

9410 - 20 Ave N.W. Edmonton, Alberta, Canada T6N 0A4

Tel: (780) 437-9100 / Fax: (780) 437-7787

November 30, 2023

Attention: Cecylia Garbacz

**TECHNICAL STANDARDS & SAFETY AUTHORITY** 

345 CARLINGVIEW DRIVE TORONTO, ON M9W 6N9

The design submission, Tracking Number 2023-06999, Web Portal Number 2023-S4665, originally received on November 16, 2023 was surveyed and accepted for registration as follows:

**CRN:** 0H16574.52 **Accepted on:** November 30, 2023

**Reg Type:** RENEWAL **Expiry Date:** October 24, 2033

Drawing No.: SCOPE OF CRN REGISTRATION [Jul 25, 2023] & REPORT R-1886 Rev 0 As Noted

Fitting type: SENSOR

Design registered in the name of : ENDRESS + HAUSER CONDUCTA INC

DescriptionMAWPDesign TemperatureMDMTMAWP3999kPa250 °C-20 °C

#### The registration is conditional on your compliance with the following notes:

- As indicated on AB-41 Statutory Declaration form and submitted documentation, the code of construction are ASME B31.1 and ASME B31.3.
- It is our understanding that the fitting(s), included as the scope of this submission, that is(are) subject to the Safety Codes Act shall comply with the requirements of the indicated Standard or Code of Construction on the AB-41 Statutory Declaration as supported by the attached data which identifies the dimensions, materials of construction, press./temp. ratings and the basis for such ratings, and the identification marking of the fittings.
- This registration is valid only for fittings fabricated at the location(s) covered by the QC certificate attached to the accepted AB-41 Statutory Declaration form.
- This registration is valid only until the indicated expiry date and only if the Manufacturer maintains a valid quality management system approved by an acceptable third-party agency, and maintains a valid Certification of Authorization Permit if required by the jurisdiction where manufacturing takes place, until that date.
- Should the approval of the quality management system lapse before the expiry date indicated above, this registration shall become void.

An invoice covering survey and registration fees will be forwarded from our Revenue Accounts.

If you have any question don't hesitate to contact me by phone at (780) 433-0281 ext 3356 or fax (780) 437-7787 or e-mail Habteyes@absa.ca.

