Identification:						
		Description of F	ressure Test(s):			
Line # and/or Dwg #:	Mediur	n & Temperature: (°F / °C)	Final Test Pressure: (psi/kPa)		Ouration:	Remarks:
		(170)	(μοι/κι α)			
				1		
			Company Rep. Initial &	Date	Inspector	r Initial & Date:

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

# **Piping Systems Installation and Test Data Report**

Technical Standards and Safety Act
Boilers and Pressure Vessels Regulation
Guideline

345 Carlingy Toronto, Ont www.tssa.org  Shop Fabrication (Send signed report with shipment to site)	iew Drive ario M9W 6 Field I	Installation / brication		Piping Repair	2 Par	Boile  rtial Data lect if not res for all secti	ponsible ons)	lards and S e Vessels R 3 Hot Ta	afety A egulati	ct on							
the pressure piping syst Pressure Vessel Safety Owner of Facility;	Note: This Data 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 signed Data Report to the TSSA Boiler and Pressure Vessel Safety Program.  Owner of Facility:  4																
(Name and Street Address) Location of Installation (Street Address) Installer / Fabricator:	5 🗆	Same as Owner 6	5														
(Name and Street Address) Description of Piping System(s) or Identificati	on: 8						Piping Registr Number:	ation 9									
10 Design Code:		Maximum F	n Allowab Pressure	ole Working e:	Des	ign Temp	perature:	Total Le Pipi									
☐ ASME B31.1 ☐ CSA ☐ ASME B31.3 Categor	z7396.1 y <u>11</u>	High Side:	7.50	□psi □kPa Low Side:	High Si	13	□°F □°C	14 □	]ft □ c	m							
ASME B31.5 15 Refrigerant Type: 16		17 psi □kf	(Pa D	18 □psi □kPa	19 □ psi [		20 □psi □kPa	21 □	]ft □ c	m							
Line # and/or Dwg #:	Diar	meter: Typ	Pipe nedule, pe, or ckness:	Material Spec and Gra		Length:	Type of Connection: (Weided, Brazed, Threaded, etc.)	NDE: (Yes or No; if yes, state % and type: RT, UT, MT, or PT)	PWI- (Yes or								
22	2	23 2	24	25		26	27	28	29	)							
45		3.6			2		4.5	33									
	+		ļ	2	*		Appendix 'A' A	ttached for	extra li	ies							
Welder/Brazer Name:	Stamp/		Brazer(s) Employe	, and Procedure er:	Expiry [	Date:	<u> </u>	cedure Re Number	gistratio	n							
32	33		34		(mm/dd/)		36	37	(S).	Santa A.			nd Safety Authori	ty	Piping Systems Insta	allation and Tes	t Data Report
									-	TS	S A Toronto, C www.tssa	ngview Drive Ontario M9W o Lorg	6N9			Technical Standard illers and Pressure V	ds and Safety Act
-										-	inal Check of Cla	mna Cunno	arta and Flovibl	o Hoose:	Vieual Wold Eve	amination Completed	t (DAMA) /E
Appendix 'B' Attached	for extra li	ines (or contracto	tor's list of we	elders/brazers attached	39[	Weldin	g/Brazing to be	completed	d by o		Print Name:		nature:	Date:	Print Name:	Signature:	Date:
38				Comp	any Rep. II	nitial & D	ate Inspe	ctor Initial 8	& Dat		43 44□Fi	nal check to	be completed	by others	46		
PV 09052 (05/25) Page _	of 42	2									Line # and/or D	wn#:	Medium & T	emperature:	Pressure Test(s): Final Test Pressure:	Duration:	Remarks:
											47	ng #.	(°F)	8 8	(psi/kPa) 49	50	51
										,						0	
																33	
														E3 🗆 Apr	pendix 'C' Attached for extr	53	re test/s) by others
														SZ LI API		a iiiesrressui	re test(s) by others
														54	4		
										rec B5	P# 9 quired by Ontario' 52, and the applicated to ensure correct	complies i 's Technical able Pressu that they co t schedule a	that the descri in all respects v Standards and ire Piping Code imply with Code	bed pressure p with the regulat Safety Act, Bo of Construction requirements vice rating, an	F COMPLIANCE iping system approved un ions for construction, insta illers and Pressure Vessel in. All piping and fittings ir, for identification. All fitting d compatible with the requ Expiry Date:	allation, testing, and is Regulation, CSA E in this installation hav gs have been duly re iired service condition	inspection as 351 and/or CSA re been visually egistered, are of
									0	Nam		. Jacob	riwill		Signature:		
										Title				EDTIFICATE	Date: DF INSPECTION		
										ha co s wa	eve inspected the onstructed the pipi standards CSA Barranty expressed /her employer sha	above piping ing system in 51 and/or CS I or implied, all be liable i	zed Boiler and g system and s in accordance v SA B52. By sig concerning the in any manner	Pressure Vess state that to the vith the Provin- ining this certif piping describ for any person	be inspection  lel Inspector employed by best of my knowledge an cial registration P#  Cate, neither the Inspectio ted in this data report. Fur al injury or property damage this inspection.	and the r r nor his/her employ thermore, neither th	tor/installer has requirements of er makes any e Inspector nor
									1		ector Name: ( ector Number:	50			Inspector Signature:  Date:		
									3			Α.Λ.	2		eath.		
										V 09	9052 (05/25) Pag	je of <u>4.</u>	_				



