

Request for Extension of Certificate
The Steam and Pressure Plants Act

Choose one:

Boiler Pressure Vessel Refrigeration

ITS BPV Form 01

PLEASE PRINT THE REQUIRED INFORMATION – ONE FORM IS REQUIRED PER CERTIFICATE

A. Location Information - Physical location of installation			
BUILDING NAME			
ADDRESS		CITY	POSTAL CODE
CONTACT NAME	PHONE NUMBER	Ext.	SPECIFIC LOCATION IN PLANT
B. Owner Information - The name and address of the entity and/or agent acting on their behalf			
NAME OF BUILDING OWNER			
MAILING ADDRESS		CITY	POSTAL CODE
CONTACT NAME	PHONE NUMBER	Ext.	EMAIL
C. Certificate Information - Fill in the information as it shows on your current certificate			
MANITOBA UNIT NUMBER		SIZE	
TYPE		AUDIT NUMBER	
MANUFACTURER		MAWP	
MANUFACTURER SERIAL NUMBER		CERTIFICATE EXPIRY	
D. Plant Information - Please fill in the following			
PLANT CLASS:		PLANT TYPE:	
CONSTANT SUPERVISION: <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF OPERATORS:	GUARDED STATUS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
E. Unit Information - Past orders and issues pertaining to your equipment			
ARE ALL PREVIOUS ORDERS CORRECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO (if no, explain below)			
WERE THERE ANY ISSUES DURING THE DURATION OF YOUR CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, explain below)			
HAVE THEY BEEN ADDRESSED? <input type="checkbox"/> YES <input type="checkbox"/> NO. (if no, explain below)			
F. Visual Inspection - Please fill in the following, attach pictures if applicable			
VISIBLE CRACKS: <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, explain severity and plan to eliminate)			
VISIBLE CORROSION: <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, explain severity and plan to eliminate)			
VISIBLE LEAKS: <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, explain severity and plan to eliminate)			
VISIBLE BULGES/BLISTERING: <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, explain severity and plan to eliminate)			
VISIBLE DEFORMATION: <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, explain severity and plan to eliminate)			
TUBES / TUBESHEET: <input type="checkbox"/> CLEAR <input type="checkbox"/> OBSTRUCTED/LEAKING <input type="checkbox"/> N/A (if not in working condition, explain why and plan of action)			

G. Pressure Relief Device Specifications – If more than one pressure relief device, please attach on separate paper	
IS THIS A NEW PRD? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE
DATE INSTALLED	SET PRESSURE (psi)
CERTIFIED CAPACITY – (lb/hr, kg/hr, btu, scfm, sqft, etc...)	HAS IT BEEN TESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, type of test and when was it tested. if no, explain below)

H. Additional Appurtenances – Fill in the applicable items	
PRESSURE / TEMPERATURE GAGE: (if not in working condition, explain why and plan of action) <input type="checkbox"/> WORKING <input type="checkbox"/> NOT WORKING <input type="checkbox"/> N/A	
WATER GAGE GLASS: (if not in working condition, explain why and plan of action) <input type="checkbox"/> WORKING <input type="checkbox"/> NOT WORKING <input type="checkbox"/> N/A	
LOW-WATER FUEL CUTOFF: (if not in working condition, explain why and plan of action) <input type="checkbox"/> WORKING <input type="checkbox"/> NOT WORKING <input type="checkbox"/> N/A	
CHECK / STOP VALVES: (if not in working condition, explain why and plan of action) <input type="checkbox"/> WORKING <input type="checkbox"/> NOT WORKING <input type="checkbox"/> N/A	
PRESSURE SWITCHES: (if not in working condition, explain why and plan of action) <input type="checkbox"/> WORKING <input type="checkbox"/> NOT WORKING <input type="checkbox"/> N/A	
TEMPERATURE LIMIT / SWITCHES: (if not in working condition, explain why and plan of action) <input type="checkbox"/> WORKING <input type="checkbox"/> NOT WORKING <input type="checkbox"/> N/A	
CHIMNEY: (if not in working condition, explain why and plan of action) <input type="checkbox"/> CLEAR <input type="checkbox"/> OBSTRUCTED <input type="checkbox"/> N/A	

I. Additional Attachments – If applicable, please attach	
MAINTENANCE REPORT <input type="checkbox"/> AVAILBLE <input type="checkbox"/> UNAVAILABLE <input type="checkbox"/> N/A	
GAS FITTER SERVICE REPORT <input type="checkbox"/> AVAILBLE <input type="checkbox"/> UNAVAILABLE <input type="checkbox"/> N/A	

I hereby declare:

- The pressure equipment indicated above, to the best of my knowledge, is in good and safe operating condition.
- The pressure equipment conforms to the **Steam and Pressure Plants Act and Regulation, Power Engineers Act and Regulation** and all other applicable codes and is entirely the responsibility of the owner and/or contractor. The Department assumes no responsibility by examining the equipment, facility or installation.
- I hereby declare that the information provided is true and accurate. I also understand that any willful dishonesty may render for refusal of this extension or immediate condemnation.

NAME OF OWNER	Signature	DATE
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INSPECTION AND TECHNICAL SERVICES OFFICE USE ONLY	
DATE RECEIVED	
STATUS	DATE OF DECISION
INSPECTOR	NEW EXPIRY DATE