Sincerely,

HABTEYES, KASSA, P. Eng. DOP Cert. No. D00009639

2023-06999 Page 1 of 1





# STATUTORY DECLARATION Registration of Fittings Single or Multiple Fitting Designs within one Fitting Category

| I. LEO    | NARD AMBROSINI                             |                    | GENERAL MANA              | AGER                                    |                          | In this space, show facsimile of<br>manufacturer's logo or trademark<br>as it will appear on the fitting. |
|-----------|--------------------------------------------|--------------------|---------------------------|-----------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------|
| ", ====   | (name of applicant)                        |                    | (position title) (must t  |                                         |                          |                                                                                                           |
| of EN     | DRESS+HAUSER C                             | ONDUCTA, IN        | NC.                       | ·                                       |                          |                                                                                                           |
|           |                                            | •                  | of manufacturer)          |                                         |                          | Endress + Hauser 🔼                                                                                        |
| located   | at SEE ATTACHED                            |                    |                           | PENDIX                                  |                          |                                                                                                           |
| do sole   | mnly declare that the                      | **                 | nt address)               | ere subject to t                        | ne Safety Cor            | tos Ast                                                                                                   |
|           | only one)                                  | iittiigs iisteu    | nereunder, willon a       | are subject to the                      | ie Galety Cot            | ies Aut                                                                                                   |
| (301001   | offiny office                              |                    |                           |                                         |                          |                                                                                                           |
|           | comply with the requi                      | _                  | ASME B31.1, B31.3         |                                         | -                        | cifies the dimensions,                                                                                    |
| 1         | materials of construc                      | ction, pressure    | e/temperature rating      | gs and identific                        | ation marking            | of the fittings, or                                                                                       |
|           |                                            |                    |                           |                                         |                          |                                                                                                           |
|           | are not covered by th                      | e provisions o     | of a recognized Nor       | th American st                          | andard and a             | re therefore                                                                                              |
| I         | manufactured to com                        |                    |                           |                                         |                          | ported by the                                                                                             |
|           |                                            | •                  | code of construction or   | • • • • • • • • • • • • • • • • • • • • | ,                        |                                                                                                           |
|           | attached data which i                      | dentifies the o    | dimensions, materia       | als of construct                        | ion, pressure            | temperature ratings                                                                                       |
|           | and the basis for suc                      | h ratings, and     | the identification m      | narking of the f                        | ttings.                  |                                                                                                           |
|           |                                            |                    |                           |                                         |                          |                                                                                                           |
| I further | r declare that the mai                     | nufacture of th    | nese fittings is contr    | olled by a qua                          | lity control pro         | ogram which has                                                                                           |
| been ve   | erified as described in                    | າ the below Ta     | able as being suitat      | ole for the man                         | ufacturing of t          | hese fittings to the                                                                                      |
| stated s  | standard, regulation,                      | code, guidelin     | e or other applicab       | le document. T                          | he fittings co           | vered by the                                                                                              |
|           | tion for which I seek                      |                    | • •                       |                                         | •                        | •                                                                                                         |
| ucciaia   | HOIT IOI WINCII I SEEK                     | registration at    | e as provided in the      | e oupplemente                           | iry Officet(S) a         | naorieu.                                                                                                  |
|           |                                            |                    |                           |                                         |                          |                                                                                                           |
| Quality   | Program Verification                       | on and Manu        | facturing Sites           |                                         |                          |                                                                                                           |
| А сору    | of the Quality Certific                    | ate from each      | manufacturing site        | must be inclu                           | ded                      |                                                                                                           |
| Item<br># | Product<br>Description,<br>Model or Series | Quality<br>Program | Scope of<br>Certification | Expiry<br>Date                          | Verifying<br>Organizatio | Location(s) Plant Name and address                                                                        |
| 1         | Sensors                                    | ISO                | Research,<br>Development, | March 31,                               | SOS                      | See Attached<br>Worldwide                                                                                 |

2026

SQS

1.

2.

9001:2015

Manufacturing

and Sales

Locations

Appendix





In support of this application, the following information, calculations and/or test data are attached:

SCOPE OF CRN, DRAWINGS, CALCULATIONS, REPORTS

To the best of my knowledge and belief, the application meets the requirements of the Safety Codes Act and CSA Standard B51, Part 1, Clause 4.2, and is accepted for registration in Category

CRN:

Registered Date:

Expiry Date: October 24, 2033

Signature:

(Signature of the Administrator/SCO)

The information you provide is necessary only for the administration of the

programs as required by the Alberta Safety Codes Act and Regulations in the

NOTES:

ABSA

SAFETY CODES ACT - PROMNCE OF ALBERTA

ACCEPTED: OH16574. 52

See acceptance letter for conditions of registration.

Date: 2023-11-30 By:

KASSA HABITEYES, P. Eng. DOP: D000095300 by:

This stamp and signature have been affixed electronically to this registered design as required by Section 20(1) of the Pressure Equipment Safety Regulation, in accordance with the Electronic Transactions Act.

Pressure Equipment Discipline

# CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

| State of California                                                                                                     | }                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| County of Orange                                                                                                        | }                                                                                                                                                                                                                                                                       |
| On _05/10/2023 before me, _                                                                                             | Laurel Boles (Here insert name and title of the officer)                                                                                                                                                                                                                |
| personally appeared Leonard Ambrosin                                                                                    | i,                                                                                                                                                                                                                                                                      |
| who proved to me on the basis of satisfaname(s)(s)are subscribed to the within the she/they executed the same in his/ho | actory evidence to be the person(s) whose instrument and acknowledged to me that er/their authorized capacity(ies), and that by ent the person(s), or the entity upon behalf of                                                                                         |
| I certify under PENALTY OF PERJURY the foregoing paragraph is true and cor                                              | under the laws of the State of California that rect.  LAUREL BOLES COMM. #2347599 Notary Public · California                                                                                                                                                            |
| WITNESS my hand and official seal.                                                                                      | Orange County My Comm. Expires Feb. 17, 2025                                                                                                                                                                                                                            |
| Notary Public Signature (No                                                                                             | otary Public Seal)                                                                                                                                                                                                                                                      |
| • (No.                                                                                                                  | *                                                                                                                                                                                                                                                                       |
| ADDITIONAL OPTIONAL INFORMATI                                                                                           | This form compiles with current cuitfornia statutes regurating notary wording and,                                                                                                                                                                                      |
| DESCRIPTION OF THE ATTACHED DOCUMENT                                                                                    | if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long                                                                                                          |
| Alberta Declaration Registration                                                                                        | as the wording does not require the California notary to violate California notary law.                                                                                                                                                                                 |
| (Title or description of attached document)                                                                             | <ul> <li>State and County information must be the State and County where the document<br/>signer(s) personally appeared before the notary public for acknowledgment.</li> </ul>                                                                                         |
| of Fittings (Title or description of attached document continued)                                                       | • Date of notarization must be the date that the signer(s) personally appeared which                                                                                                                                                                                    |
| Number of Pages 2 Document Date 05/10/2023                                                                              | <ul> <li>must also be the same date the acknowledgment is completed.</li> <li>The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).</li> </ul>                               |
|                                                                                                                         | <ul> <li>Print the name(s) of document signer(s) who personally appear at the time of<br/>notarization.</li> </ul>                                                                                                                                                      |
| CAPACITY CLAIMED BY THE SIGNER                                                                                          | <ul> <li>Indicate the correct singular or plural forms by crossing off incorrect forms (i.e.<br/>he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this</li> </ul>                                                                     |
| ☐ Individual (s)                                                                                                        | information may lead to rejection of document recording.                                                                                                                                                                                                                |
| Corporate Officer (Title)                                                                                               | <ul> <li>The notary seal impression must be clear and photographically reproducible.</li> <li>Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.</li> </ul> |
| ☐ Partner(s)                                                                                                            | Signature of the notary public must match the signature on file with the office of the country plant.                                                                                                                                                                   |

the county clerk.

www.NotaryClasses.com 800-873-9865

Trustee(s)

Other

Attorney-in-Fact

Additional information is not required but could help to ensure this

acknowledgment is not misused or attached to a different document.

Indicate title or type of attached document, number of pages and date.

• Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

· Securely attach this document to the signed document with a staple.



#### WORLDWIDE LOCATIONS APPENDIX - PAGE 1 OF 1

### ENDRESS+HAUSER CONDUCTA GMBH & CO. KG LOCATIONS & CERTIFYING AUTHORITIES

(rev. June 17, 2020)

#### Endress+Hauser Conducta GmbH & Co. KG

Dieselstrasse 24 / Postfach 100 154 70839 Gerlingen Germany ISO 9001 Certified by SQS

#### Endress+Hauser Conducta GmbH & Co. KG

Siemensstraße 2 64823 Groß-Umstadt Germany ISO 9001 Certified by SQS

#### **Endress+Hauser Conducta Waldheim**

Gewerbegebiet Richzenhain Landsberger Straße 28 04736 Waldheim Germany ISO 9001 Certified by SQS

#### Endress+Hauser Conducta, Inc.

4123 East La Palma Ave, Suite 200 Anaheim, CA 92807 United States of America ISO 9001 Certified by SQS

#### **Endress+Hauser Analytical Instruments**

(Suzhou) Co., Ltd.
No. 31 JiangTianLiLu
Suzhou Industrial Park 215126
People's Republic of China
ISO 9001 Certified by SQS

Tracking #: 2023-06999

4123 LA PALMA AVE. ANAHEIM, CA 92807, USA

## Endress + Hauser 🖽

Page 1 of 1

#### **SCOPE OF CRN REGISTRATION**

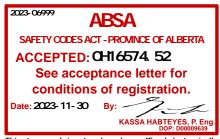
| Description    | EH TI Document          | Drawings               | Design Standard | Process Connections |
|----------------|-------------------------|------------------------|-----------------|---------------------|
| Condumax CLS13 | TI00083C/07/EN/14.22-00 | 134125-0415-2A Rev "-" | ASME B31.3,     | 1" MNPT,            |
|                | 71576069                | 136538-3A Rev "-"      | ASME B31.1      | BSP G1 Thread       |
|                | 2022-06-30              | EH-CRN-2 Rev. 0        |                 |                     |

| Material of Construction | MAWP at 100°F               | MAWP at 482°F               | MDMT | Design Report |
|--------------------------|-----------------------------|-----------------------------|------|---------------|
| UNS S31635               | 580 psig at 100°F           | 580 psig at 482°F           | -4°F | R-1886 Rev. 0 |
| ASTM A240-316TI,         | (595 psi absolute at 100°F) | (595 psi absolute at 482°F) |      |               |
| ASTM A479-316TI,         |                             |                             |      |               |
| ASTM A182-316TI          |                             |                             |      |               |

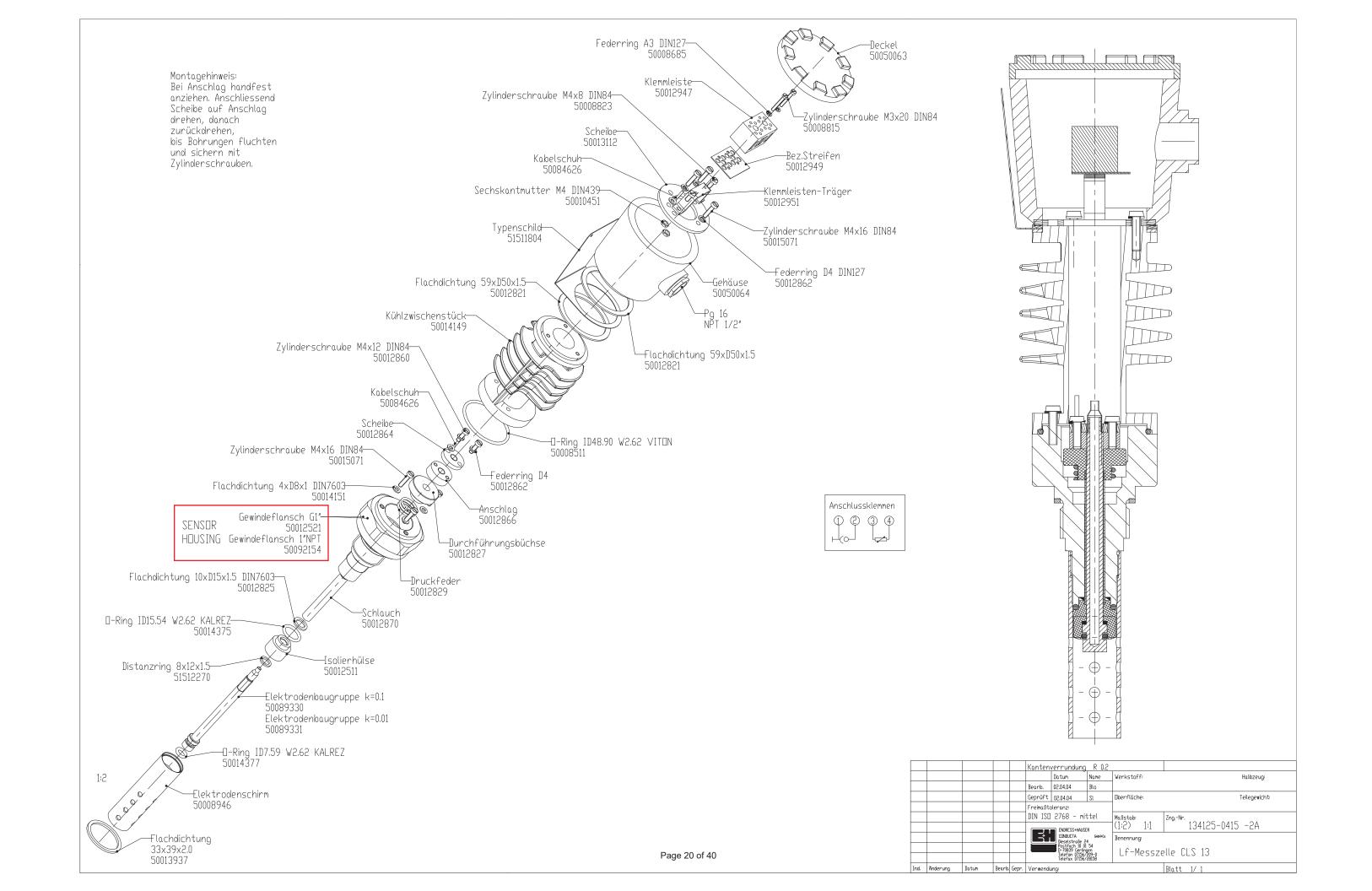
Note 1) MAWP = Maximum Allowable Working Pressure, MDMT = Minimum Design Metal Temperature.

