



- 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 Installation: (Street Address)	
Fabricator/Installer: (Street Address)	
Description of 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:	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 Registration No(s):	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, Mech.)	NDE (If yes, include type, RT, MT, etc.)	PWHT (Yes or No)

Appendix A Attached (for extra lines)

Welder(s)/Brazer(s) Used: (<input type="checkbox"/> N/A):				
Name of Welder/Brazer:	Stamp/ID No.:	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

Company Rep. Initial & Date:	Inspector Initial & Date:



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.			

Final check to be completed by others

Description of Pressure Test(s):

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

Appendix C Attached (for extra lines) 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:** _____

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.

Inspector Name:	Inspector Signature:
Inspector Number:	Date:



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
Appendix A – Additional Line Information

Owner of Facility: (Name and Street Address)			
Location of Installation: (Street Address)			
Fabricator/Installer: (Street Address)			
Description of Piping System(s) or Identification			
Piping Registration Number:		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, Mech.)	NDE (If yes, include type, RT, MT, etc.)	PWHT (Yes or No)

Company Rep. Initial & Date:	Inspector Initial & Date:



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Boilers and Pressure Vessels Regulation
Appendix B – Additional Welder/Brazer Information

Owner of Facility: (Name and Street Address)			
Location of Installation: (Street Address)			
Fabricator/Installer: (Street Address)			
Description of Piping System(s) or Identification			
Piping Registration Number:		Total Length of Piping:	_____ <input type="checkbox"/> ft <input type="checkbox"/> cm

Welder(s)/Brazer(s) Used:				
Name of Welder/Brazer:	Stamp/ID No.:	Employer:	Expiry Date: (mm/dd/yyyy)	Process:

Company Rep. Initial & Date:	Inspector Initial & Date:



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

Owner of Facility: (Name and Street Address)			
Location of Installation: (Street Address)			
Fabricator/Installer: (Street Address)			
Description of Piping System(s) or Identification			
Piping Registration Number:		Total Length of Piping:	_____ <input type="checkbox"/> ft <input type="checkbox"/> cm

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

Company Rep. Initial & Date:	Inspector Initial & Date:



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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 Hot Tap 1b 1c (Check if not responsible for all sections)

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 Installation: (Street Address) 3
 Fabricator/Installer: (Street Address) 4
 Description of Piping System(s) or Identification 5

6 Design Code: B31.1 B31.3 Cat _____ B31.5 Z7396.1 Piping Registration Number: 7 Maximum Allowable Working Pressure: 8 _____ psi _____ kPa
 Design Temperature: 9 _____ °F _____ °C Welding/Brazing Procedure Registration No(s): 10 Total Length of Piping: 11 _____ 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, Mech.)	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)

Welder(s)/Brazer(s) Used: (N/A)

Name of Welder/Brazer:	Stamp/ID No.:	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 other 26

27 Company Rep. Initial & Date: Inspector Initial & Date:

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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.	28		

29 Final check to be completed by others

Description of Pressure Test(s):

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

35 Appendix C Attached (for extra lines) Pressure test(s) by others

Remarks: 36

CERTIFICATE OF COMPLIANCE 7

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: _____

Name: _____ Signature: _____
 Title: _____ Date: _____

CERTIFICATE OF INSPECTION 40

I, the undersigned, a duly authorized Boiler and Pressure Vessel Inspector employed by _____ of _____ (41) has 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.

Inspector Name: _____ (42) Inspector Signature: _____
 Inspector Number: _____ Date: _____



Guideline for completing the Piping Systems Installation and Test Data Report

Item #	Description	Example
1a	Check applicable box if the piping system is fabricated in the shop or field.	
1b	Check applicable box 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 box if this report is for a piping hot tap.	
2	Provide the name and address of the facility owner.	
3	Provide the location of installation.	
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	Select the appropriate design Code listed on the registered drawing. If Code listed is ASME B31.3, provide the category of the piping system.	ASME B31.3 Categories: NFS (Normal Fluid Service; HPF (High Pressure Fluid), etc.
7	Provide the Piping Registration Number provided by TSSA, identified in the registration documentation.	P12345; PSTD12345, ACCEPT12345, etc.
8	Provide the Maximum Allowable Working Pressure as identified in the registration documentation. Identify the unit of measurement.	
9	Provide the Design Temperature as identified in the registration documentation. Identify the unit of measurement.	
10	Provide the Welding/Brazing Procedure Registration Number identified on the registered Procedure Qualification Record.	WP-T1234.5, etc.
11	Provide the total measured value calculated in Item 16 (Include totals from Appendix A if used). Identify the unit of measurement.	
12	List the line number(s)/drawing number(s) as identified on the registered drawing, line list, or other means to identify line(s) being tested.	
13	Include the 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	List the pipe schedule/thickness for the specific line number.	Sch. 40, Type L, etc.
15	List the material specification of the piping used.	SA-106 Grade B, B280, etc.
16	Provide the length of piping installed in the specific line number. Identify the unit of measurement.	13 feet, 600mm, etc.
17	Identify the type of connection for the installed line.	Welded, brazed, screwed, etc.
18	List the Non-Destructive Examination completed for the line. Include the percentage of NDE completed. If none, state "N/A".	RT – 5%, PT – 100%, Visual, etc.
19	List the Post Weld Heat Treatment completed for the line. If yes, Include the °C or °F per hour (if applicable). If non, state "No".	1200°F/2 hours
20	Check box if more lines are required and attach Appendix A.	
21	When line connections are welded or brazed, list the name of the welder/brazer.	
22	List the welder/brazer symbol or ID number. 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 provided by the employer.
23	List the name of the welder/brazer's employer. This should be the same as the company identified in 4, ORAC, or MCAO (listed on the Welder/Welding Operator Certificate or Brazer/Brazing Operator Certificate). If welding/brazing completed by a sub-contractor, select	



	“Welding/brazing to be completed by others” and select 1b Partial Data Report.	
24	List the expiration 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”.
25	List the processes used by the welder/brazer	GTAW, SMAW, brazing, etc.
26	Check 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” to be selected in Item 1b .
27	To be initialed and dated by the company representative and the TSSA Inspector.	
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	Check box if the final check of clamps, supports, and flexible hoses are to be completed by others.	When completed by others, “Partial Data Report” to 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.
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	Check box if more lines are required and attach Appendix C. Check box if pressure testing is to be completed by others.	When completed by others, “Partial Data Report” to 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, 30-34 , etc.
37	State the Certificate of Authorization Number for the specific Code stated in Item 6 .	
38	State the 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	State the applicable Authorized Inspection Agency.	TSSA, ABSA, etc.
41	State the location of the Authorized Inspection Agency.	Ontario, Alberta, etc.
42	To be completed by the Inspector. Include the date of acceptance, name, signature, and Provincial, State, or National Board Commission Number.	