

Report of Repair or Alteration Technical Standards and Safety Act

Boilers and Pressure Vessels Regulation

NOTE: This report shall be completed and signed by the person responsible, in whole or in part, for the repair or alteration of the unit, leaving a copy with the owner of the repair or alteration and forwarding the original to the TSSA Boiler and Pressure Vessel Safety Program. Name and Street Address:	\neg					
Owner of Facility Location of Installation Street Address: Work Performed By Name and Street Address: Work Performed By Name and Street Address:						
Location of Installation Name and Street Address: Work Performed By Name and Street Address: Work Performed By Name of Original Manufacturer (As stamped on nameplate): Year Buil Pressure Vessel Other Original Mfg. Serial Number: Original CRN Number: TSSA ID Number: SAN Number: National Board Number: Unit Insured: Periodic Inspection Cycle: 1 year 2 years 3 years Exen If exempt, state reason: Design Pressure / Design Temperature: Shell: psi kPa, at Periodic Inspection Cycle: 1 year 2 years 3 years Exen Shell: Psi kPa, at Psi kPa, at Psi KPa, at Safety Valve Setting: Sec. I Sec. IV Sec. VIII Sec. VIII						
Work Performed By Unit Type:						
☐ Boiler ☐ Pressure Vessel ☐ Other						
Original Mfg. Serial Number: Original CRN Number: TSSA ID Number: 5AN Number: National Board Number: Unit Insured: Name of Insurance Company (if applicable): Periodic Inspection Cycle: 1 year 2 years 3 years Exent If exempt, state reason: Design Pressure / Design Temperature: Shell: psi kPa, at oF C Jacket/Tubeside psi kPa, at oF ASME Code Design: Heating Surface: Dimensions: Safety Valve Setting: Sec. I Sec. VIII Sec. VIII Sec. VIII Sec. VIII	··-					
Yes No ☐ 1 year 2 years 3 years Exent If exempt, state reason:						
Shell:	ıpt					
ASME Code Design: Heating Surface: Dimensions: Safety Valve Setting: Sec. I Sec. IV Sec. VIII	٥٢					
☐ Sec. IV ☐ Sec. VIII	_					
	'a					
Description of Defects: Appendix A or additional reports attached						
Description of Repair or Alteration: Appendix A or additional reports attached						
	_					
If re-rating, specify the following re-stamped information:						
Maximum Allowable Working Pressure (MAWP):Maximum Allowable Temperature:Minimum Design Metal Temperature (MDMT):Steaming Capacity:Heating Surface:Safety Valve Setting						
psi	Ра					

Company Rep. Initial & Date: ______ A.I. Initial & Date: ____

Welders/Brazers Used:

		1	T					
Name of Welde	r/Brazer:	Symbol:		E	mployer:	Expiry D	ate: (mm/dd/yyyy)	Process:
L								. ")
						L A _F	opendix B Attached (f	or extra lines)
			Non-Destr	ructive	Examination:			
Radiography Exa	mination Ultr	rasonic Exa	mination	id Penetı	ant Examination	etic Particle Exa	mination	al Inspection
Description of N.D.E. E	examination:							
			Post We	eld Hea	nt Treatment:			
Description of PWHT:								
			Pre	essure	Test(s):			
Description:		Medium &	Temp (°F/°C)	Fin	al Test Pressure (psi/kPa)	Duration	Rema	arks
DEMARKS								
REMARKS:								
			CERTIFIC	ATE O	F COMPLIANCE			
The undersigned certic	fies that the state ements of the Tec	ements ma	de in this report a	re correct y Act , Bo	t and that all design, materi oiler and Pressure Vessels R	ial, construction egulation, and 0	, and workmanshi CSA B51 Code.	p on this unit
	Certificate o	f Authoria	zation #		Expiry Date:			
Print Name:					Signature:			
Title:					Date (mm/dd/yyyy):			
1					= ato (mindaryyyy).			
			CERTIFIC	CATE	F INSPECTION			
inspected the above u Technical Standards his/her employer make	nit and state that the and Safety Act, es any warranty ex	to the best or Boilers and pressed or	of my knowledge a Pressure Vessels implied, concernir	nd belief Regulati ng the un	ployed by, the repair/alteration has been on, and CSA B51 Code. By sit described in this data reposage or a loss of any kind aris	en completed in signing this certi rt. Furthermore,	ficate, neither the I neither the Inspec	nspector nor tor nor his/her
Date (mm/dd/yyyy):	Inspector Nam	ne (Print):	Ir	nspector	Signature:		Number:	



Report of Repair or Alteration Appendix A – Additional Line Information Technical Standards and Safety Act

Boilers and Pressure Vessels Regulation

Owner of Facility		Name and Street Addre	SS:		
Location of Installation		Street Address:			
Work Performed By		Name and Street Addre	ss:		
Unit	Type:		Name of Original Ma	anufacturer (As stamped on name	plate): Year Built:
Unit Type: Boiler Pressure Vessel Other			l lame of original me	and a control (to clamped on hame	plato).
			TOO A ID Nove have	CANIAL	I National Board Name
Original Mfg. Serial Number:	Orig	jinal CRN Number:	TSSA ID Number:	5AN Number:	National Board Number:
		Description of De	efects / Description of Repair	or Alteration:	
1					

Company Rep. Initial & Date: ______ A.I. Initial & Date: ____



Report of Repair or Alteration Appendix B – Additional Welder/Brazer Information Technical Standards and Safety Act

Boilers and Pressure Vessels Regulation

0 15 ""	Name and S	Street Addres	ss:				
Owner of Facility							
Location of Installation	Street Addr	ess:					
Work Performed By	Name and S	Street Addres	s:				
	1						
Unit Type:			Name of Original Manufacturer (As stamped on nameplate):			Year Built:	
☐ Boiler ☐ Pressure Vessel							
Original Mfg. Serial Number:	Original CRN Nur	mber:	TSSA ID Number:	5AN Num	iber:	National Boar	d Number:
Name of Welder/Brazer:	Symbol:		Employer:		Expiry Date	e: (mm/dd/yyyy)	Process:



Report of Repair or Alteration Guideline Technical Standards and Safety Act

Boilers and Pressure Vessels Regulation

TSSA 345 Carlin Toronto, www.tssa	Standards and Safety Authority gyview Drive Ontario, M9W 6N9 .org eration (Inspection by TSS		Technical Boilers ar	of Repair or Alteration Standards and Safety Ad d Pressure Vessels Regulation Shop Field	
	be completed and signed be a copy with the owner of t Safety Program.				
Owner of Facility	Name and Street Add	iress:			
Location of Installation	(3)				
Work Performed By	Name and Street Add	lress:			
Uni	t Type: 5	Name of Original N	Manufacturer (As stamped on nan	neplate): Year Built:	
Original Mfg. Serial Number:	9	TSSA ID Number:	5AN Number:	National Board Number:	
Unit Insured: Yes No 13	Name of Insurance Com	pany (if applicable):	(13)	1 year ☐ 2 years ☐ 3 years ☐ Exempt	
Shell: Dsi	(10)	gn Pressure / Design Temper C Jacket/Tubeside ce: Di	psi kPa,	at G °F G °C Safety Valve Setting:	
Sec. I Sec. IV S	ec.VIII 18	(Diameter/Widt	(Length) -	□ psi □ kPa	
Description of Defects: 22	Appendix A or additional re	ports attached 21			
	Iteration: Appendix A or a	additional reports attached	23		
(24)					
If re-rating, specify the foll	owing re-stamped information	n;			
Maximum Allowable Working Pressure (MAWP):	Maximum Allowable Mini	mum Design Metal Si nperature (MDMT); C	eaming Heating Surface:	Safety Valve Sett	