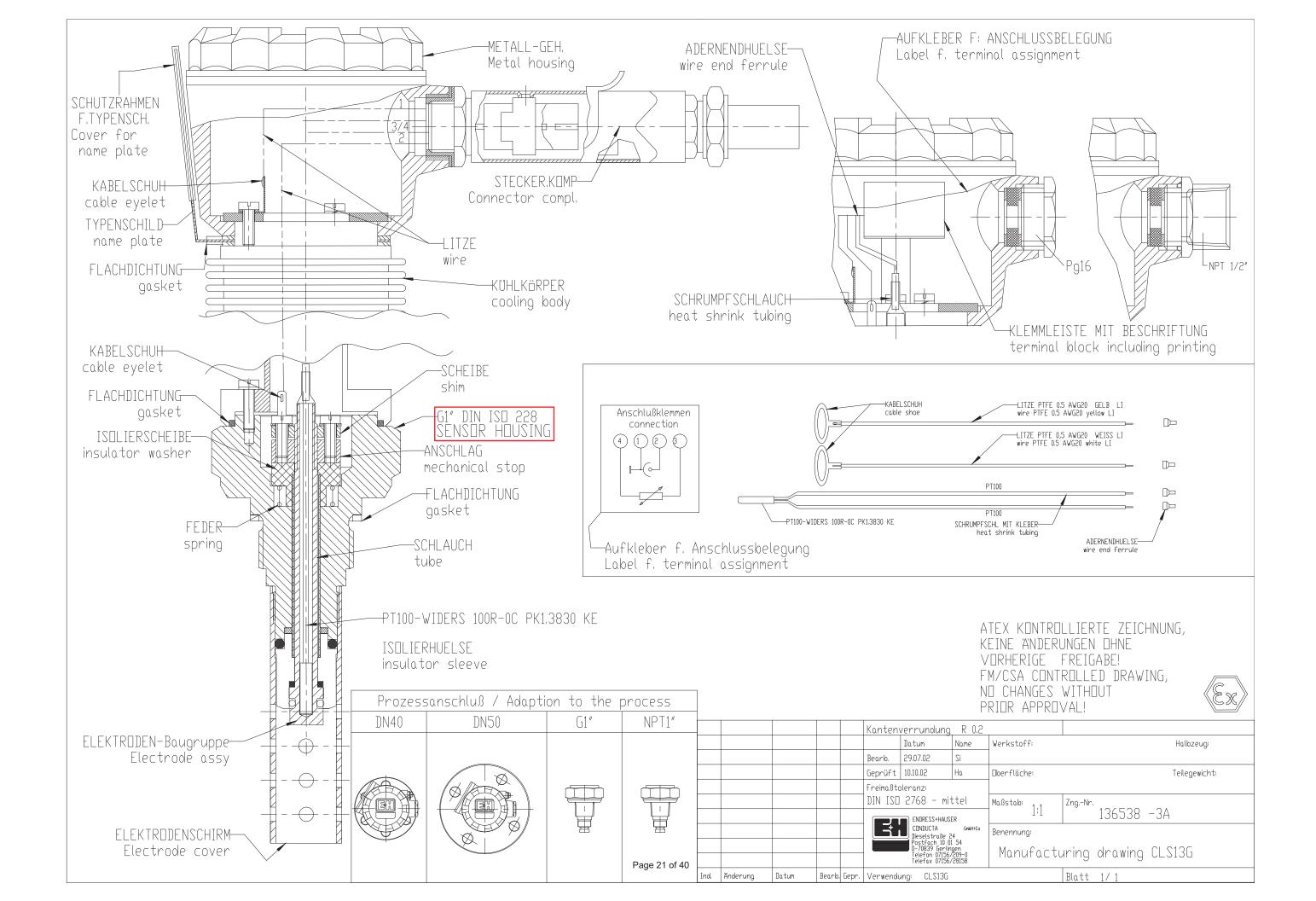
**Note 2)** In accordance with ASME B31.1 para. 123.1.2(D) when this product is manufactured from the ASME B31.1 unlisted material ASTM A240-316TI, A479-316TI or A182-316TI and used under the ASME B31.1 code the facility owner must accept the use of the unlisted material.

