



Partial Data Report

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 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		TSSA Work Order Number	

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

Certificate Holder Qualified Person Initials, Date, and Unique Identification Number:	TSSA Representative Initial & Date:



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

Alternate Piping Data Form
Technical Standards and Safety Act
Boilers and Pressure Vessels Regulation

TSSA Work Order Number:	
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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.			

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	Witnessed By	Date

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

Remarks:

CERTIFICATE OF COMPLIANCE
(Certificate Holder Qualified Person)

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:
Qualified Person – Unique Identification Number:	Date:

CERTIFICATE OF INSPECTION
(Jurisdictional Review)

I, the undersigned, employed by the Technical Standards and Safety Authority of Ontario have reviewed 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 TSSA Representative nor his/her employer makes any warranty expressed or implied, concerning the piping described in this data report. Furthermore, neither the TSSA Representative 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 review. This report is deemed to meet the requirements of 'Certificate of Inspection' under sec 9(4) of Regulations 220/01.

TSSA Representative:



Alternate Piping Data Form
Technical Standards and Safety Authority
Boilers and Pressure Vessels Regulation

Partial Data Report ①

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 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	TSSA Work Order Number	⑥	
Design Code: ⑦ <input type="checkbox"/> B31.1 <input type="checkbox"/> B31.3 Cat. _____ <input type="checkbox"/> B31.5 <input type="checkbox"/> Z7396.1	Piping Registration Number: ⑧	Maximum Allowable Working Pressure: ⑨ _____ <input type="checkbox"/> psi <input type="checkbox"/> kPa	
Design Temperature: ⑩ _____ <input type="checkbox"/> °F <input type="checkbox"/> °C	Welding/Brazing Procedure Registration No(s): ⑪	Total Length of Piping: ⑫ _____ <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)
⑬	⑭	⑮	⑯	⑰	⑱	⑲	⑳

⑳ 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:
㉒	㉓	㉔	㉕	㉖

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

Certificate Holder Qualified Person Initials, Date, and Unique Identification Number:	TSSA Representative Initial & Date:
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PV 09052A (07/23) page 1 of 2

Alternate Piping Data Form
Technical Standards and Safety Authority
Boilers and Pressure Vessels Regulation

TSSA Work Order Number: ⑥

Final Check of Clamps, Supports, and Flexible Hoses:

Description:	Print Name:	Signature:	Date: (mm/dd/yyyy)
	㉙		

Final check to be completed by others

Description of Pressure Test(s):

or Description:	Medium & Temperature (°F/°C)	Final Test Pressure (psik/kPa)	Duration	Remarks	Witnessed By	Date
㉚	㉛	㉜	㉝	㉞	㉟	㊱

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

Remarks:

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CERTIFICATE OF COMPLIANCE
(Certificate Holder Qualified Person)

I, the undersigned, declare that the described pressure piping system approved under design registration number P# ⑧ 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 # ㉔ Expiry Date: ㉕

Print Name: ㉖ Signature: _____
Qualified Person - Unique Identification Number: _____ Date: _____

CERTIFICATE OF INSPECTION
(Jurisdictional Review)

I, the undersigned, employed by the Technical Standards and Safety Authority of Ontario have reviewed 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# ⑧ and the requirements of standards CSA B51 and/or B52. By signing this certificate, neither the TSSA Representative nor his/her employer makes any warranty expressed or implied, concerning the piping described in this data report. Furthermore, neither the TSSA Representative 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 review. This report is deemed to meet the requirements of 'Certificate of Inspection' under sec 9(4) of Regulations 220/01.

TSSA Representative: ㉘

PV 09052A (07/23) page 2 of 2



Guideline for Completing the Alternate Process Piping Form

Item #	Description	Example
1	Check only if this is 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.
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; refrigeration, etc.
6	Provide the TSSA Work Order Number provided by TSSA Inspection Scheduling	8765432
7	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.
8	Piping Registration Number provided by TSSA, identified in the registered documentation.	P12345.5; ACCEPT1234, etc.
9	Provide the Maximum Allowable Working Pressure as identified in the registered documentation. Identify the unit of measurement.	150 psi, etc.
10	Provide the Design Temperature as identified in the registered documentation. Identify the unit of measurement.	70°F, etc.
11	Provide the Welding and/or Brazing Procedure Registration Number identified on the registered Procedure Qualification Record.	WP-T1234.5
12	Total measured value of the piping calculated in Item 17 (Include totals from Appendix A if used). Identify the unit of measurement.	100 feet, etc.
13	Line number as identified on the registered drawing, line list, drawing number, or other means to identify line(s) being tested.	
14	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.
15	Pipe schedule/thickness for the specific line number.	Sch. 40, Type L, etc.
16	Material specification of the piping used	SA-106 Grade B, B280, etc.
17	Length of piping installed in the specific line number. Identify the unit of measurement.	13 feet, 600mm, etc.
18	Type of connection for joining the pipe.	Welded, brazed, screwed, etc.
19	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.
20	Post Weld Heat Treatment completed on the line number. If yes, Include the °C or °F per hour (if applicable). If none, state "No".	1200°F/2 hours
21	Select box if more lines are required and attach Appendix A.	
22	For welded and/or brazed connections, list the name of the welder and/or brazer.	
23	Include the welder and/or 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 created by the employer.
24	Employer of the welder/brazer.	
25	Expiry Date of the Welder/Welding Operator Certificate or Brazer/Brazing Operator Certificate.	If maintaining a Welder and/or Brazer Log as allowed by ASME, CSA or the TSSA Code Adoption Document, state "Per ASME Section IX".
26	List all processes used.	GTAW, SMAW, GTAW, etc.
27	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 1.



28	To be initialed and dated by the Certificate Holder Qualified Person and the Jurisdictional Representative.	
29	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.	
30	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 1.
31	List all line numbers from Item 13 that are being pressure tested.	This may state "All lines", or specific to what lines are being tested. If more room is needed, Item 39 may be used to record other lines or information.
32	Include the test medium and temperature of the pressure test.	Nitrogen at Ambient Temperature, Water at 70°F, etc.
33	Record the final test pressure and identify the unit of measurement.	150 psi, etc.
34	Record the total time the pressure test was held for.	1 hour, etc.
35	Remarks to include results of the pressure test.	Acceptable, No leaks, etc.
36	Record the name of the individual who witnessed the pressure test. This individual must be a qualified person.	
37	Record the date the pressure test took place.	
38	Select box if more lines are required and attach Appendix C. 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 1.
39	Include any remarks pertinent to the piping system.	This space may be used as additional space for Items such as 11.
40	Record the QA Number issued on the Alternate Piping Process Certificate of Authorization.	
41	Record the expiration date listed on the Certificate of Authorization.	
42	Print the name and title of the Certificate Holder Qualified Person and their unique identification number. To be signed and dated by the Certificate Holder Qualified Person.	
43	To be completed by a representative of the Jurisdiction.	