

Technical Standards and Safety Act Boilers and Pressure Vessels Regulation

Partial Data Form		TSSA Work Order Number:											
Note: This form shall be comple the pressure piping system Safety Program.													
Owner of Facility: (Name and Street Address)													
Location of Installation: (Street Address)		Same Owne	Owner S										
Installer / Fabricator: (Name and Street Address)													
Description of Piping System(s) or Identification	n:	Piping Registration Number:											
Design Code:		Ma	aximum Allov Press	wable Working sure:		Design Ter	mperature:		ength of ing:				
☐ ASME B31.1 ☐ CSA Z☐ ASME B31.3 Category	7396.1			∏psi ∏kPa			□°F □°	°C [	]ft □cm				
☐ ASME B31.5		Hiç	gh Side:	Low Side:	Higl	h Side:	Low Side:						
Refrigerant Type:			psi	□ psi □kPa	□°F	- □°C	□°F □°0		]ft □cm				
Line # and/or Dwg #:	Diam	ipe Schedule, neter: (S/DN) Pipe Schedule, Type, or Thickness:		Material Specificatio 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)				
			Appendix	('A' Attached for	extra line	S (Note: Comp	pany documents are	not acceptable for	additional lines)				
		Weld	er(s) / Braze	r(s), and Procedu	ıre(s) Us	ed: ( N/	<u> </u>						
	Stamp/ ID No.:		Emplo			y Date: dd/yyyy)	Process:	Procedure Re Number					
			<b></b>	(D) A(( ) ) (	,				11 2				
		L		'B' Attached for e			ling/Brazing to	·					
				ate Holder Qualif and Unique Ident			TSSA Re	presentative   Date:	nitial &				



Technical Standards and Safety Act Boilers and Pressure Vessels Regulation

					TSSA	Work Order	Number:			
Final Check of Clamps,	Supports, and F	lexible Hoses			Visual Weld	Examination	Completed:	(□N/A)		
Print Name:	Print Name:		gnature:	Date:						
								Ī		
☐ Final check to	be completed be	<u> </u>								
		Description	on of Pre	essure	Test(s):	_				
Line # and/or Dwg #:	Medium & Temperature: (°F / °C)	Final Test Pressure: (psi/kPa)	Dura	tion:	Remarks:		essed By: nt name)	Date:		
		_								
			Appe	endix 'C	'Attached for	extra lines	Pressure	test(s) by others		
			Rema	rks:						
CERTIFICATE OF COMPLIANCE										
CERTIFICATE OF COMPLIANCE (Certificate Holder Qualified Person)										
I, the undersigned, o										
P# cor required by Ontario's Ted	nplies in all resp									
B52, and the applicable	Pressure Piping	Code of Cons	truction	. All pi	oing and fitting	s in this inst	allation have l	been visually		
inspected to ensure that								stered, are of		
	edule and/or AN		ig, and	compa		•	ice condition.			
	f Authorization	Number:			Expiry Da					
Print Name:					Signature:	Signature:				
Qualified Person – Unique	Identification Nu	ımber:			Date:	Date:				
		CERTIFIC	ATF OF	INSP	FCTION					
		(Juris	diction	al Revi	iew)					
I, the undersigned, emp										
system and state that to accordance with the Pro			bellel,		the requireme					
B52. By signing this cer	tificate, neither t	he TSSA Repr		tive nor	his/her emplo	yer makes a	iny warranty e	expressed or		
implied, concerning the employer shall be liable										
connected with this revie										
	·	Reg	gulation	220/01	l <u>.</u>					
1		1SS/	A Repre	sentati	ve:					



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

				TSSA Work C	Order Number:		
Owner of Facility: (Name and Street Address)							
Location of Installation: (Street Address)	Same as Owner						
Installer / Fabricator: (Name and Street Address)	Owner						
Description of Piping System(s) or Identification:					Piping Reg	istration N	umber:
System(s) or identification.	ļ						
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)
			Holder Qualified Pers		TSSA Repres		nitial &
			d Unique Identification			oate:	



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

				TSSA Wo	ork Order N	umber:			
Owner of Facility:									
(Name and Street Addre	ess)		<del>,</del>						
Location of Installation:		Same as							
(Street Address)		Owner							
Installer / Fabricator:									
(Name and Street Addre Description of Piping	:55)				Die	sing Pagistration Numbers			
System(s) or Identification	on:				PIL	ing 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):			
	I				1				
			Certificate Holder Qua Date, and Unique Ide		TSSA	Representative Initial & Date:			



Same as

Owner of Facility:

