



Technical Standards and Safety Authority  
345 Carlingview Drive  
Toronto, Ontario M9W 6N9  
Tel: 1-833-937-8772  
Customer Service: 1.877.682.8772  
Email: inspectionscheduling@tssa.org  
www.tssa.org

Please Complete the following Information --- Fields indicated with ' \* ' are MANDATORY

Is this a Healthcare Facility or Long Term Care Facility / Retirement Home or Educational Institutions?		YES	NO	Is this an Agricultural Site?	YES	NO
				Does Site require Bio Security?	YES	NO

*BILLING CUSTOMER NAME & ADDRESS (Who is being billed for the Inspection)	Legal Name and Civic Address - Not a PO BOX	
*DO YOU HAVE A PURCHASE ORDER NUMBER	Please provide your TSSA Account Number if known YES NO	TSSA ACCOUNT: PO NUMBER:
* DEVICE OWNER NAME & ADDRESS	Must be a Civic Address - Not a PO BOX	SAME AS BILLING
* INSPECTION SITE NAME & ADDRESS (Where is the inspection taking place)	Must be a civic address - Not a PO BOX	SAME AS BILLING

PIPING/PIPING REPAIR  Inspection of Shop or Field Fabricated Piping Systems and Piping Repair  If any NEW Boilers or Pressure Vessels are being installed, also complete and submit the  BPV Installation Inspection Request form	Associated Piping CRN (P#) (If multiple, please specify each P#)	p- N/A (Out of Province)
	Will any NEW BPV be installed with this job?	NO YES – BPV Installation Request Form Attached YES – Installed by Others
	Original TSSA Work Order Number (If request is for a Job In-Progress)	TSSA WO-

SECTION A - ELIGIBILITY for ALTERNATE PROCESS for PRESSURE PIPING

* Will the work be installed in Ontario?	YES	NO
* Does your current Company Certificate of Authorization scope include Alternate Piping Process?	YES	NO
If YES, *please provide appropriate Company QA#		
* Do you employ Qualified Personnel that has successfully completed TSSA Regulatory Requirements Training Course Module 1 ?	YES	NO
* Does the piping system meet the criteria of the Alternate Piping Process?	YES	NO

If "YES" to ALL of the above questions, provide Estimated Date of Job Completion  
and send this form to [inspectionscheduling@tssa.org](mailto:inspectionscheduling@tssa.org) to obtain a Work Order# (specify "Alternate Piping Request" in the subject line).

If "NO" to ANY of the above Questions, then Inspection is Required - PLEASE FILL DETAILS IN SECTION B below

SECTION B - SCHEDULING PIPING / PIPING REPAIR INSPECTION

* Is this site location on a Federal Facility/ On Reserve Land?	YES	NO
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If site is Federal Site, has a legal contract been established with TSSA? If no contract has been established, please contact [legal@tssa.org](mailto:legal@tssa.org) and resubmit inspection request form once established.  
If site is On Reserve Land, please provide written consent from Chief permitting a visit from TSSA.

*INSPECTION SITE CONTACT (Who will meet the Inspector at Site Location?)	NAME: PHONE: E-MAIL:
* NAME OF DESIGNATED TSSA INSPECTOR Local Inspector inspecting at Site location * IS SPECIAL SAFETY TRAINING / BIO SECURITY 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	UNKNOWN YES NO DURATION HRS
* PREFERRED INSPECTION DATE(s) & TIME (Provide all preferred dates & times)	1) 2) 3)
ESTIMATED DURATION OF INSPECTION HRS	DATE CONFIRMED WITH INSPECTOR? YES NO