

345 Carlingview Drive Toronto, Ontario CANADA M9W 6N9 Tel.: 416.734.3300

Fax.: 416.231.1626 Toll Free: 1.877.682.8772

www.tssa.org

February 08, 2018

SCOTT ISLIP ROUND ENGINEERING INC 10 SEGWUN RD WATERDOWN ON L8B 0K6 CA

Service Request Type.: BPV-National MB

Service Request No.: 2180628 Your Reference No.: EH-CRN-27

Registered to.: ENDRESS + HAUSER CONDUCTA INC

Dear SCOTT ISLIP,

Please find enclosed the original response from MB, registered under the CRN No.: 0F19698.54.

As all jurisdictional fees are handled by the Technical Standards and Safety Authority (TSSA), you do not pay any jurisdictions directly.

Should you have any questions or require further assistance, I will be happy to assist you. For general enquiries, please contact a Customer Service Advisor at 1.877.682.TSSA (8772) or e-mail customerservices@tssa.org. When contacting TSSA regarding this file, please refer to the Service Request number provided above.

Yours truly,

Joanna Karpinski

Tel.: 416-214-9280 Fax: 416-231-6183 Email:jkarpinski@tssa.org



### **Inspection and Technical Services Manitoba**

500 - 401 York Avenue Winnipeg Manitoba R3C 0P8 T (204) 945-3373 F (204) 948-2309 www.firecomm.gov.mb.ca/codes steam pressure.html

January 18, 2018

TSSA 345 Carlingview Drive Toronto, ON M9W 6N9

Attn: Tanya Francis

### REGISTRATION OF VALVES AND FITTINGS

Manufacturer: Endress + Hauser Conducta Inc.

The design(s) for the following Valves/Fittings has been received by us and has been examined and accepted for registration in the Province of Manitoba as follows.

| DRAWING / CATALOGUE                                                          | CRN        | FILE  |
|------------------------------------------------------------------------------|------------|-------|
| Condumac CLS16D/CLS16 – see the attachment to the Statutory Declaration Form | 0F19698.54 | 38441 |

### An invoice covering survey and registration fees is enclosed.

### NOTE:

- CRN registered under reciprocal agreement & is conditional based on compliance with the notes set by the original issuing Jurisdiction: TSSA
- See attached stamped "this is part of CRN" for scope of registration.
- This registration expires October 3, 2027.

This registration is valid until the indicated expiry date only if the Manufacturer maintains a valid quality management system approved by an acceptable third-party agency until that date. Should the approval of the quality management system lapse before the expiry date indicated above, this registration shall become void.

The registration of this design does not relieve the manufacturer, the owner or his agent of the responsibility for the design or construction of a fitting in accordance with the applicable Acts, Codes and Standards. Inspection and Technical Services assumes no responsibility by registering designs, examining plans and/or inspecting equipment or facility.

Yours truly,

Rabie Harb, E.I.T. Design Surveyor

Office of the Fire Commissioner

Inspection and Technical Services Manitoba

508 - 401 York Avenue

Winnipeg, Manitoba, R3C 0P8

Phone: 204-945-3373

Email: rabie.harb@gov.mb.ca



Inspection and Technical Services Manitoba 508 - 401 York Avenue Winnipeg Manitoba R3C OP8 T (204) 945-3373 F (204) 948-2309

INVOICE/FACTURE

Due/payable 30 days from date of invoice Daily interest charge of 5.00% per/yr. is applied on amount(s) over \$100.00

Phone: 204 945-8414 Fax: 204 948-2309

E-mail: arinvoices@gov.mb.ca

Invoice No: R17194

(74)

January 30, 2018

Bill to: TSSA 345 Carlingview Drive Toronto, ON M9W 6N9

Attn: Tanya Francis

Please make all cheques or money orders payable to the MINISTER OF FINANCE OF MANITOBA. Veuillez libeller tous les chèques ou mandats au nom du ministre des Finances du Manitoba.

RE: Registration and acceptance in the province of Manitoba covering the design of Valves and Fittings:

Manufacturer Endress + Hauser Conducta Inc.

Reference: 2180628

| P/N # / DRAWINGS/CATALOGUE#                                                  | CRN#       | FILE# | FEES     |
|------------------------------------------------------------------------------|------------|-------|----------|
| Condumac CLS16D/CLS16 – see the attachment to the Statutory Declaration Form | 0F19698.54 | 38441 | \$230.00 |

Amount payable in Canadian Funds:

\$230.00

Please quote invoice number on remittance S'il vous plaît indiquer le numéro de la facture sur la facture.

PLEASE RETURN ONE COPY WITH YOUR PAYMENT. VEUILLEZ RETOURNER UNE COPIE AVEC VOTRE PAIEMENT.