(Name and Street Address)
Location of Installation:

# **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:

(Street Address)	Owner								
Installer / Fabricator: (Name and Street Address)									
Description of Piping						Piping Registration	on Number:		
System(s) or Identification:									
Description of Pressure Test(s):									
Line II and II and II	Medium &	Final Test	Domition	Daniel	Wit	nessed By:	Dit		
Line # and/or Dwg #:	Temperature: (°F / °C)	Pressure: (psi/kPa)	Duration:	Remarks:	(p	rint name)	Date:		
		Certificate F	lolder Qualific Unique Identi	ed Person Initials fication Number:	, TS	SSA Representati Date:	ve Initial &		
					•				

# 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

Technical Standards and Safety Authority  346 Carlingview Drive Toronto, Ontario M9W 6N9 www.tssa.org  Technical Standards and Safety Act Technical Standards and Safety Act Boilers and Pressure Vessels Regulation															
Partial Data Form 1				TSSAV	Work Orde	er Number:	2		-8						
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: 2						<b>-</b>									
(Name and Street Address) Location of Installation (Street Address)	: 1 -	Same as Owner 5													
Installer / Fabricator: (Name and Street Address)	6				Dieie	De mintention	20		]						
Description of Piping System(s) or Identification	on: 7	1949 Ft. AN	100/100/100 p.m. 4/11 @	8		Registration Number:	, 8		_						
9 Design Code:			wable Working sure:	De	esign Ten	nperature:	Total Le Pipi								
ASME B31.1 CSA:	27396.1 10	11	□psi □kPa		12	□°F □	]°c 13 □	ftcm	1						
☐ ASME B31.5 14		High Side:	Low Side:	High S	Side:	Low Side	20 🗆	l# □cm	1						
Refrigerant Type: 15		□psi □kPa	□ psi □ kPa	□°F			°C 20 L	п Цан	<u> </u>						
Line # and/or Dwg #.	Pip Diame (NPSI)	eter: Type or	Material Specif and Grade		Length:	Type of Connection (Welded, Brazel Threaded, etc.)	NDE: (Yes or No; If ves. state % and type: RT, UT, MT, or PT)	PWHT: (Yes or No)							
21	22	2 23	24		25	26	27	28							
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			x 'A' Attached for e er(s), and Procedu	CONTRACTOR OF THE PARTY OF THE		And the state of the second	e not acceptable for a	dditional line	96)						
Welder/Brazer Name:	Stamp/ ID No.:	Emple	oyer.	Expiry [	Date:	Process:	Procedure Reg		<b>.</b>						
31	32	33	3	34		35	36	-7-	]						
									_						
						5			Technical Sta	ndards and Safet	y Authority			Alternate Piping	Data Form
			-		38				T S S A 345 Carlingvie Toronto, Onta www.tssa.org	ew Drive ario M9W 6N9				Technical Standards of Boilers and Pressure Vess	and Safety Act
		37 ☐ Appendix	'B' Attached for ex	dra lines	□Weldi	ing/Brazing t	o be completed	by oth	- A				TSSA	Vork Order Number: 2	
			ate Holder Qualific and Unique Identi			TSSA R	epresentative Ir Date:	nitial &	Final Check of Clamps					Examination Completed:	
			39				40		Print Name:	Signature:	Date:		Print Name:	Signature:	Date:
PV 09052A (05/25) Page	of 4								42				40		1 1
		1				L			42 43□Final check t	o be completed		10			
		1				6			43 ☐ Final check t	Medium &	Descriptio Final Test		ure Test(s):	Witnessed By:	Date:
		1							43 Final check t	Medium & Temperature: (°F / °C)	Descriptio Final Test Pressure: (psi/kPa)	Duration	ure Test(s):	(print name)	Date:
		1				li,			43 ☐ Final check t	Medium & Temperature:	Descriptio Final Test Pressure:		ure Test(s):		Date: 52
		1							43 Final check t	Medium & Temperature: (°F / °C)	Descriptio Final Test Pressure: (psi/kPa)	Duration	ure Test(s):	(print name)	
		1							43 Final check t	Medium & Temperature: (°F / °C)	Description Final Test Pressure: (psi/kPa) 48	Duration 49	: Remarks:	(print name) 51 54	52
		1							43 Final check t	Medium & Temperature: (°F / °C)	Description Final Test Pressure: (psi/kPa) 48	Duration 49	: Remarks:	(print name)	52
		1							43 Final check t	Medium & Temperature: (°F / °C)	Description Final Test Pressure: (psi/kPa) 48	Duration 49 Appendi	: Remarks:	(print name) 51 54	52
		1							43 Final check t Line # and/or Dwg #: 46	Medium & Temperature: (*F/*C) 47	Descriptio Final Test Pressure: (psi/kPa) 48 531	Appendi Remarks:	re Test(s):  Remarks:  50  x 'C' Attached for a	(print name) 51 54 xtra lines Pressure t	52
		1							43 Final check t  Line # and/or Dwg #:  46	Medium & Temperature: (*F / *C) 47	Description Final Test Pressure: (psikPa) 48  CERTIFICA (Certificate H described presects with the ra	Appendi Remarks:  55  TE OF CColder Quaging ingulations in the color of the color o	Test(s):  Remarks:  50  X 'C' Attached for experiment of the construction, in construction,	(print name)  51  54  xtra lines Pressure t	52
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		1							I, the undersigned, page 8 correquired by Ontarios Te B52, and the applicable inspected to ensure that Certificate of Print Name: 58  Qualified Person – Unique  I, the undersigned, emp system and state that to accordance with the Pre B52. By signing this ce implied, concerning the employer shall be liable.	Medium & Temperature: (*F / *C)  47  declare that the mplies in all respondinced Standare Pressure Piping they comply with edule and/or AN of Authorization  eldentification Novincial registrate in the best of my invincial registrate piping describle in any manner	Description Final Test Pressure: (psikPa) 48  531  CERTIFICA (Certificate H described pressects with the rest sand Safety A Code of Comit of Code	Appendi Appendi Remarks:  55  TE OF CC older Qua sure piping gulations of ct, Boilers ruction, Alments for ic, g, and con  ATE OF IN flictional F ds and Saf seller, the espect, Furil al injury or eet the rec	DMPLIANCE Ilified Person) system approved for construction, in and Pressure Vese application. All fit is lightly partial behavior of the pressure in the press	(print name)  51  54  xtra lines	number section as and/or CSA een visually tered, are of system in and/or CSA group system in and/or CSA mor his/her nor his/her no from or mor from or
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Technical Standards and Safety Act
Boilers and Pressure Vessels Regulation
Guideline

