



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

Report of Repair or Alteration
Technical Standards and Safety Act
 Boilers and Pressure Vessels Regulation

Repair Alteration (Inspection by TSSA Authorized Inspector mandatory) Shop Field

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.

Owner of Facility	Name and Street Address:
Location of Installation	Street Address:
Work Performed By	Name and Street Address:

Unit Type: <input type="checkbox"/> Boiler <input type="checkbox"/> Pressure Vessel <input type="checkbox"/> Other _____		Name of Original Manufacturer (As stamped on nameplate):		Year Built:
Original Mfg. Serial Number:	Original CRN Number:	TSSA ID Number:	5AN Number:	National Board Number:
Unit Insured: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurance Company (if applicable):		Periodic Inspection Cycle: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> Exempt If exempt, state reason: _____	
Design Pressure / Design Temperature:				
Shell: _____ <input type="checkbox"/> psi <input type="checkbox"/> kPa, at _____ <input type="checkbox"/> °F <input type="checkbox"/> °C Jacket/Tubeside _____ <input type="checkbox"/> psi <input type="checkbox"/> kPa, at _____ <input type="checkbox"/> °F <input type="checkbox"/> °C				
ASME Code Design: <input type="checkbox"/> Sec. I <input type="checkbox"/> Sec. IV <input type="checkbox"/> Sec. VIII <input type="checkbox"/> Other _____	Heating Surface: _____	Dimensions: _____ X _____ (Diameter/Width) (Length)	Safety Valve Setting: _____ <input type="checkbox"/> psi <input type="checkbox"/> kPa	

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): _____ <input type="checkbox"/> psi <input type="checkbox"/> kPa	Maximum Allowable Temperature: _____ <input type="checkbox"/> °F <input type="checkbox"/> °C	Minimum Design Metal Temperature (MDMT): _____ <input type="checkbox"/> °F <input type="checkbox"/> °C	Steaming Capacity: _____	Heating Surface: _____	Safety Valve Setting: _____ <input type="checkbox"/> psi <input type="checkbox"/> kPa
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Welders/Brazers Used:

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

Appendix B Attached (for extra lines)

Non-Destructive Examination:

Radiography Examination
 Ultrasonic Examination
 Liquid Penetrant Examination
 Magnetic Particle Examination
 Visual Inspection

Description of N.D.E. Examination:

Post Weld Heat Treatment:

Description of PWHT:

Pressure Test(s):

Description:	Medium & Temp (°F/°C)	Final Test Pressure (psi/kPa)	Duration	Remarks

REMARKS: _____

CERTIFICATE OF COMPLIANCE

The undersigned certifies that the statements made in this report are correct and that all design, material, construction, and workmanship on this unit conforms to the requirements of the **Technical Standards and Safety Act**, Boiler and Pressure Vessels Regulation, and CSA B51 Code.

Certificate of Authorization # _____ Expiry Date: _____

Print Name:	Signature:
Title:	Date (mm/dd/yyyy):

CERTIFICATE OF INSPECTION

I, the undersigned, a duly authorized Boiler and Pressure Vessel Inspector employed by _____ of _____ have inspected the above unit and state that to the best of my knowledge and belief, the repair/alteration has been completed in accordance with Ontario's **Technical Standards and Safety Act**, Boilers and Pressure Vessels Regulation, and CSA B51 Code. By signing this certificate, neither the Inspector nor his/her employer makes any warranty expressed or implied, concerning the unit 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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Repair **1a** Alteration (Inspection by TSSA Authorized Inspector mandatory) Shop **1b** Field

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.

Owner of Facility	Name and Street Address: 2
Location of Installation	Street Address: 3
Work Performed By	Name and Street Address: 4

<input type="checkbox"/> Boiler <input type="checkbox"/> Pressure Vessel <input type="checkbox"/> Other 5	Name of Original Manufacturer (As stamped on nameplate): 6	Year Built: 7
Original Mfg. Serial Number: 8	Original CRN Number: 9	TSSA ID Number: 10
	SAN Number: 11	National Board Number: 12
Unit Insured: <input type="checkbox"/> Yes <input type="checkbox"/> No 13	Name of Insurance Company (if applicable): 14	15 Periodic Inspection Cycle: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> Exempt If exempt, state reason: _____
Shell: _____ psi <input type="checkbox"/> kPa, at 16 Design Pressure / Design Temperature: _____ °F <input type="checkbox"/> °C Jacket/Tubeside _____ psi <input type="checkbox"/> kPa, at _____ °F <input type="checkbox"/> °C		
17 ASME Code Design: <input type="checkbox"/> Sec. I <input type="checkbox"/> Sec. IV <input type="checkbox"/> Sec. VIII <input type="checkbox"/> Other	Heating Surface: 18	Dimensions: 19 (Diameter/Width) X (Length)
		Safety Valve Setting: 20 _____ psi <input type="checkbox"/> kPa

