

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: Ow	ner 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)	NDI
Descriptio	n of Defect A	rea							
Type of Def	ect:								
Nature of D	efect:								
	ct at time of in								
	defect per reg			ocedure (Ar	ea / Depth):				
	fect (Corrosior):						
	n of Work Pe					.			
	f of the registe					Regist	ration Letter Date:		
	ghness / Anch				on of 1st layer:				
	Thickness (mr		-paration (Layer and reinforce	ment orien	tation:		
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	Post cure barcol or shore harness measurement:					
Laminate de	esign lifetime:								
Descriptio	n of Environi	mental Co	onditions	During Ins	stallation				
Minimum S	ubstrate Temp	erature (°(C):		Maximum Substrate	e Temperat	ure (°C):		
Minimum Ambient Temperature (°C):			Maximum Ambient	Maximum Ambient Temperature (°C):					
	Pipe pressure during installation (kPag):		Pipe contents durin	Pipe contents during installation:					
Pipe pressu	le during insta	(

Pressure Test						
Test Pressure (kPag):	Test Type (Code, service leak, etc.):	Test Medium:				
Comments						
Certificate of Compliance						
	n this Report are correct and that all design, mat Policy Paper TSASK-2021-04-01 and AB-539.	erial, construction, and workmanship on this alteration				
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 deso Paper TSASK-2021-04-01 and AB-53		ge, this work has been done in accordance with the Policy				
Owner's Licensed Pressure Equipme	ent Inspector					
Name:	PEI Licenc	e 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 Inspe	ector					
Name:	Signature:	Date:				