31 Company Rep. Initial & Date: ____

___ A.I. Initial & Date: ___

	ler/Brazer:	Symbol:	Employer:	Expiry Date: (mm	(dd/yyyy)	Process:
Name of Wei	enoldzei.	(33)	34	(35)	36	riocess:
			<u> </u>			
			Destructive Examination:	37 Appendix C	Attached (for	extra lines)
		38) Non-I	Destructive Examination:			
Radiography Ex	ramination 🔲 U	trasonic Examination	Liquid Penetrant Examination	tic Particle Examination	☐ Visual	Inspection
escription of N.D.E.	Examination: (3	9)				
		Pos	st Weld Heat Treatment:			
escription of PWHT	: (40)					
F	70					
			20 2 1000			
			Pressure Test(s):			
Description		Medium & Temp (°F/°C) Final Test Pressure (psi/kPa)	Duration	Remar	
(41)		(42)	(43)	(44)	(45)	
(41)		(42)	(43)	(44)	(45)	
		(42)	(43)	(44)	(45)	
		(42)	(43)	(44)	(45)	
				(44)	(45)	
REMARKS: 46	differ that the sta	CERT	TIFICATE OF COMPLIANCE			
REMARKS: 46	irements of the To	CER1 tements made in this reschinical Standards and	TIFICATE OF COMPLIANCE poot are correct and that all design, materi \$3fety Act, Boiler and Pressure Vessels R	al, construction, and we	prkmanship	
REMARKS: 46	irements of the To	CER1	TIFICATE OF COMPLIANCE poot are correct and that all design, materi \$3fety Act, Boiler and Pressure Vessels R	al, construction, and we	prkmanship	
REMARKS: 46	Certificate	CER1 tements made in this reschinical Standards and	TIFICATE OF COMPLIANCE poot are correct and that all design, materi \$3fety Act, Boiler and Pressure Vessels R	al, construction, and we	prkmanship	
REMARKS: 46	Certificate	CER1 tements made in this re chnical Standards and of Authorization #	TIFICATE OF COMPLIANCE port are correct and that all design, materi Safety Act. Boiler and Pressure Vessels R (47) Expiry Date:	al, construction, and we	prkmanship	
REMARKS: 46 The undersigned ce onforms to the requirement of the requ	Certificate	CERT tements made in this re schnical Standards and of Authorization #	TIFICATE OF COMPLIANCE port are correct and that all design, material safety Act, Boiler and Pressure Vessels R 47 Expiry Date: Signature: Date (mm/dd/yyyy):	al, construction, and we	prkmanship	
REMARKS: 46 the undersigned ce onforms to the requirement of the requ	Certificate	CER1 tements made in this reconstruction and a control of Authorization #	TIFICATE OF COMPLIANCE port are correct and that all design, material safety. Act, Soiler and Pressure Vessels R 47 Expiry Date: Signature: Date (mm/dd/yyyy): TIFICATE OF INSPECTION	al, construction, and we egulation, and CSA B51	orkmanship Code.	on this un
he undersigned ce onforms to the requirement. Title:	duly authorized B	CER1 tements made in this reconstruction and control of Authorization #	TIFICATE OF COMPLIANCE port are correct and that all design, material safety. Act, Soiler and Pressure Vessels R 47 Expiry Date: Signature: Date (mm/dd/yyyy): TIFICATE OF INSPECTION el Inspector employed by doge and belief, the repair/alteration has bee	al, construction, and we egulation, and CSA B51 (48) of of en completed in accorda	orkmanship Code.	on this un
he undersigned ce onforms to the requirement of the requirement of the requirement of the undersigned, a specified the above echnical Standard in Steher employer mains there employer mains the removement of the undersigned	duly authorized E unit and state tha s and Safery Act	CERT tements made in this re chinical Standards and of Authorization #	TIFICATE OF COMPLIANCE port are correct and that all design, materi Safety Age, Boiler and Pressure Vessels R (47) Expiry Date: Signature: Date (mm/dd/yyyy): TIFICATE OF INSPECTION It inspector employed by	al, construction, and we guilation, and CSA B51 (48)	orkmanship Code.	n this un
he undersigned ce onforms to the requirement of the requirement of the requirement of the undersigned, a spected the above echnical Standard mployer shall be lia mployer shall be lia.	duly authorized E unit and state tha s and Safety Act kes any warranty ble in any manner	CERT tements made in this re rochnical Standards and of Authorization #	port are correct and that all design, material safety Act, Boiler and Pressure Vessels R. 47 Expiry Date: Signature: Date (mm/dd/yyyy): TIFICATE OF INSPECTION el Inspector employed by gade and belief, the repair/ailteration has bee sessels Regulation, and CSA B51 Code. By the corring the unit described in this data report property damage or a loss of any kind aris	al, construction, and we egulation, and CSA B51 (48) of (en completed in accorda igning this certificate, new 1. Furthermore, neither ting from or connected w	orkmanship Code.	n this un
he undersigned ce onforms to the requirement of the requirement of the requirement of the undersigned, a specified the above echnical Standard in Steher employer mains there employer mains the removement of the undersigned	duly authorized E unit and state tha s and Safery Act	CERT tements made in this re rochnical Standards and of Authorization #	rIFICATE OF COMPLIANCE port are correct and that all design, materi Safety Act, Boiler and Pressure Vessels R (47) Expiry Date: Signature: Date (mm/dd/yyyy): TIFICATE OF INSPECTION Is Inspector empkyed by 50 dogs and belief, the repara/alterion has bee sessels Regulation, and CSA B51 Code. By secentify the unit described in this data repo	al, construction, and we guilation, and CSA B51 (48)	orkmanship Code.	n this ur

