

14th Floor - Centre Tower 3300 Bloor Street West Toronto, Ontario, M8X 2X4 Tel: 416 734 3299

Tel: 416.734.3299 Fax: 416.231.6183

## **APPLICATION FOR A VARIANCE**

**Technical Standards and Safety Act**Boilers and Pressure Vessels and
Operating Engineers Regulations

|  | APPLICANT NAME A  | AND ADDRESS                        | LOCATION OF PROPOSED VARIANCE (if there is more than one location, attach a list of locations) |  |   |             |         |         |  |
|--|---|------------------------------------|--|--|---|-------------|---------|---------|--|
|  | Company Name:   |                                    | Name:  | 3 111016                                   | tilali one location, attach a                   | i iist Oi i | ocation | 3)      |  |
|  | Street:   |                                    | Street:  |  |   |             |         |         |  |
|  | Sileet.   |                                    | Sileet.  |  |   |             |         |         |  |
|  | City  |                                    | City:  |  |   |             |         |         |  |
| Α  | City: Province:   | Postal Code:                       | Province: Postal C   |  |   | 2040.       |         |         |  |
|  |   | Postal Code.                       |  | ****                                       | Postar  | Joue.       |         |         |  |
| ŀ  | Contact Person:   | <b></b>                            | Contact Pe   |  |   |             |         |         |  |
|  |   | Fax:                               | Telephone:   |  | Fax:  |             |         |         |  |
|  | E-mail:   | NI                                 | E-mail:  |  | 0 - ( N -                                       |             |         |         |  |
|  | Acct No.: Custon  | mer No.:                           | Acct No.: Customer No.:  |  |   |             |         |         |  |
| В  | The Applicant is: The Manufacturer  The Plant Owner  Other (Describe):  |                                    |  |  |   |             |         |         |  |
|  | Print Name of Authorized Signatory: Signature: Date: (dd-mmm-yyyy)  |                                    |  |  |   |             |         |         |  |
|  |   |                                    |  |  |   |             |         |         |  |
| Print Plant Owner or Manufacturer Name:  |   |                                    |  |  |   |             |         |         |  |
|  | Address:  |                                    |  |  |   |             |         |         |  |
| ADDITIONAL INFORMATION   |   |                                    |  |  |   |             |         | N/A     |  |
| С  | 1) Is the requested variance for a Plant F  |                                    |  | on? (se                                    | e "E" below)                                    | YES         | NO      | 13/7    |  |
|  | 2) Is a letter from the Plant Chief Operating Engineer agreeing with the proposed variance included with this application?  |                                    |  |  |   |             |         |         |  |
|  | of the this proposed variation for inicianist equipment inicians a solid and macrimiery policy.   |                                    |  |  |   |             |         |         |  |
|  | 4) Has the insurance company been notified of the proposed variance?  5) Is documented evidence of acknowledgement from the insurer provided with this application? |                                    |  |  |   |             |         |         |  |
|  | 5) is documented evidence of acknowled  | igement nom the insurer provided t | with this applicat   | .iOIT?                                     |   |             |         |         |  |
|  | i) State the Regulation, Director's Ruling, Standard or Code that cannot be complied with:  |                                    |  |  |   |             |         |         |  |
| D  | ii) Ctate the recease why the Demyletics. Director's Duline Ctandend on Code council be complied with   |                                    |  |  |   |             |         |         |  |
|  | ii) State the reason why the Regulation, Director's Ruling, Standard or Code cannot be complied with:   |                                    |  |  |   |             |         |         |  |
|  |   |                                    |  |  |   |             |         |         |  |
|  | DESCRIPTION OF COMPONENT, SYSTEM OR PLANT INVOLVED  |                                    |  |  |   |             |         |         |  |
| Е  | Plant Registration Number CRN   | Boiler/Vessel OIN or S             | erial Number   | Max.                                       | Allowable Working Pressure   Design Temperature |             |         | erature |  |
| _  | R-  |                                    |  |  |   |             |         |         |  |
|  |   |                                    |  |  |   |             |         |         |  |
|  | (see page 2 and attach all additional information to this form) The Variance requested is:  |                                    |  |  |   |             |         |         |  |
|  | 1000 page 2 and attach an additional information to time formy time tarrained forgation for   |                                    |  |  |   |             |         |         |  |
| F  |   |                                    |  |  |   |             |         |         |  |
|  |   |                                    |  |  |   |             |         |         |  |
|  |   |                                    |  |  |   |             |         |         |  |
|  | I understand a variance may be issued for a limited time period only. My suggested expiry date for this variance is:  |                                    |  |  |   |             |         |         |  |
| Where a variance is granted, the applicant, its successors, heirs and assigns accepts full responsibility for any and all damages whatsoever and for injury to any person that may arise as a result of the variance or non-conformity for the conditions specified for the variance, to the complete exclusion of the Technical Standards and Safety Authority and agrees to hold harmless and indemnify the Technical Standards and Safety Authority for any action or claim including third-party claims and attendant costs. |   |                                    |  |  |   |             |         |         |  |
| Pr   | Print Name of Applicant (Signing Officer) Print Title   |                                    |  | Signature of Applicant Date: (dd-mmm-yyyy) |   |             |         |         |  |
| FOR TSSA OFFICE USE ONLY   |   |                                    |  |  |   |             |         |         |  |
|  | Variance Granted  | Signed by:                         |  |  |   |             |         |         |  |
|  | Variance Declined   | Title:                             |  |  |   |             |         |         |  |
|  | Variance Granted with Conditions listed   | _                                  |  |  | Variance No:                                    |             |         |         |  |
| L  | (See attached letter)   | Date:                              |  |  |   |             |         |         |  |