### Guideline for completing the Alternate Piping Data Form (Note: All references to 'piping' includes both piping and tubing as applicable) Item # Description: Example: 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). Provide the TSSA Work Order Number provided by TSSA Inspection 2 8765432 Scheduling. 3 Provide the name and full address of the facility owner. Select if the location of installation is the same address of the facility 5 Provide the location of the installation if not the same address as the facility owner. Provide the legal name and full address of the piping system 6 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. Provide the TSSA Piping Registration Number (P# or P-STD#) as P12345, PSTD12345, ACCEPT12345, etc. identified on the registration documentation. 9 Select the applicable design Code as listed on the registered drawing. For refrigeration systems, proceed to next line (14). For ASME B31.3, provide the fluid service category of the piping 10 NFS (Normal Fluid Service), M, HPF (High system as identified on the registration documentation. Pressure Fluid, etc. 11 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 12 documentation and identify the unit of measurement. Provide the total value calculated in Item 26 (include totals from 13 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. Include the refrigerant as indicated on the registered drawing. R410A, R404A, etc. 15 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. Provide the Design Temperature of the low side of the system as 19 identified on the registration documentation and identify the unit of measurement. Provide the total value calculated in Item 25 (include totals from 20 Appendix A, if used) and identify the unit of measurement. 21 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). 22 Include the pipe diameter for the specific line number and identify the 2" OD, 1-3/8" OD, etc. unit of measurement (create a separate line for each diameter/thickness used). List the pipe schedule, thickness, or type for the specific line number. Sch.40, Type L, etc.



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

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	Print the name of the Qualified Individual who witnessed the pressure test.	
52	Record the date of the pressure test.	
	1	



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

53	Check box if more lines are required and attach Appendix C.	
54	Check box if the pressure test is completed by others. If selected,	
	ensure the "Partial Data Report" in 1 is selected.	
55	Include any other remarks pertinent to the piping system or use when	
	more room is required elsewhere in the data report.	
56	Indicate the Certificate of Authorization number from the Alternate	
	Piping Process Certificate of Authorization.	
57	Indicate the Certificate of Authorization expiration date.	
58	Print the name of the Certificate Holder Qualified Person.	
59	To be signed by the Certificate Holder Qualified Person.	
60	Record the Unique Identification Number of the Certificate Holder	QA-12345-01
	Qualified Person.	
61	To be dated by the Certificate Holder Qualified Person.	
62	To be completed by a TSSA Representative.	