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## **Completion of Construction**

This declaration shall be completed and signed by the person responsible, in whole or in part, for the construction, installation and inspection of a <u>registered</u> pressure piping system and forwarded to TSASK Codes & Standards Compliance. Please provide copies of completed *TSK-1002 Construction Data Reports for Pressure Piping Systems* when submitting this form. Electronic copies are acceptable. <u>Non-registered piping systems</u> and/or repairs do not require this form be completed.

**TSK-1001** 

I. Owner's and Quality Control/Engineering Contractor	Information
A. Facility/Building Owner	B. Quality Control Company OR Engineering Contractor
Company Name:	Company Name:
Address:	Address:
(PO Box/Apt #/Street Address)	(PO Box/Apt #/Street Address)
(City/Province/Postal Code)	(City/Province/Postal Code)
Contact Person:	Contact Person:
Phone #:	Phone #:
E-mail:	E-mail:
QMS Company: ☐ Yes ☐ No	QCP Registration Number:
If Yes, QMS Registration Number:	(if applicable)
Address/LLD:  2. Installation Details:     Pressure Piping(PP) Registration Number: PP     Description of System:	Type of Plant:
described pressure piping system, approved under Pressure Pi	nt knowledge and responsibility for the project declare that the riping Registration Number PP complies in all respects with ection and that all pressure piping data reports have been delivered a).
QCP/Engineering Contractor Signature	Title Date (YYYY-MMM-DD)
IV. Retention of Completed Form  Copies of Pressure Piping Data Reports attached   Yes	] No If no, please explain:
Original of this form and all <i>TSK-1002 Construction Data Repo</i> originals) shall be retained by the owner or his designate and	
Electronic submission of this form and accompanying <i>TSK-10</i> acceptable.	002 Construction Data Report for Pressure Piping Systems is