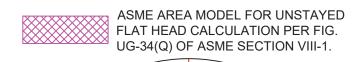
Note 3) See Attached List of Endress+Hauser Manufacturing locations applicable to this CRN.

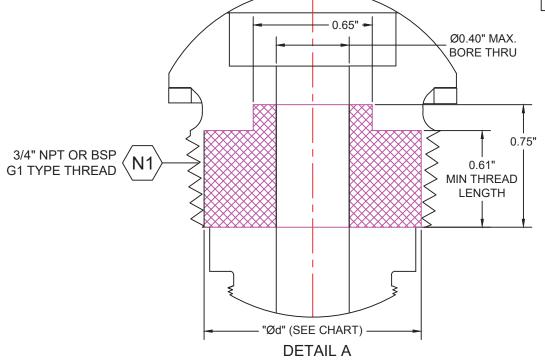


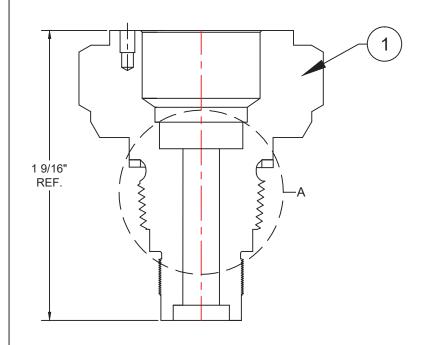
This stamp and signature have been affixed electronically to this registered design as required by Section 20(1) of the Pressure Equipment Safety Regulation, in accordance with the Flectronic Transactions Act

