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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | ***Operating Company Information (See Section A attachment for instructions)*** | | | | | | | | | | | | | | | | |
| **Meter Station Name:** | | | |  | | | | | **Customer Name:** | | |  | | | | | |
| **Node Number:** | | | |  | | | | | **Customer Facility Name:** | | |  | | | | | |
| **Maximum Contract Pressure:** | | | |  | | **kPa** | **psi** | | **Customer Facility Location: (LSD)** | | |  | | | | | |
| **Any changes made operationally to the PC and OPP systems/device since previous calibration & Inspection Date** | | | | | | | | | | | | **Yes  No** | | | | | |
| **Current Calibration Company:** | | | |  | | | | | **Previous PSV Calibration and Inspection Date (if applicable):** | | | ***Month*** | ***Day*** | | | ***Year*** | |
|  |  | | |  | |
| **B** | ***Calibration Use Only (See Section B attachment for instructions)*** | | | | | | | | | | | | | | | | |
| **CALIBRATION** | | | | | **Pressure Control Devices/Systems** *Please provide all information requested* | | | | | | **Overpressure Protection Devices/Systems** *Please provide all information requested* | | | | | | |
| **Sensing Device** | | Engineering Tag No.:  *(Must match P&ID)* | | |  | | | | | |  | | | | | | |
| Description:  *(Make, Mode & Serial No.)* | | |  | | | | | |  | | | | | | |
| **Shutdown Device** | | Engineering Tag No.:  *(Must match P&ID)* | | |  | | | | | |  | | | | | | |
| Description:  *(Make, Mode & Serial No.)* | | |  | | | | | |  | | | | | | |
| **Calibration Setpoint** | | As Found: | | |  | | | **kPa** | | **psi** |  | | | **kPa** | | | **psi** |
| As Left: | | |  | | | **kPa** | | **psi** |  | | | **kPa** | | | **psi** |
| **C** | ***Inspection and Assessment – Operating Company Use Only (See Section C attachment for instructions)*** | | | | | | | | | | | | | | | | |
| **INSPECTION AND ASSESSMENT** | | | | | | | | | | | | | **PC System** | | | **OPP System** | |
| 1. All valves and equipment related to PC and OPP devices/systems are protected from unauthorized operation that would make these systems inoperative. ***CSA Z662-19 Oil & Gas Pipeline Systems,*** **Clause** **4.18.2 (e)** | | | | | | | | | | | | | *Initial to confirm* | | | *Initial to confirm* | |
| 1. The system is protected from conditions that can prevent their proper operation.  ***CSA Z662-19 Oil & Gas Pipeline Systems,*** **Clause 10.9.5.2 (c)** | | | | | | | | | | | | | *Initial to confirm* | | | *Initial to confirm* | |
|  | | |  | |
| 1. The PC and OPP devices/systems were set to function at the correct pressure, function tested and routinely responded to prevent the downstream pressure from exceeding TC Energy’s specified pressure limits within the prescribed maintenance interval.  **Note: This requirement does not apply to certified and sealed PSVs or PRVs.** | | | | | | | | | | | | | *Initial to confirm* | | | *Initial to confirm* | |
|  | | |  | |
| **D** | ***Calibration Signatures (See Section D attachment for instructions)*** | | | | | | | | | | | | | | | | |
| **SIGNATURES** | | | | | | | | | | | | | | | | | |
| **Calibration Performed by:** | | | *Technician Name (Please Print)* | | | *Phone Number* | | | | *Technician Signature* | | | *Month* | | *Day* | | *Year* |
|  | | |  | | | |  | | |  | |  | |  |
| **Customer Representative:** | | | *Customer Name (Please Print)* | | | *Phone Number* | | | | *Customer Signature* | | | *Month* | | *Day* | | *Year* |
|  | | |  | | | |  | | |  | |  | |  |
| **E** | ***TC Energy Reviewer Signatures (See Section E attachment for instructions)*** | | | | | | | | | | | | | | | | |
| **TC Reviewer:** | | | *Reviewer Name (Please Print)* | | | *Phone Number* | | | | *Reviewer Signature* | | | *Month* | | *Day* | | *Year* |
|  | | |  | | | |  | | |  | |  | |  |
| **TC Responsible Engineer/Approver** | | | *Responsible Engineer Name (Please Print)* | | | *Phone Number* | | | | *Responsible Engineer Signature* | | | *Month* | | *Day* | | *Year* |
|  | | |  | | | |  | | |  | |  | |  |

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| **Note: Any concerns or questions regarding the requirements and this form, please contact TC Energy:**  **Email:** [**opp\_submissions@tcenergy.com**](mailto:opp_submissions@tcenergy.com) | |
| **A** | **OPERATING COMPANY INFORMATION** |
| **Meter Station Name and Node Number**  Information regarding the meter station name and node number can be found from initial signed baseline **TEF-ME-OPPN-G** form or provided by TC Energy. | |
| **Maximum Contract Pressure**  The MCP of the TC Energy meter station defines the pressure setpoints of the PC and OPP devices.   * Any deviation from the MCP, contact TC Energy for updated pressures. | |
| **Customer Name/Calibration Company**   * Enter the name of the Operating Company of the facility. | |
