Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9 www.tssa.org		Piping Syst	Technical Standa	s Installation and Test Data Report Technical Standards and Safety Act Boilers and Pressure Vessels Regulation		
Shop Fabrication (If box checked, send signed report with shipment to site)	Field Installation/ Fabrication	Piping Repair	Partial Data Report (Check if not responsible for all sections)	🗌 Hot Tap		

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 to the TSSA Boiler and Pressure Vessel Safety Program.

Owner of Facility	Name and Street Address:
Location of Facility	Street Address:
Piping System Fabricator/Installer	Name and Street Address:
Description of Pressure Piping System(s) or Identification	

Design Code:	Piping Registration Number:	Maximum Allowable Working Pressure:	
□ B31.1 □ B31.3 Cat □ B31.5 □ Z7396.1	P#	psi 🗌 kPa	
Design Temperature:	Welding/Brazing Procedure(s) Registration #:	Total Length of Piping:	
□℉□℃		ft 🗋 cm	

Line # and/or Dwg #	Pipe Diameter (NPS/DN)	Pipe Schedule or Thickness	Material Specification (including grade & type as applicable)	Length (ft/cm)	Type of Connection (Welded, Brazed or Mechanical)	NDE (If yes, include type, RT, MT, etc.)	PWHT (Yes or No)

Appendix A Attached (for extra lines)

Welders/Brazers Used:

Name of Welder/Brazer:	Symbol:	Employer:	Expiry Date: (mm/dd/yyyy)	Process:

(Alternatively, the Contractor's list of welders/brazers may be attached)

Appendix B Attached (for extra lines) Welding/brazing to be completed by others

Description:	Print Name:	Signature:	Date: (mm/dd/yyyy)
All supports, anchors, guides and flexible hose assemblies, including all clamping bolts and nuts, have been checked for tightness and final installation before application of the pressure test.			

Final check to be completed by others

Pressure Test(s):

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

Pressure test(s) by others

REMARKS: _____

CERTIFICAT	E OF COMPLIANCE					
I, the undersigned, declare that the described pressure piping system approved under design registration number P#						
Print Name:	Signature:					
Title:	Date:					
CERTIFICAT	TE OF INSPECTION					
contractor/installer has constructed the piping system in acc requirements of standards CSA B51 and/or B52. By signing this	Inspector employed by of system and state that to the best of my knowledge and belief, the cordance with the Provincial registration P# and the certificate, neither the Inspector nor his/her employer makes any warranty ta report. Furthermore, neither the Inspector nor his/her employer shall be					

Date (mm/dd/yyyy):	Inspector Name (Print):	Inspector Signature:	Number:

liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.



Piping Systems Installation and Test Data Report Appendix A – Additional Line Information

Technical Standards and Safety Act

Boilers and Pressure Vessels Regulation

Owner of Facility	Name and Street Address:	
Location of Facility	Street Address:	
Piping System Fabricator/Installer	Name and Street Address:	
Description of Pressure Piping System(s) or Identification		
Piping Regist	ation Number:	Total Length of Piping:
P#		🗖 ft 🗍 cm

Line # and/or Dwg #	Pipe Diameter (NPS/DN)	Pipe Schedule or Thickness	Material Specification (including grade & type as applicable)	Length (ft/cm)	Type of Connection (Welded, Brazed or Mechanical)	NDE (If yes, include type, RT, MT, etc.)	PWHT (Yes or No)



Piping Systems Installation and Test Data Report Appendix B – Additional Welder/Brazer Information Technical Standards and Safety Act

Boilers and Pressure Vessels Regulation

Owner of Facility	Name and Street Address:	
Location of Facility	Street Address:	
Piping System Fabricator/Installer	Name and Street Address:	
Description of Pressure Piping System(s) or Identification		Piping Registration Number: P#

Name of Welder/Brazer:	Symbol:	Employer:	Expiry Date: (mm/dd/yyyy)	Process:

T S S A	Toronto, Ontario M9W 6N9 www.tssa.org					Piping Sy	stems					ta Report Guideline Safety Act			
Er Autro													Is Regulation		
with State	Standarde ar	id Safety Authori	it.	Piping	Systems In	nstallat	tion and Tes	t Data Repo	rt						
345 Carlin	ngview Drive Ontario M9W (i,y	p9	e jeteme n	Tech	nical Standard lers and Pressure	s and Safety A	ct						
WWW.1558.				_				(1c)							
Shop Fabric (If box checked, se report with shipme	end signed	Field Ins Fabric		Piping Re			ata Report [responsible ions)	Hot Tap							
NOTE: This report si testing and ir original to th	nspection o	f the pressure		aving a cop			for the fabricatio installation and]						
Owner of Facil	ility	(2)	ame and Street Address:												
Location of Fac	cility	Street Address													
Piping System Fabricat	tor/Installer	Name and Str	eet Address:												
Description of Pressu System(s) or Identi	ure Piping ification	(5)													
Design	n Code:] B31.3 Cat _		Piping Registration Number:		Maximum Allowable Working Pressure:										
	Z7396.1 Emperature:		Welding/Brazing	Procedure(s) R	Registration #:		Total Length of								
<u>(9</u>)	□ ℉ □]°C _	20	(10)			<u>(11)</u>	ft 🔲 cm							
Line # and/or Dwg #	Pipe Diameter (NPS/DN)	Pipe Schedule or Thickness	Material Specif (including grade 8 applicable	cation Le type as (1	ength Conr N/cm) (Welde	pe of nection d, Brazed chanical)	NDE (If yes, include type, RT, MT, etc.)	PWHT (Yes or No)							
12	(13)	14	15	(16 (1	17)	18	19	_						
									_						
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		-					· · ·		-						
					(20		pendix A Attache	d (for extra lines)							
			Welders	Brazers Us	sed:			-				ips, Supports, a	and Flexible		Date:
	Velder/Brazer:	-	Symbol:		ployer: 23		Expiry Date: (mm/dd/gggg) (24)	Process:	Il supports, anchors, guide	s and flexible hose	Print		8	Signature:	(mm/dd/yyyyy)
(21)		(22)	(23)		(24)		semblies, including all clam been checked for tightnes before application of the	s and final installation	(28	3)			
			_]				(2	9) 🔲 Final check	to be completed by othe
matively, the Contractor's list	of welders/brazers	may be <u>attached)</u>	Appendix B	Attached (for	extra lines) 🔲	Welding	/brazing to be co	mpleted by other	S Line # or Description:	Medium & Te	P emperature (°F/°C)	Final Test Pressure		Duration	Remarks
09052 (03/26/20) page 1 c	of 2	(27)	Company Rep. Ir	ial & Date:		AL	Initial & Date:		(30)	-	(31)	(32)	(33)	(34)
										-					
														(35)	Pressure test(s) by othe
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									REMARKS: (36)					(35)	Pressure test(s) by othe
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										e that the describe		TE OF COM			
									I, the undersigned, decla complies in all respects w and Safety Act, Bollers a	th the regulations for nd Pressure Vesse	ed pressure piping or construction, ins its Regulation, CS	system approved tallation, testing an A B51 and/or B52	under desigr dinspection a and the appli	n registration numbe as required by Ontari	r P#
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									I, the undersigned, decla complies in all respects w and Safety Act, poliers a All piping and fittings in th fittings have been duly re Certif	th the regulations for nd Pressure Vesse is installation have gistered, are of co icate of Authoriza	ed pressure piping or construction, ins ils Regulation, CS been visually insp rrect schedule an	system approved tallation, testing an A B51 and/or B52 ected to ensure tha d/or ANSI service	under desigr d inspection a and the appli at they comply	n registration numbers as required by Ontari cable Pressure Pipi with Code requirer mpatible with the re	r P# 7 5's Technical Standards 19 Gode of Construction Tentis for identification. Al
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	Guideline for completing the Piping Systems Installation	on and Test Data Report
Item #	Description	Example
1a	Check if the piping system is fabricated in the shop or field.	
1b	Check only if this report is for a piping repair OR a partial data report.	A signed partial data report is required for all shop fabricated piping and shall be shipped with and included with the final data report of the piping system a the installation site.
1c	Check if this report is for a piping hot tap.	
2	Provide the name and address of the facility owner.	
3	Provide the facility address if different from Item 2.	
4	Provide the name and address of the piping system fabricator/ installer as listed on the Certificate of Authorization.	
5	Brief description of the piping system being installed.	Compressed air line; hot tap of system food process line, etc.
6	Design Code listed on the registered drawing. If Code listed is ASME B31.3, provide the category the piping system is designed to.	ASME B31.3 Categories: NFS (Norma Fluid Service; HPF (High Pressure Fluid), etc.
7	Registration Number provided by TSSA, identified in the registered documentation.	P12345.5; ACCEPT1234, etc.
8	Provide the Maximum Allowable Working Pressure as identified in the registered documentation. Identify the unit of measurement.	
9	Provide the Design Temperature as identified in the registered documentation. Identify the unit of measurement.	
10	Provide the Welding/Brazing Procedure Registration Number identified on the registered Procedure Qualification Record.	WP-T1234.5
11	Total measured value calculated in Item 16 (Include totals from Appendix A if used). Identify the unit of measurement.	
12	Line number as identified on the registered drawing, line list, drawing number, or other means to identify line(s) being tested.	
13	Pipe diameter for the specific line number (create a new line for each diameter used). Identify the unit of measurement.	2" OD; 1-3/8" OD, 60.3mm OD, etc.
14	Pipe schedule/thickness for the specific line number.	Sch. 40, Type L, etc.
15	Material specification of the piping used	SA-106 Grade B, B280, etc.
16	Length of piping installed in the specific line number. Identify the unit of measurement.	13 feet, 600mm, etc.
17	Type of connection for joining the pipe.	Welded, brazed, screwed, etc.
18	Non-Destructive Examination completed on the line number. Include the percentage of NDE completed. If none, state "N/A".	RT – 5%, PT – 100%, Visual, etc.
19	Post Weld Heat Treatment completed on the line number. If yes, Include the °C or °F per hour (if applicable). If non, state "No".	1200°F/2 hours
20	Select box if more lines are required and attach Appendix A.	
21	When connections are welded or brazed, list the name of the welder/brazer.	
22	Include the welder/brazer symbol to identify connections made by the individual. This is found on the upper right hand side of the Welder/Welding Operator Certificate or Brazer/Brazing Operator Certificate.	This symbol is determined at the time of the welder/brazer certification, typically listed by the employer.
23	Employer of the welder/brazer.	
24	Expiry Date of the Welder/Welding Operator Certificate or Brazer/Brazing Operator Certificate.	If maintaining a Welder/Brazer Log as allowed by ASME, CSA or the TSSA Code Adoption Document, state "Per ASME Section IX".



