

Notes for the completion of this form:

1. This AB-147 supports inspection of pressure equipment for process accounts. These accounts are ones in which the pressure equipment forms an integral part of the manufacturing process. Non-process accounts are not supported and are public occupancy, including commercial and smaller industrial applications where there is a public component. Examples include; fabrication shops, food processing facilities, CNG or hydrogen refueling, research laboratories, portable and rental equipment (such as rig boilers and cargo transport).
2. The Owner is responsible for keeping this Form current and will notify ABSA within 30 days of any change.
3. Proposed changes to this form can be submitted to ABSA at cap@absa.ca
4. The Pressure Equipment Safety Regulation (PESR) requires every owner to maintain an effective integrity management system for their pressure equipment.
5. A representative from within company must be indicated.
6. PESR Sections 37, 41 and 42 establish the owners responsibilities and requirements for integrity assessments)
7. See PESR 1(1)(k) for "Equipment Record" definition.
8. List all companies, subsidiaries, facilities or areas that are owned and/or operated under the scope of the Integrity Management System.
9. Attach a supplementary list of facilities if more space is required.
10. List of facilities and Electronic Summary Report (ESR) must align.
11. The Integrity Assessment Organization shall update and submit their revised AB-146 when services are contracted or terminated.

Company Details:

Company Name:
Corporate Address:
Type of Industry/Facility:

Management Representative responsible for the Integrity Management System (Note 3 and 4):

Name:	Title:
E-Mail:	Phone No:

Representative responsible for Engineering Activities (Note 4):

Name:	Title:
E-Mail:	Phone No:
Engineering Co. (if applicable):	Phone No:

Representative responsible for Operation and Maintenance Activities (Note 4):

Name:	Title:
E-Mail:	Phone No:

Integrity Assessment Organization (IAO) that is contracted to perform integrity assessments:

Integrity Assessment Organization:	AQP Number:
Contact Name:	Expiry Date:
Phone No:	

Scope of services IAO will provide on behalf of your company (Note 5):

<input type="checkbox"/> To obtain all relevant pressure equipment records from ABSA	<input type="checkbox"/> To provide pressure equipment integrity assessment status records to ABSA
<input type="checkbox"/> To validate and maintain an inventory of all pressure equipment assets	<input type="checkbox"/> To maintain records of PSVs and other Safety Critical Equipment
<input type="checkbox"/> To maintain pressure equipment records	<input type="checkbox"/> To inspect and certify pressure equipment
<input type="checkbox"/> Equipment Specific Integrity Assessment Procedures, Plans and Strategies	<input type="checkbox"/> Act as an "Owners Inspector" (Per ASME B31)

Location of Records (Note 6)

	Head Office	Field
Design and Safe Operating Limits	<input type="checkbox"/>	<input type="checkbox"/>
Operation and Maintenance Procedures	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Relief Devices	<input type="checkbox"/>	<input type="checkbox"/>

Facilities (Note 7):

Company	Facility Location or LSD (Notes 8 and 9)	Owned	Operated
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Authorization:

Management Representative or Designate :

Permits ABSA to share information with the IAO as indicated in this form.

Signature: _____ Date: _____

FOR ABSA USE ONLY

This AB-147 has been reviewed and accepted by: _____

ABSA Safety Codes Officer (Sign and Date)