Customer OPP System for New and Modifications to Existing Receipt Meter Station Baseline Form   
TC Energy Sign-Off Page

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| --- | --- | --- | --- | --- |
| **Meter Station Name:** |  |  | **Node Number:** |  |

This document confirms that the overpressure protection (OPP) system installed to protect the above-mentioned meter station has been reviewed and meets the following requirements.

In the section below, please check all that apply after the Customer information has been reviewed.

**(To be completed by the TC Energy Representative)**

|  |  |
| --- | --- |
|  | PC and OPP devices setpoints are correct. |
|  | PC and OPP devices capacity are adequate. (applicable to PSV/PRV per Section 2) |
|  | PC and OPP devices meet the requirements of applicable regulations and codes. |
|  | Maintenance plans meet the requirements of applicable regulations and codes. |
|  | Maintenance and calibration records are appropriate and up to date. |

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| --- | --- | --- | --- |
| **Customer Overpressure Protection System Verification Installation Assurance Statement** | | | |
| I hereby certify that the overpressure protection (OPP) system and devices described by the Customer conform to CSA Z662-23 and the CER *Onshore Pipeline Regulations* and are fully implemented and provide an adequate level of reliability. | | | |
| **Rationale for New Baseline Form:** |  | | |
| **TC Energy Reviewer:** | **Name** (Please print) | **Signature** | **Date** (YYYY-MMM-DD) |
|  |  |  |
| **TC Energy Reviewer:** | **Name** (Please print) | **Signature** | **Date** (YYYY-MMM-DD) |
|  |  |  |
| **TC Energy Responsible Engineer / Approver:** | **Name** (Please print) | **Signature** | **Date** (YYYY-MMM-DD) |
|  |  |  |

**Customer OPP System for New and Modifications to Existing Receipt Meter Station Baseline Form**

**Request for Information**

**SECTION ONE – *Project-Specific Information* and *Meter Station Description* (To be completed by the TC Energy Representative)**

|  |  |
| --- | --- |
| **Project-Specific Information** | |
| Project Number: |  |
| Receipt Meter Station Name: |  |
| Project Manager: |  |
| Customer: |  |
| TC Energy Customer Representative: |  |

|  |  |
| --- | --- |
| **Meter Station Description** | |
| Meter Station Location (LSD): |  |
| Meter Type and Size: |  |
| Yard Pipe Size (NPS): |  |
| Yard Pipe Specifications (Wall Thickness, Standard and Grade): |  |
| Meter Station Maximum Contract Pressure (kPa): |  |

**SECTION TWO – *Customer Information* (To be completed by the Customer)**

Please ensure that all information provided in this section pertains only to the pressure control (PC) and overpressure protection (OPP) system, which protects the TC Energy facility.

Please indicate below by selecting which type of PC and OPP systems will be employed to protect the TC Energy facility:

|  |  |
| --- | --- |
| **Customer Overpressure Protection System** | |
|  | Pressure regulator / Control valve active/monitor in series. |
|  | Pressure regulator / Control valve with Emergency Shutdown (ESD) in series. |
|  | Pressure regulator / Control valve with Relief valve in series. |
|  | Emergency Shutdown (ESD) valve with Relief valve in series. |
|  | Two Emergency Shutdown (ESD) valves in series. |
|  | Compressor speed control with Relief valve in series. |
|  | Compressor shutdown with Relief valve in series. |
|  | Compressor speed control with Emergency Shutdown (ESD) in series. |
|  | Compressor shutdown with Emergency Shutdown (ESD) in series. |
|  | None of the above. Please explain in the space provided below: |
|  | |

|  |  |
| --- | --- |
| **Customer Facility Information** | |
| Plant Name: |  |
| Plant Location (LSD): |  |
| Maximum outlet pressure (kPa) of plant facility, excluding PC and OPP Device(s)/System(s): |  |
| Diameter of pipe (NPS) connecting to the TC Energy facility: |  |
| Wall thickness (mm) of pipe connecting to the TC Energy facility: |  |
| Grade of pipe (standard and grade) connecting to the TC Energy facility: |  |
| Maximum operating pressure (kPa) of connecting pipe: |  |
| PC and OPP location (if different from Plant location above): |  |
| Facility maximum flow rate (m3/h), if PSV(s) are used as the OPP device: |  |
| Pressure safety valve (PSV) capacity (m3/h), if applicable (PSV capacity must be greater than facility maximum flow rate): |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Please provide all information requested* | | **Pressure Control (PC) Devices/Systems** | | | **Overpressure Protection (OPP) Devices/Systems** | | |
| **Sensing Device** | Engineering Tag No.:  *(Must match P&ID)* |  | | |  | | |
| Description:  *(Make, Model & Serial No.)* |  | | |  | | |
| **Shutdown Device** | Engineering Tag No.:  *(Must match P&ID)* |  | | |  | | |
| Description:  *(Make, Model & Serial No.)* |  | | |  | | |
| **Calibration Setpoint** | As Left: |  | **kPa** | **psi** |  | **kPa** | **psi** |

|  |  |
| --- | --- |
| **Customer Standards and Approvals Received** | |
| List the industry standard(s) the plant facility is constructed in compliance with (e.g., CSA Z662-23): |  |
| List the industry standard(s) the connecting pipe is constructed in compliance with (e.g., CSA Z662-23): |  |
| List the regulatory bodies you are governed by: |  |
| List any regulatory approval(s) you have received: |  |
| List any pending regulatory approval(s): |  |

**SECTION THREE – *Additional Required Information* (To be completed by the Customer)**

Please include the following documentation and ensure that all information is specific to the pressure control (PC) and overpressure protection (OPP) systems which protect the TC Energy facility.

|  |  |  |
| --- | --- | --- |
| 1. Please give a description of the planned maintenance program for the pressure control and OPP devices. Please also include the frequency and type(s) of inspections, assessments and tests (according to *CSA Z662-23 Oil & Gas Pipeline Systems,* Clause 10.9.5.2) | | |
| 1. Please indicate how the pressure control and OPP devices operate independently. For example, how the OPP system responds to an emergency scenario, such as loss of power, valve failure, or SCADA failure. Provide a Cause and Effect or Shutdown Key if available. | | |
| 1. Most recent calibration and maintenance records for the pressure control and OPP devices are attached. **If NO, please explain why below:** | **Yes** | **No** |
|  | | |
| 1. Pressure control and OPP design drawings (process and instrumentation diagram, process flow diagram, etc.) or as-built drawings with pressure setpoints shown on drawings and PC/OPP sensing and shutdown devices highlighted attached. **If NO, please explain why below:** | **Yes** | **No** |
|  | | |

**Please sign below and ensure that all the above sections are completed. Submit all the required information that is specific to the pressure control and OPP systems with the completed form to the TC Energy Representative and** [**opp\_submissions@tcenergy.com**](mailto:opp_submissions@tcenergy.com)**.**

**SECTION FOUR – *Customer Sign-Off*****(To be signed by the Customer):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I hereby certify that the pressure control and overpressure protection systems and devices as described above conform to all current applicable rules, regulations or laws, including, but not limited to relevant industry codes and standards. The pressure control and overpressure protection systems are fully implemented and meet regulatory requirements to prevent overpressure events. | | | | |
| **Title** | **Name** (Please print) | **Phone Number** (###-###-####) | **Signature** | **Date** (YYYY-MMM-DD) |
|  |  |  |  |  |