| **Customer Facility Name and Legal Subdivision (LSD) Location**   * If there are multiple sites or multiple tie-ins from the facility to the meter station, use a unique identifier to identify each specific tie-in (e.g., Plant #1). * Fill out a new form (**TEF-ME-OPPM-G**) for each additional facility. | |
| **Any Changes Made Since Previous Calibration & Inspection Date**   * If there are any changes made to the PC and/or OPP Device(s)/System(s), the Operating Company shall contact TC Energy to determine if a **TEF-ME-OPPN-G** form is required. | |
| **Previous Calibration and Inspection Date**   * Inspection of Pressure-limiting and pressure relieving devices **must** occur at least once per calendar year, with a maximum interval of 18 months between such inspections to determine that they are properly installed and protected from dirt and other conditions that might prevent proper operation as outlined in CSA Z662-19. * Per CSA Z662-19, pressure-relieving devices/systems may be inspected/tested/assessed at intervals determined by Operating Company. | |
| **B** | **CALIBRATION** |
| **Pressure Control and Overpressure Protection Devices/Systems**  Review the previous year’s OPP submission for the facility in question and enter the requested information into the appropriate fields on the form for PC and OPP devices/systems.   * This section of the form **must** be filled out in full and as represented in the attached documentation by the calibration technician or a representative of the Operating Company. * If the facility has multiple PC and/or OPP devices/systems, and if the space provided on this form is insufficient, please attach additional copies of the form (**TEF-ME-OPPM-G**) with the requested information for all additional device(s)/system(s). * If PSVs/PRVs are used as OPP devices/systems, please attach the PSV/PRV calibration records to the form (**TEF-ME-OPPM-G**) and complete the relevant fields (discussed next) in the Calibration section.   **Note:** If existing PC and/or OPP devices/systems are replaced with new PC and/or OPP devices/systems please fill out and submit the baseline form (**TEF-ME-OPPN-G**). | |
| **Sensing Device/ Shutdown Device**  Engineering tags and description of transmitters/pilots of PC and OPP devices/systems are required.   * For PSVs/PRVs, which operate pneumatically without a sensing device, enter “Not Applicable” in the Sensing Device section. * The engineering tags of sensing devices **must** match the previous transmitters/pilots from the most recent baseline form submission.   **Note:** If the devices do not match, please fill out and submit the baseline form (**TEF-ME-OPPN-G**). | |
| **Calibration Setpoint**  Per of CSA Z662-19, the pressure setpoints for the following devices/systems shall not be exceeded:   * **Pressure Control** – The pressure setpoint must **not** exceed the MCP and shall be set at a lower setpoint than the OPP devices/systems. * **Overpressure Protection** – The pressure setpoint shall **not** exceed 110% of the MCP. * **Instrument Accuracy** – The accuracy of the devices and test instruments must be taken into account per of CSA Z662-19. | |
| **C** | **INSPECTION AND ASSESSMENT** |
| This section will be signed by representatives from the Operating Company to certify the following:   * The PC and OPP devices/systems described by the Operating Company conform to CSA Z662-19, Clause 10.9.5.2 and the latest version of *Canadian Energy Regulator Onshore Pipeline Regulations*. * The PC and OPP devices/systems are fully implemented and provide an adequate level of reliability in accordance with CSA Z662-19. * PRV/PSV devices do not require inspection and testing annually, but must be as stated in the TEF-ME-OPPN-G form and within local regulatory standards, typically 5 years | |
| **D** | **CUSTOMER SIGNATURES** |
| **Calibration Performed by Technician**  The calibration technician **must** have their signature on either the form (**TEF-ME-OPPM-G**) or accompanied calibration documentation. | |
| **Customer Representative**   * The Customer must have their full name * The Customer signature **must** be a representative from the Operating Company and different from the Calibration Technician | |
| **F** | **REVIEWER SIGNATURES** |
| **TC Reviewer/Responsible Engineer**  This section will be signed by representatives from TC Energy to certify the following:   * The PC and OPP devices/systems described by the Customer conform to CSA Z662-19 and the *Canadian Energy Regulator Onshore Pipeline Regulations*. * The PC and OPP devices/systems are fully implemented and provide an adequate level of reliability in accordance with CSA Z662-19. | |
| **ACRONYMS** | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **CSA** | Canadian Standards Association | **PC** | Pressure Control |  |  | | **kPa** | Kilo Pascal | **PRV** | Pressure Relief Valve |  |  | | **MCP** | Maximum Contract Pressure | **psi** | Pounds per Square Inch |  |  | | **OPP** | Overpressure Protection | **PSV** | Pressure Safety Valve |  |  | | **P&ID** | Piping and Instrumentation Diagram/Drawing | **TC** | TC Energy |  |  | | |