## **Application for a Variance**

Form No. PV 09393

## **Instructions and Applicable Fees**

Variances may be allowed for items which are not in full compliance with the *Ontario's Technical Standards and Safety Act*, Boilers and Pressure Vessels and Operating Engineers Regulations, Director's Order and Code Adoption Document, where the Director or Chief Officer, as applicable, is satisfied, as permitted in Section 36(3)(c) of the Technical Standards and Safety Act, that the variance would not detrimentally affect the safe use of the thing to which the regulation or Minister's order applies or the health or safety of any person.

The application process involves extensive review and research by the **Variance Review Committee**. To avoid delays, please provide the following information together with this completed variance application form (see page 1). **Note that incomplete applications will not be processed.** 

- Box A: Provide the name, address and contact information for the applicant and the location of the proposed variance.
- Box B: Identify the applicant by checking the appropriate box or identifying by description under "Other". When the applicant is not the Plant Owner or Manufacturer, as applicable, follow the instructions for completion of the statement.
- Box C: Respond to each question or statement as "Yes", "No", or "N/A" (Not Applicable).
- Box D: i) Clearly identify the regulation, standard, or code and the rule or clause that cannot be complied with ii) Explain the reason why the regulation, code or standard cannot be complied with
- Box E: Provide the information requested at each box. Where the information is not applicable use "N/A".
- Box F: Describe the proposed variance from the Regulation, Director's Ruling, Standard, or Code identified at Box D
- Box G: Enter the suggested expiry date for the proposed variance. Read the statement and sign and date the application.

## In addition provide:

- 1. A complete description of, and any installation instructions for, the thing, item or process involved;
- 3. A full description of the circumstances and reasons that require the variance;
- 4. Assessment of every safety risk associated with the variance, based on safety engineering principles and recognized industry standards:
- 5. Description of the measures that are proposed to make the installation equivalent in safety to the level of safety intended by the requirements in the regulation, standard, or code:
- 6. A qualified individual (e.g. P. Eng.) knowledgeable in the design aspects and specifics of the installation must sign the technical support documents;
- 7. An officer of the company must sign the form under this statement at Box B (when applicable) and below Box G;
- 8. The application deposit fee of \$500.00 per location is required in advance and is non-refundable. The deposit will be applied to the charges for engineering review and variance committee time. An invoice will be issued for any balance over the deposit amount. Please make cheque payable to the Technical Standards and Safety Authority. In the event a field inspection is required as part of the variance deliberation; such time will be charged and invoiced separately at the inspection rates provided by the fee schedule.

An Application for a Variance can only be considered by the **Technical Standards and Safety Authority** (TSSA) after receipt of all relevant information. Please note that permission in writing must be received by the applicant from the Director, Chief Officer or an authorized representative of TSSA's **Boilers and Pressure Vessels Safety Program or Operating Engineers Program**, as applicable, and the appropriate fees paid by the applicant to TSSA, prior to any work commencing on the installation.

If you require assistance in completing this application, please call 416.734.3299.