Description of Defects: Appendix A or additional reports attached **21**

22

Description of Repair or Alteration: Appendix A or additional reports attached **23**

24

If re-rating, specify the following re-stamped information:

Maximum Allowable Working Pressure (MAWP): 25 _____ psi <input type="checkbox"/> kPa	Maximum Allowable Temperature: 26 _____ °F <input type="checkbox"/> °C	Minimum Design Metal Temperature (MDMT): 27 _____ °F <input type="checkbox"/> °C	Steaming Capacity: 28	Heating Surface: 29	Safety Valve Set: 30 _____ psi <input type="checkbox"/> kPa
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PV 09114 (06/10/20) page 1 of 2 **31** Company Rep. Initial & Date: _____ A.I. Initial & Date: _____

Welders/Brazers Used:

Name of Welder/Brazer:	Symbol:	Employer:	Expiry Date: (mm/dd/yyyy)	Process:
32	33	34	35 36	37

37 Appendix C Attached (for extra lines)

38 **Non-Destructive Examination:**

Radiography Examination Ultrasonic Examination Liquid Penetrant Examination Magnetic Particle Examination Visual Inspection

Description of N.D.E. Examination: **39**

Post Weld Heat Treatment:

Description of PWHT: **40**

Pressure Test(s):

Description:	Medium & Temp (°F/°C)	Final Test Pressure (psi/kPa)	Duration	Remarks
41	42	43	44	45

REMARKS: **46**

CERTIFICATE OF COMPLIANCE

The undersigned certifies that the statements made in this report are correct and that all design, material, construction, and workmanship on this unit conforms to the requirements of the *Technical Standards and Safety Act*, Boiler and Pressure Vessels Regulation, and CSA B51 Code.

Certificate of Authorization # **47** Expiry Date: **48**

Print Name: 49	Signature:
Title:	Date (mm/dd/yyyy):

CERTIFICATE OF INSPECTION

I, the undersigned, a duly authorized Boiler and Pressure Vessel Inspector employed by **50** of **51** have inspected the above unit and state that to the best of my knowledge and belief, the repair/alteration has been completed in accordance with Ontario's *Technical Standards and Safety Act*, Boilers and Pressure Vessels Regulation, and CSA B51 Code. By signing this certificate, neither the Inspector nor his/her employer makes any warranty expressed or implied, concerning the unit 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): 52	Inspector Name (Print):	Inspector Signature:	Number:
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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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26	If the unit requires re-rating, provide the new Maximum Allowable Temperature. This information is required to be stamped on the re-rate nameplate.	
27	If the unit requires re-rating, provide the new Minimum Design Metal Temperature. This information is required to be stamped on the re-rate nameplate.	
28	If the unit requires re-rating, provide the new Steaming Capacity. This information is required to be stamped on the re-rate nameplate.	
29	If the unit requires re-rating, provide the new Heating Surface. This information is required to be stamped on the re-rate nameplate.	
30	If the unit requires re-rating, provide the new Safety Valve Setting. This information is required to be stamped on the re-rate nameplate.	
31	To be initialed and dated by the company representative and the AI.	
32	When repairs/alterations are welded or brazed, list the name(s) of the welder(s)/brazer(s).	
33	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.
34	Employer of the welder/brazer.	
35	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".
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 performed for the repair or alteration.	
39	Describe in detail the extent of the Non-Destructive Examination performed on the repair or alteration.	100% radiography of the repaired 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.	
42	Include the test medium and temperature of the pressure test.	Nitrogen at Ambient Temperature, 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.	
47	Record the number issued on the company's Certificate of Authorization.	QA 012345
48	Record the expiration date listed on the Certificate of Authorization.	
49	Print the name and title of the Manufacturer's Representative. To be signed and dated by the individual responsible.	
50	Authorized Inspection Agency	TSSA, Insurance Company, etc.
51	Location of the Authorized Inspection Agency	Ontario, etc.
52	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.	