Technical Standards and Safety Act
Boilers and Pressure Vessels Regulation
Guideline

## Guideline for completing the Piping Systems Installation and Test Data Report (Note: All references to 'piping' includes both piping and tubing as applicable) Item # Description: Example: Check the applicable box if the piping system is fabricated in a shop 1 or at a field site (for shop fabrication, a signed data report is required to be sent with the shipment to the installation site). Check the applicable box when the data report is for a piping repair 2 The company may sub-contract welding or or a partial data report if the company is not responsible for all brazing services only. A partial data report sections of the data report. is to be completed by each company describing specific responsibilities. Check box if this report is specific to a hot tap of a piping system. 3 Provide the name and full address of the facility owner. 4 5 Select if the location of installation is the same address of the owner. Provide the location of the installation if not the same address as the 6 Provide the legal name and full address of the piping system installer/fabricator as listed on the applicable Certificate of Authorization. Provide a brief description of the piping system installed. Compressed air line, food processing line, nitrogen line, etc. 9 Provide the TSSA Piping Registration Number (P# or P-STD#) as P12345, PSTD12345, ACCEPT12345, etc. identified on the registration documentation. 10 Select the applicable design Code as listed on the registered drawing. For refrigeration systems, proceed to next line (15). 11 For ASME B31.3, provide the fluid service category of the piping NFS (Normal Fluid Service), M, HPF (High system as identified on the registration documentation. Pressure Fluid, etc. 12 Provide the Maximum Allowable Working Pressure as indicated on the registration documentation and identify the unit of measurement. Provide the Design Temperature as indicated on the registration 13 documentation and identify the unit of measurement. Provide the total value calculated in Item 26 (include totals from 14 Appendix A, if used) and identify the unit of measurement. Select if the design Code listed on the registered drawing is ASME 15 16 Include the refrigerant as indicated on the registered drawing. R410A, R404A, etc. Provide the Maximum Allowable Working Pressure of the high side of 17 the system as identified on the registration documentation and identify the unit of measurement. 18 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. Provide the Design Temperature of the high side of the system as 19 identified on the registration documentation and identify the unit of measurement. 20 Provide the Design Temperature of the low side of the system as identified on the registration documentation and identify the unit of measurement. 21 Provide the total value calculated in Item 26 (include totals from Appendix A, if used) and identify the unit of measurement. 22 List the line number(s)/drawing number(s) as identified on the Line 1, Hight Side, etc. registered drawing, line list, or other means to identify the line(s).