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

Boilers and Pressure Vessels Regulation

25	List all processes used.	GTAW, SMAW, GTAW, etc.
26	Select box if more lines are required and attach Appendix B. Select box if welding/brazing is to be completed by others.	When completed by others, "Partial Data Report" should be selected in Item 1b.
27	To be initialed and dated by the company representative and the AI.	
28	Print name of the individual responsible for the final check of clamps, supports and flexible hoses before the application of the pressure test. To be signed and dated by the individual responsible.	
29	Select box if the final check of clamps, supports, and flexible hoses are to be completed by others.	When completed by others, "Partial Data Report" should be selected in Item 1b
30	List all line numbers from Item 12 that are being pressure tested.	This may state "All lines", or specific to what lines are being tested. If more room is needed, Item 35 may be used to record other lines or information.
31	Include the test medium and temperature of the pressure test.	Nitrogen at Ambient Temperature, Water at 70°F, etc.
32	Record the final test pressure. Identify the unit of measurement.	
33	Record the total time the test was held for.	
34	Remarks are to include acceptability of the test.	Acceptable, No leaks, etc.
35	Select box if the final pressure test is to be completed by others.	When completed by others, "Partial Data Report" should be selected in Item 1b.
36	Include any remarks pertinent to the piping system.	This space may be used as additional space for Items such as 10, 29-33, etc.
37	Number issued on the Certificate of Authorization for the specific Code stated in Item 6.	Each Certificate of Authorization contains a different certificate number for each Code.
38	Expiration date listed on the Certificate of Authorization.	
39	Print the name and title of the Manufacturer's Representative. To be signed and dated by the individual responsible.	
40	Authorized Inspection Agency	TSSA, ABSA, etc.
41	Location of the Authorized Inspection Agency	Ontario, Alberta, etc.
42	To be completed by the Authorized Inspector. Include the date of acceptance, name of the Authorized Inspector, signature of the Authorized Inspector, and Provincial, State, or National Board Commission Number.	