



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 (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: <input type="checkbox"/> B31.1 <input type="checkbox"/> B31.3 Cat _____ <input type="checkbox"/> B31.5 <input type="checkbox"/> Z7396.1	Piping Registration Number: P# _____	Maximum Allowable Working Pressure: _____ <input type="checkbox"/> psi <input type="checkbox"/> kPa
Design Temperature: _____ <input type="checkbox"/> °F <input type="checkbox"/> °C	Welding/Brazing Procedure(s) Registration #: _____	Total Length of Piping: _____ <input type="checkbox"/> ft <input type="checkbox"/> 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

Final Check of Clamps, Supports, and Flexible Hoses:

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: _____

CERTIFICATE OF COMPLIANCE

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 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 # _____ Expiry Date: _____

Print Name:	Signature:
Title:	Date:

CERTIFICATE OF INSPECTION

I, the undersigned, a duly authorized Boiler and Pressure Vessel Inspector employed by _____ of _____ have inspected the above piping system and state that to the best of my knowledge and belief, the contractor/installer has constructed the piping system in accordance with the Provincial registration P# _____ and the requirements of standards CSA B51 and/or B52. By signing this certificate, neither the Inspector nor his/her employer makes any warranty expressed or implied, concerning the piping described in this data report. Furthermore, neither the Inspector nor his/her employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

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

Technical Standards and Safety Act

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- 1a 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 1c

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: 2
Location of Facility	Street Address: 3
Piping System Fabricator/Installer	Name and Street Address: 4
Description of Pressure Piping System(s) or Identification	5

6 Design Code: <input type="checkbox"/> B31.1 <input type="checkbox"/> B31.3 Cat <input type="checkbox"/> B31.5 <input type="checkbox"/> Z7396.1	Piping Registration Number: P# 7	Maximum Allowable Working Pressure: 8 psi <input type="checkbox"/> kPa
Design Temperature: 9 °F <input type="checkbox"/> °C	Welding/Brazing Procedure(s) Registration #: 10	Total Length of Piping: 11 ft <input type="checkbox"/> cm

Line # and/or Dwg #	Pipe Diameter (NPS/Ø)	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)
12	13	14	15	16	17	18	19

20 Appendix A Attached (for extra lines)

Welders/Brazers Used:

Name of Welder/Brazer:	Symbol:	Employer:	Expiry Date: (mm/dd/yyyy)	Process:
21	22	23	24	25

(Alternatively, the Contractor's list of welders/brazers may be attached.) Appendix B Attached (for extra lines) Welding/brazing to be completed by others

27 Company Rep. Initial & Date: _____ &J. Initial & Date: _____

Final Check of Clamps, Supports, and Flexible Hoses:

Description:	Print Name:	Signature:	Date: (mm/dd/yyyy)
	28		

29 Final check to be completed by others

Pressure Test(s):

Line # or Description:	Medium & Temperature (°F/°C)	Final Test Pressure (psi/kPa)	Duration	Remarks
30	31	32	33	34

35 Pressure test(s) by others

REMARKS: 36 _____

CERTIFICATE OF COMPLIANCE

I, the undersigned, declare that the described pressure piping system approved under design registration number P# 7 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 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 # 37 Expiry Date: 38

Print Name: 39	Signature:
Title:	Date:

CERTIFICATE OF INSPECTION

I, the undersigned, a duly authorized Boiler and Pressure Vessel Inspector employed by 40 of 41 have inspected the above piping system and state that to the best of my knowledge and belief, the contractor/installer has constructed the piping system in accordance with the Provincial registration P# 7 and the requirements of standards CSA B51 and/or B52. By signing this certificate, neither the Inspector nor his/her employer makes any warranty expressed or implied, concerning the piping described in this data report. Furthermore, neither the Inspector nor his/her employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Date (mm/dd/yyyy): 42	Inspector Name (Print):	Inspector Signature:	Number:
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Guideline for completing the Piping Systems Installation 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 at 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 (Normal 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".



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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.	