Technical Standards and Safety Act
Boilers and Pressure Vessels Regulation
Guideline

50	Record the duration of the pressure test.	10 minutes, 1 hour, etc.
49	Record the final test pressure and identify the unit of measurement.	100 psi, 250 kPa, etc.
40	Depart the final test pressure and identify the unit of recognition	etc.
48	List the test medium and temperature of the pressure test.	Nitrogen @ Ambient Temp., Water @ 70°F,
	tested.	
47	List each line number and/or dwg number from 22 being pressure	
	accordance with the requirements of ASME B31.1 or ASME B31.3.	
	as a visual weld examiner. Qualifications of the examiner shall be in	
70	weld examination. This individual shall be appointed by the company	
46	To be signed and dated by the individual responsible for the visual	
45	Check box if the visual weld examination is not applicable.	
	"Partial Data Report" in 2 is selected.	
44	flexible hoses, etc., is completed by others. If selected, ensure the	
44	Check box if the final check of supports, anchors, guides, clamps,	
	check of all supports, anchors, guides, clamps, flexible hoses, etc. before the application of the pressure test.	
43	To be signed and dated by the individual responsible for the final	
42	Include the page count for all pages.	
41	To be initialed and dated by the Inspector.	
40	To be initialed and dated by the company representative.	
40	selected, ensure the "Partial Data Report" in 2 is selected.	
39	Check box if welding or brazing is completed by a sub-contractor. If	
38	Check box if more lines are required and attach Appendix B.	
	identified on the Procedure Qualification Record.	
37	Provide the Welding or Brazing Procedure Registration Number	WP-T1234.5, BP-1234.5, etc.
36	List the process that is used by the welder or brazer.	GTAW, SMAW, MTB, etc.
	TSSA Code Adoption Document, state "ASME Sec. IX".	OTANA ONANA METO
	maintains a Welder or Brazer's Log as allowed by ASME, CSA, or the	
	the Brazer/Brazing Operator Certificate. When the company	
35	List the expiration date of the Welder/Welding Operator Certificate or	
	Brazer/Brazing Operator Certificate.	
	listed on the Welder/Welding Operator Certificate or the	
	same name as the company identified in 7, ORAC, or MCAO, as	
34	List the name of the welder or brazer's employer. This is to be the	
	the employer.	
	determined at the time of the welder/brazer certification, provided by	
	Certificate or the Brazer/Brazing Operator Certificate (this symbol is	
	found on the upper right-hand side of the Welder/Welding Operator	
33	State the welder or brazer's symbol or ID number. This number is	JM, 01, etc.
	brazer.	
32	When lines are welded or brazed, state the name of the welder or	
31	Check box if no welding or brazing is used.	
30	Check box if more lines are required and attach Appendix A.	
	line.	
29	Indicate if Post Weld Heat Treatment has been completed for this	
	the percentage of NDE completed and the type. If none, state "N/A".	
28	List the Non-Destructive Examination completed for the line. Include	RT-5%, PT-100%, etc.
27	Identify the type of connection of the line.	Welded, brazed, threaded, etc.
	the unit of measurement.	
26	Provide the length of piping installed in the specific line and identify	13 feet, 600 cm, etc.
25	List the material specification of the piping used.	SA-106 Grade B, ASTM B280, etc.
24	List the pipe schedule, thickness, or type for the specific line number.	Sch.40, Type L, etc.
	diameter/thickness used).	
	unit of measurement (create a separate line for each	
23	Include the pipe diameter for the specific line number and identify the	2" OD, 1-3/8" OD, etc.



Piping Systems Installation and Test Data Report

Technical Standards and Safety Act

Boilers and Pressure Vessels Regulation

Guideline

51	Indicate the results of the pressure test.	Acceptable, No leaks, etc.
52	Check box if more lines are required and attach Appendix C.	
53	Check box if the pressure test is completed by others. If selected,	
	ensure the "Partial Data Report" in 2 is selected.	
54	Include any other remarks pertinent to the piping system or use when	
	more room is required elsewhere in the data report.	
55	Indicate the Certificate of Authorization number for the applicable	
	installation as selected in 10 or 15.	
56	Indicate the Certificate of Authorization expiration date.	
57	Print the name and title of the company representative. To be signed	
	and dated by the company representative.	
58	State the applicable Authorized Inspection Agency.	TSSA, ABSA, etc.
59	State the location of the Authorized Inspection Agency.	Ontario, Alberta, etc.
60	To be completed by the Inspector. Include the name, signature, date	
	of acceptance, and Provincial, State, or National Board Commission	
	Number, as applicable.	