GENERAL ENGINEERING REQUIREMENTS FOR DESIGN & CONSTRUCTION OF PRESSURE PIPING SYSTEMS

the pressure equipment safety authority

NOTE: This form is to be completed (two pages) and submitted in PDF format or in duplicate hard copy together with the design drawings and other documents required by subsection 16(1) of the Pressure Equipment Safety Regulation (PESR) for pressure piping design submissions.

1. Ultimate Owner
(name and address) _____

2. Type of Plant _____

3. Location of Plant
(section, township, range) _____

4. Project Type: ☐ New Construction ☐ Addition or Modification to Existing ☐ Used Piping
☐ Mobile Piping ☐ Hot Tapping ☐ TLHS ☐ Other: _____ (Please specify)

5. Plant previously registered under PP - _____

6. Tentative construction dates: Start: _____ *(month)* _____ *(year)* Completion: _____ *(month)* _____ *(year)*

7(a). Engineered by
(company name & address) _____ Job or Ref.: _____

7(b). Permit to Practice Number
(applicable to Alberta only) _____

8. Prime Contractor
(company name & address) _____ Job or Ref.: _____ Alberta AQP: _____

9. Code of Construction:
(select all that apply and indicate editions)
☐ ASME B31.3 - _____
☐ ASME B31.1 - _____ (☐ BEP *or* ☐ NBEP)
☐ ASME B31.5 - _____
☐ ASME B31.9 - _____
☐ CSA Z662 - _____

10. Are all fittings suitable for the specific design service conditions? _____ *("yes")*
Are all fittings registered with CRNs valid in Alberta? _____ *("yes")*

11. Nondestructive examination: _____
(type and extent) *(e.g., 100% or random radiography, magnetic particle, ultrasonic, etc.)*

12. Test method(s) applied:
(Select all applicable system leak test methods used; testing methods may be subject to a case-by-case acceptance. PESR sec. 30(1) requires hydrostatic testing unless an alternative is acceptable to the Administrator; see ABSA documents AB-519, AB-522, and AB-532; attach additional information as required)
☐ Hydrostatic Testing
☐ Pneumatic Testing, with 'Standard' Procedure *(ref: AB-522)*
☐ Pneumatic Testing, with 'Application-Specific' Procedure *(ref: AB-532)*
☐ Closure Welds and/or Initial Service Leak Test *(ref: AB-519)*
☐ Other: _____ *(specify test type)*

13. List of Pressure Relief Devices: _____
(document and revision number)

14. For overpressure protection, the equipment covered by this submission relies on:
("yes" for each method used, if any; no method need be selected here if all equipment is protected by pressure relief valves in accordance with PESR sec. 38(1)(a))
_____ Adequately Vented discharge piping *(ref: AB-525, sec. 6.0.3)*
_____ Rupture Disc or Pin Devices *(ref: AB-525, sec. 6.1)*
_____ OPPSD: Listed Cases *(ref: AB-525, sec. 6.2)*
_____ Permitted Case *(ref: AB-525, sec. 6.2.2.1)*
_____ OPPSD: Unlisted Cases *(ref: AB-525, sec. 6.3)*
_____ Proposed methods unrelated to AB-525

15. Overpressure Risk Assessment Summary: _____
(if required; see AB-525)

FOR ABSA USE ONLY:
Tracking Number: _____

16. This submission: (1) meets AB-525 in its entirety: _____ or (2), includes the following proposed 'statement of deviations from AB-525': *(ref: AB-525, par. A-1)*
(choose one) *("yes")* _____
(document and revision number)

17. General Remarks: _____

18. List of attached documents with revision numbers, including P&IDs, line lists, lists of valves and other fittings, as required by subsection 16(1) of the Pressure Equipment Safety Regulation:

19. **Name and Stamp / Seal of Professional Engineer**

By applying my stamp/seal and signature to this document,

I, _____, accept responsibility
(print name)

for the piping design in accordance with the above code(s) of construction, the Safety Codes Act, and associated regulations.

P.Eng. Stamp

20. Submitted by:

_____ _____
(Signature) *(Date)*

_____ _____
(Print Name) *(Company Name)*

ABSA ACCEPTANCE: