



the pressure equipment safety authority

ALTERATION REPORT FOR INSTALLATION OF ENGINEERED COMPOSITE SYSTEMS

Tel (780) 437-9100
AB-323 2026-06

Alteration Organization	(Name and Address)				
	Alteration Org. Job No.:		Provincial Quality Prog. No.:		Expiry Date:
Owner	(Name and Address)				
	Provincial Quality Prog. No.:		Expiry Date:		
Location of Installation	(Address)				

Pressure Piping

Provincial Piping Design Registration No.	☐ Owner ☐ Alteration Organization
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Engineered Composite System Procedure Specification

Contractor:	Provincial Registration No.	Engineered Composite System Procedure Specification No.(s) Used
Owner:	Provincial Registration No.	Engineered Composite System Procedure Specification No.(s) Used

Construction Code

Construction Code:

Lines

Drawing & Rev. No., and Line No.	Fluid (air / steam / etc.)	Des. Press. (kPa)	Min and Max Des. Temp. (°C)	Min and Max Oper. Temp. (°C)	Pipe Mat'l Spec & Grade	C.A (mm)	Original Pipe NPS & Schedule	Pipe Coating (existing)	NDE

Description of Defect Area

Type of Defect:
Nature of Defect:
Size of defect at time of installation (Area / Depth):
Max size of defect per registered alteration procedure (Area / Depth):
Cause of defect (Corrosion / Erosion):

Description of Work Performed

Document No. of the registered alteration procedure:	Registration Letter Date:
Surface Roughness / Anchor Profile Specification:	Time from completion of surface preparation to application of 1 st layer:
Ply or Layer Thickness (mm):	Layer and reinforcement orientation:
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 shore harness measurement:
Laminate design lifetime:	

Description of Environmental Conditions During Installation

Minimum Substrate Temperature (°C):	Maximum Substrate Temperature (°C):
Minimum Ambient Temperature (°C):	Maximum Ambient Temperature (°C):
Pipe pressure during installation (kPag):	Pipe contents during installation:
Humidity (%):	External Environment:

The personal information collected on this form is for the purpose of registration of alteration. This personal information collection is authorized by section 4(c) of the Protection of Privacy Act and will only be used for this purpose. If you have any questions about the collection of personal information, you may contact ABSA at generalinq@absa.ca or by mail to ABSA, 9410 20 Ave. NW, Edmonton, AB, T6N 0A4.



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Non-Destructive Examination (Specify type and extent)

Pressure Test

Test Pressure (kPag):	Test Type (i.e. Code, service leak, etc.):	Test Medium:
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Remarks

Certificate of Compliance

I certify that the statements made in this Report are correct and that all design, material, construction and workmanship on this alteration conform to the requirements of the Provincial Regulations.

Alteration Organization Name: _____ Quality Program Reg'n No.: _____ Program Expiry Date: _____

Authorized Representative:

Name _____ Signature _____ Date _____

Date work was completed _____

Certificate of Inspection

I have inspected the alterations described in this report. To the best of my knowledge, this work has been done in accordance with the Provincial Regulations.

Authorized Inspector or Certified In-Service Inspector:

Name* _____ Signature _____ Date _____

*Include inspector's National Board commission number and/or provincial certificate number.

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 _____

The owner organization must maintain the ECS alteration report (AB-323) within their PEIMS for as long as the ECS is installed, ensuring it is available for audits or upon request by ABSA's SCO.