

VI. Quality Management System Company Signature (only VI. or VII. need be signed by the Owner)

To the best of my ability, I have inspected the installed EPE to ensure compliance with the registered documents. I understand that a false or misleading statement in this application or in any of the referenced documents or any other evidence of qualification submitted by me may result in the Chief Inspector denying this application.

 Licensed Pressure Equipment Inspector (Owner)

 PEI Licence Number

 Date (YYYY-MMM-DD)

VII. Non-Quality Management System Company Signature (only VI. or VII. need to be signed by the Owner)

To the best of my knowledge, this application and all supporting documents are accurate. I understand that a false or misleading statement in this application or in any of the referenced documents or any other evidence of qualification submitted by me or on my behalf may result in the Chief Inspector denying this application.

 Owner Representative

 Company Position

 Date (YYYY-MMM-DD)

VIII. Quality Control Company Signature

To the best of my knowledge, this application and all supporting documents are accurate. We have installed the EPE in compliance with the registered design and in the location specified in the application. I understand that a false or misleading statement in this application or in any of the referenced documents or any other evidence of qualification submitted by me or on my behalf may result in the Chief Inspector denying this application.

 Quality Control Program Company Representative

 Company Position

 Date (YYYY-MMM-DD)

IX. TSASK Inspector Signature

- Is the installation the same as was accepted by TSASK CSC?
- Are you satisfied that the installation is acceptable?
- Is there a tag on the EPE:
 - with the owner identification number?
 - with the date of installation?
 - anticipated date of removal?
 - a statement saying that the EPE is one time use only?
- Have the signature boxes in VI or VII, VIII and IX on this form been completed and dated?

 TSASK Inspector Signature

 TSASK Inspector Number

 Date (YYYY-MMM-DD)

X. Retention of Completed Form

TSASK Inspector shall: receive a copy of the form.
 Original of this form shall be retained by the owner or his designate and shall be made available to TSASK upon request.

Additional information may be found at www.tsask.ca.

If you have any questions, please contact TSASK by:

- Email: CodesStandards@tsask.ca
- Phone: 1-866-530-8599

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