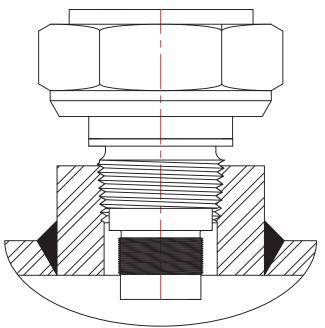












## SENSOR HOUSING SHOWN INSTALLED IN COUPLING FOR INSTALLATION CLARIFICATION

| DESIGN DATA  |                        |                  |                       |                 |                      |                    |                          |
|--------------|------------------------|------------------|-----------------------|-----------------|----------------------|--------------------|--------------------------|
| VESSEL CODE  | ASME VIII-1, 2010, A11 | INTERNAL DESIGN  | 580 PSIG AT 482 °F    | WPS             | TBA                  |                    |                          |
| PIPE CODE    | ASME B31.3, 2012       | EXTERNAL DESIGN  | 0 PSIG AT 482 °F      | PWHT            | NONE                 | CONN               | ECTION DATA              |
| CODE STAMP   | NONE                   | MDMT             | -320 °F               | WEIGHT DRY      | 4 LBS.               | PROCESS (N1)       | 1" MNPT OR BSP G1 THREAD |
| CRN NUMBER   | TBA                    | HYDROTEST PRESS  | 1300 PSIG FOR 10 MIN. | WEIGHT FULL     | N/A LBS.             | (N2)               | N/A                      |
| WIND CODE    | N/A                    | CORROSION ALLOW. | NIL                   | VOLUME          | N/A USGAL (N/A FT^3) | (N3)               | N/A                      |
| SEISMIC CODE | N/A                    | RADIOGRAPHY      | NONE                  | INTERNAL FINISH | NONE                 | Page 22 of 40 (N4) | N/A                      |
| IMPACT TEST  | NONE                   | MT / PT          | NONE                  | EXTERNAL FINISH | NONE                 | (N5)               | N/A                      |

| Bill of Materials |                |                                                                         |     |  |  |
|-------------------|----------------|-------------------------------------------------------------------------|-----|--|--|
| Item              | Description    | Material                                                                | Qty |  |  |
| 1                 | SENSOR HOUSING | ASME SA240-316TI, ASME SA479-316TI, ASME<br>SA182-316TI STAINLESS STEEL | 1   |  |  |

| DIMENSIONAL INFORMATION |                                                          |  |  |  |
|-------------------------|----------------------------------------------------------|--|--|--|
| Thread Size & Type      | Pitch Diameter at Beginning of External Thread (Ød), in. |  |  |  |
| 1" MNPT                 | 1.21"                                                    |  |  |  |
| BSP G1 THREAD           | 1.25" (31.77 mm)                                         |  |  |  |

#### Notes:

- 1. All dimensions are in inches. SI units if provided are in brackets.
- 2. All nozzle bolt holes straddle the major centerlines unless specifically noted.
- 3. Item to be cleaned of scale, oil, and all foreign matter prior to hydrostatic test.
- 4. Impact test exempt per UHA-51.
- 5. Reference ENDRESS+HAUSER drawing 134125-0415-2A and 136538-3A for assembly details.
- 6. Reference ENDRESS+HAUSER Technical Information bulletin TI 083C/24/ae for operation specifications.



UNLESS OTHERWISE NOTED
1. DIMENSIONS ARE IN
INCHES. IF USED SI UNITS
ARE IN ( ) BRACKETS.
2. TOLERANCES

2. TOLERANCES
FRACTIONAL: +/- 1/8"
DECIMALS: .XX +/- .02
.XXX +/- .005

THE INFORMATION CONTAINED IN THE DRAWING IS THE SOLE PROPERTY OF ENDRESS+HAUSER. ANY REPRODUCTION IN PART OR AS A WHOLE WITHOUT THE WRITTEN PERMISSION OF ENDRESS+HAUSER IS

### People for Process Automation

| X +/005                    | CONDUCTIVITY SENSOR |  |             |            |              |  |        |  |
|----------------------------|---------------------|--|-------------|------------|--------------|--|--------|--|
| ON CONTAINED               | MODEL 1             |  |             | WORK ORDER |              |  |        |  |
| G IS THE SOLE              | CLS13               |  |             |            | N/A          |  |        |  |
| I IN PART OR AS<br>OUT THE | DRAWN BY CH         |  | CHECKED BY  |            | DRAWING SIZE |  | SCALE  |  |
|                            | SI                  |  | RI          | В          |              |  | 1:1    |  |
|                            | DATE                |  | DRAWING NO. |            | REV.         |  | SHEET  |  |
|                            | 12/12/2013          |  | EH-CRN-2    |            | 0            |  | 1 of 1 |  |