PV 09114 (06/10/20) page 1 of 2



Report of Repair or Alteration Guideline Technical Standards and Safety Act

Boilers and Pressure Vessels Regulation

	Guideline for completing the Report of Repair	or Alteration
Item #	Description	Example
1a	Check if the intended work is a "Repair" or "Alteration". If "Alteration" is selected, inspection is required by the TSSA Authorized Inspector.	
1b	Check if the intended work is being completed in the shop or field.	
2	Provide the name and address of the facility owner.	
3	Provide the address of where the pressure retaining equipment is located.	
4	Provide the name and address of the repair/alteration company completing the work as listed on the Certificate of Authorization.	
5	Check the appropriate box for the unit requiring repair/alteration. If "Other", state the type of unit.	Other: Cat. H Fitting
6	Provide the name of the original manufacturer shown on the nameplate of the unit.	
7	Provide the year built shown on the nameplate of the unit.	
8	Provide the original manufacturer serial number as shown on the nameplate of the unit.	
9	Provide the original CRN number as shown on the nameplate of the unit.	
10	Provide the TSSA ID Number. This number is provided by the TSSA through the COI (Certificate of Inspection) portal. If unknown during the time of the repair/alteration, leave blank.	
11	Provide the 5AN Number as shown on the nameplate of the unit (if applicable).	
12	Provide the National Board Number as shown on the nameplate of the unit (if applicable).	
13	Check if the unit is insured or not.	
14	If the unit is insured, provide the name of the Insurance company (if applicable).	
15	Check the appropriate box for the periodic inspection cycle. When the unit is exempt, state the reason.	Reason: O.Reg. 220/01, s.2(2)(c)
16	Record the design pressure / temperature as shown on the nameplate of the unit.	
17	Check the appropriate design Code to which the unit was originally built. This information can be found on the original Manufacturer's Data Report. If other, state design Code.	If Cat. H Fitting designed to ASME B31.1, state other: ASME B31.1.
18	Provide the heating surface of the unit (if applicable).	
19	Provide the approximate dimensions of the unit.	
20	Provide the safety valve setting of the unit.	
21	Check box if more room is required in this section and Appendix A or an additional report is attached.	
22	Describe the defects found on the unit. A drawing is also acceptable to attach to the report.	
23	Check box if more room is required in this section and Appendix A or an additional report is attached.	
24	Describe the repair or alteration to be completed to the unit. Include a detailed description. A drawing is also acceptable to attach to the report.	
25	If the unit requires re-rating, provide the new Maximum Allowable Working Pressure (MAWP). This information is required to be stamped on the re-rate nameplate.	



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Boilers and Pressure Vessels Regulation

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	If the unit requires re-rating, provide the new Maximum Allowable	
26	Temperature. This information is required to be stamped on the re-rate	
	nameplate.	
	If the unit requires re-rating, provide the new Minimum Design Metal	
27	Temperature. This information is required to be stamped on the re-rate	
	nameplate.	
00	If the unit requires re-rating, provide the new Steaming Capacity. This	
28	information is required to be stamped on the re-rate nameplate.	
	If the unit requires re-rating, provide the new Heating Surface. This	
29	information is required to be stamped on the re-rate nameplate.	
	If the unit requires re-rating, provide the new Safety Valve Setting.	
30	This information is required to be stamped on the re-rate nameplate.	
31	To be initialed and dated by the company representative and the Al.	
	When repairs/alterations are welded or brazed, list the name(s) of the	
32	welder(s)/brazer(s).	
	Include the welder/brazer symbol to identify connections made by the	This symbol is determined at the
	individual. This is found on the upper right hand side of the	time of the welder/brazer
33	Welder/Welding Operator Certificate or Brazer/Brazing Operator	certification, typically listed by the
	Certificate.	employer.
34		employer.
34	Employer of the welder/brazer.	If maintaining a Welder/Brazer Log
	Evairy Data of the Wolder Wolding Operator Cartificate or	
35	Expiry Date of the Welder/Welding Operator Certificate or	as allowed by ASME, CSA or the
	Brazer/Brazing Operator Certificate.	TSSA Code Adoption Document,
		state "Per ASME Section IX".
36	List the welding/brazing process used.	GTAW, SMAW, GTAW, etc.
37	Select box if more lines are required and attach Appendix B.	
38	Check off any applicable boxes for Non-Destructive Examination that is	
00	performed for the repair or alteration.	
	Describe in detail the extent of the Non-Destructive Examination	100% radiography of the repaired
39	performed on the repair or alteration.	connection, Complete visual
		examination, etc.
40	Describe in detail the extent of Post Weld Heat Treatment completed.	Time and temperature range, etc.
41	List unit that is being pressure tested.	
40	Include the test medium and temperature of the procesure test	Nitrogen at Ambient Temperature,
42	Include the test medium and temperature of the pressure test.	Water at 70°F, etc.
43	Record the final test pressure. Identify the unit of measurement.	
44	Record the duration of the pressure test was.	
45	Remarks are to include acceptability of the test.	Acceptable, No leaks, etc.
46	Include any other remarks pertinent to the repair or alteration.	,
	Record the number issued on the company's Certificate of	0.1.00.45
47	Authorization.	QA 012345
48	Record the expiration date listed on the Certificate of Authorization.	
	Print the name and title of the Manufacturer's Representative. To be	
49	signed and dated by the individual responsible.	
50	Authorized Inspection Agency	TSSA, Insurance Company, etc.
51	Location of the Authorized Inspection Agency	Ontario, etc.
υı		Ontailo, etc.
	To be completed by the Authorized Inspector. Include the date of	
52	acceptance, name of the Authorized Inspector, signature of the	
	Authorized Inspector, and Provincial, State, or National Board	
	Commission Number.	