

TSK-1017 ALTERATION REPORT FOR INSTALLATION OF ENGINEERED COMPOSITE SYSTEMS

This form must be completed and forwarded to the TSASK District Inspector for signature. The TSASK Inspector may need to inspect the installation before appending his or her signature. Only companies with a registered Quality Control Program in Saskatchewan shall install ECS. Please refer to the Policy Paper TSASK-2021-04-01 Registration Process for Engineered Composite Systems for more information.

Alteration Organization		
Name:	Phone Number:	
Address:		
Alteration Org. Job #:	QCP Certificate #:	Expiry Date:
Owner		
Name:	Phone Number:	
Address:		
QMS Certificate #:	Expiry Date:	
Location of Installation		
Address/LLD:		
Pressure Piping		
Pressure Piping Design Registration #:		
Composite System Design Responsibility:	Owner	Alteration Organization
Engineered Composite System Procedure Specification		
Contractor:	Provincial Registration #:	
Engineered Composite System Procedure Specification #(s) Used:		
Owner:	Provincial Registration #:	
Engineered Composite System Procedure Specification #(s) Used:		
Construction Code		
Construction Code:		

Lines									
Drawing & Rev. #, Line #	Fluid (air, steam, etc.)	Des. Press. (kPa)	Min & Max Des. Temp. (°C)	Min & Max Oper. Temp. (°C)	Pipe Mat'l Spec & Grade	C.A (mm)	Original Pipe NPS & Schedule	Pipe Coating (existing)	NDE

Description of Defect Area

Type of Defect:

Nature of Defect:

Size of defect at time of installation (Area / Depth):

Max size of defect per registered alteration procedure (Area / Depth):

Cause of defect (Corrosion / Erosion):

Description of Work Performed

Document # of the registered alteration procedure: _____ Registration Letter Date: _____

Surface Roughness / Anchor Profile Specification:

Time from completion of surface preparation to application of 1st layer:

Ply or Layer Thickness (mm): _____ Layer and reinforcement orientation: _____

Number of layers installed: _____ Installed laminate thickness (mm): _____

Installed laminate length (mm): _____ Installed taper length (mm): _____

Minimum Temperature During Curing (°C): _____ Maximum Temperature During Curing (°C): _____

Curing Time (hrs): _____ Post cure barcol or shore harness measurement: _____

Laminate design lifetime: _____

Description of Environmental Conditions During Installation

Minimum Substrate Temperature (°C): _____ Maximum Substrate Temperature (°C): _____

Minimum Ambient Temperature (°C): _____ Maximum Ambient Temperature (°C): _____

Pipe pressure during installation (kPag): _____ Pipe contents during installation: _____

Humidity (%): _____ External Environment: _____

Non-Destructive Examination (Specify type and extent)

Pressure Test

Test Pressure (kPag):

Test Type (Code, service leak, etc.):

Test Medium:

Comments

Certificate of Compliance

I certify that the statements made in this Report are correct and that all design, material, construction, and workmanship on this alteration conform to the requirements of the Policy Paper TSASK-2021-04-01 and AB-539.

Alteration Organization Name:

Quality Program Reg #:

Program Expiry Date:

Authorized Representative

Name:

Signature:

Date:

Date Work Was Completed:

Certificate of Inspection

I have inspected the alterations described in this report. To the best of my knowledge, this work has been done in accordance with the Policy Paper TSASK-2021-04-01 and AB-539.

Owner's Licensed Pressure Equipment Inspector

Name:

PEI Licence Number:

Signature:

Date:

Owner's Statement

As an official, or designate, of the Owner, having responsibility for the integrity and regulatory compliance of the pressure equipment, I accept use of the installed engineered composite system and all risks associated with its use in this alteration to ensure safe operation of the subject pressure equipment.

I also certify that I have reviewed the details of the ECS installation and confirm that it complies with the User's Design Specification and registered design specific to this alteration.

Official, or designate of the Owner

Name:

Function/Title:

Signature:

Date:

Report Received by TSASK Inspector

Name:

Signature:

Date: