ABSA
the pressure equipment safety authority

RRIMR QUALITY PLAN
SELF-EVALUATION AND APPLICATION FORM

AB-521a 2024-10

The Owner-User is responsible for keeping ABSA up to date by sending this Form within 30 days of any change in the personnel and/or scope of the RRIMR Quality Plan

To inform ABSA of changes to the RRIMR Quality Plan, email this form to: design@absa.ca

New ☐	**Renewal** ☐	**Revision** – Responsible Person Change ☐; Applicable Location(s) Change ☐; Scope Change ☐; Define Change_____

Company Name:	**AQP:**
Corporate Address:	**Phone:** ( )
	Email:

Name and Title of Management Representative or Designate responsible for the RRIMR QP:	
Name:	**Title:**
Telephone No.: ( ) ext.	**Fax No.:** ( )
Cell No.: ( )	**E-Mail:**

Written Description of the RRIMR QP: (Select one of the two options outlined in Annex A-8.1 of AB-521)

	Yes (Provided)	No (N/A)
A-8.1(a) – The RRIMR QP is fully integrated in the PEIMS a) Complete the self-evaluation and application form (AB-521a) b) Provide a gap assessment of the existing PEIMS specific to development of the RRIMR QP c) Provide a list of identified gaps and opportunities for improvement from the gap assessment d) Provide a list of revised or supplemental procedures and documents that have been included in the PEIMS specific to the RRIMR QP. These revised and supplemental procedures are intended to demonstrate how the identified gaps and opportunities for improvement have been addressed	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐
A-8.1(b) - QP is controlled as a supplement to the PEIMS a) Complete the self-evaluation and application form (AB-521a) b) Provide a controlled copy of the written descriptions of the RRIMR QP c) Provide a detailed plan for the initial demonstration of effectiveness of the RRIMR QP d) Provide any other relevant documents, as identified by the Owner-User or ABSA e) Provide a copy of the written description of the PEIMS, if requested by ABSA	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐

List all companies, subsidiaries, facilities or areas that are owned or operated under the Scope of AQP- where RRIMR procedures will be developed under the RRIMR QP.

Company Name	List of Facilities	RRIMR QP Applies	
		Yes	No
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

The personal information collected on this form is for the purpose of providing ABSA with changes in the personnel and/or scope of the RRIMR Quality Plan. This personal information collection is authorized by section 33(c) of the *Freedom of Information and Protection of Privacy Act.* If you have any questions about the collection of personal information, you may contact generaling@absa.ca, or by mail to ABSA, 9410 20 Ave. NW, Edmonton, AB, T6N 0A4.

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Scope of pressure equipment and associated damages where engineered pressure enclosures (EPE's) will be installed using RRIMR's prepared under the RRIMR QP (per AB-521).

List the types of pressure equipment and associated damages where RRIMR procedures will be prepared under the RRIMR QP. Indicate "None" if all RRIMR procedures will be submitted to ABSA Design Survey for registration. (Attach supplementary list if needed)

RRIMR QP Demonstration of Effectiveness:

	Yes	No
List of Previously Registered RRIMR Procedures (Minimum of three required)	☐	☐

If yes, list a minimum of three applicable ABSA Tracking Numbers:

If no, provide a written proposal for an alternate demonstration of effectiveness to validate the RRIMR QP (Reference and attached a separate document if needed):

List of supporting documents included in this application: (Attached supplementary list if needed)

Document Number (Revision)	Document Name	Attached	
		Yes	No
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

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Owner-User Statement:

As a management representative or designate of the Owner-user, having responsibility for the implementation and effectiveness of the RRIMR Quality Plan, I confirm that:

- All existing PEIMS procedures were assessed, modified, supplemented, adopted, and implemented to provide for an effective, deficiency free RRIMR that may be used for the safe application of an Engineered Pressure Enclosure (EPE).
- The RRIMR QP conforms in its entirety with all the applicable requirements of AB-521 for the scope defined in this form.
- The Owner-user takes full responsibility for the implementation and effectiveness of the RRIMR Quality Plan.

Name of Management Representative or Designate: _____

Please Print

Signature: _____ **Date:** _____

Signature of Management Rep. or Designate

FOR ABSA USE ONLY

The RRIMR Quality Plan received from the below listed organization has been reviewed and recommended for inclusion in the scope of repairs that are certified by the Owner-user (per AB-513 and AB-521 Annex A) under the below listed AQP.

_____

Company Name (AQP)

Reviewed and recommended by: _____

ABSA Safety Codes Officer (Sign & Date)

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