**NOTE:** FOREIGN DRAFTS IN CA NADIAN OR AMERICAN CURRENCY MUST INDICATE A CLEARING BANK



# TECHNICAL STANDARDS & SAFETY AUTHORITY 14th Floor, Centre Tower 3300 Bloor Street West Toronto, Ontario

Canada M8X 2X4

Show facsimile of manufacturer's logo or trademark, as it will appear on the fitting, in the space below

### Endress+Hauser



People for Process Automation

| STATUTORY DECLARATION Registration of Fittings                                                                                                                                                           |                                                                           |                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------|--|
| I, MIKE YOUROSKI, QUALITY MANAGER                                                                                                                                                                        |                                                                           |                                                                          |  |
| (Name and Position, e.g. Pro                                                                                                                                                                             | esident, Plant Manager, Chief Engineer)                                   |                                                                          |  |
| of ENDRESS+HAUSER CONDUCTA INC.                                                                                                                                                                          |                                                                           |                                                                          |  |
| i ·                                                                                                                                                                                                      | of Manufacturer)                                                          |                                                                          |  |
| Located at 4123 LA PALMA AVE., ANAHEIM, CA, USA,                                                                                                                                                         | 92807 1-714-                                                              | 577-5600                                                                 |  |
| (Plant Address)                                                                                                                                                                                          | (Telepho                                                                  | ne No.) (Fax No.)                                                        |  |
| do solemnly declare that the fittings listed hereunder, we and Pressure Vessels Regulation, comply with all of the ASME B31.3, ASME B31.1                                                                |                                                                           | cal Standards and Safety Act, Boilers                                    |  |
| (Title of recognized which specifies the dimensions, materials of construction, pr                                                                                                                       | North American Standard)<br>ressure/hemperature ratings, identi           | fication marking the fittings and service:                               |  |
| or are not covered by the provisions of a recognized N as supported by pressure/temperature ratings and the basis for such ration.  I further declare that the manufacture of these fittings is control. | the attached data which identifies<br>ngs, the marking of the fitting for | the dimensions, material of construction, identification and service.    |  |
| which has been verified by the following author                                                                                                                                                          | rity, SQS                                                                 | -                                                                        |  |
| The items covered by this declaration, for which I seek registration, a                                                                                                                                  |                                                                           | type fittings. In support of                                             |  |
| this application, the following information and/or test data are attached DRAWINGS, CALCULATIONS, REPORTS, SCOPE OF CF                                                                                   |                                                                           |                                                                          |  |
|                                                                                                                                                                                                          | ulations, test reports, etc.)                                             |                                                                          |  |
| Declared before me at                                                                                                                                                                                    |                                                                           | of                                                                       |  |
| the day ofAD 20_                                                                                                                                                                                         | See attach +                                                              | ed acknowledgment                                                        |  |
| Commissioner for Oaths:                                                                                                                                                                                  |                                                                           | <b>J</b>                                                                 |  |
| (Printed name)                                                                                                                                                                                           |                                                                           |                                                                          |  |
| (1 mail rights)                                                                                                                                                                                          | maked                                                                     | (Signature of Declarer)                                                  |  |
| (Signature)                                                                                                                                                                                              | Theriza                                                                   | (Signature of Declarer)                                                  |  |
| To the best of my knowledge and belief, the application meets the<br>Technical Standards and Safety Act, Boilers and Pressure Ves                                                                        | - ,                                                                       | Inspection & Office of the Fire Technical Services Commissioner Manitoba |  |
| CSA Standard B51 and is accepted for registration in Category                                                                                                                                            | ·                                                                         | Manitoba 🗫                                                               |  |
| CRN: 0F19698.54                                                                                                                                                                                          |                                                                           | REGISTERED                                                               |  |
| Registered by: Rule Haul                                                                                                                                                                                 |                                                                           | C.R.N.: 012698.54<br>Signed: 21-24                                       |  |
| Dated: 2019/01/18                                                                                                                                                                                        |                                                                           | Date: 20, 8/01 //12                                                      |  |
| NOTE: This registration expires on $\mathcal{O}_{c}$ +                                                                                                                                                   | 3,2027                                                                    |                                                                          |  |

## 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 September 8, 2017 before me, _                                                                                       | Laurel Boles,                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| personally appeared Michael Youroski                                                                                    | (Here insert name and title of the officer)                                                                                                                                                                                                                                                                                                                                                                                                                      |
| who proved to me on the basis of satisfaname(s)(s)are subscribed to the within the she/they executed the same in his/he | 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 e instrument.                                                                                                                                                                                                                                                                    |
| I certify under PENALTY OF PERJURY the foregoing paragraph is true and cor                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| WITNESS my hand and official seal.                                                                                      | LAUREL BOLES Commission No. 2180169 NOTARY PUBLIC-CALIFORNIA ORANGE COUNTY My Comm. Expires JANUARY 16, 2021                                                                                                                                                                                                                                                                                                                                                     |
| Notary Public Signature (No                                                                                             | otary Public Seal)                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ADDITIONAL OPTIONAL INFORMATI                                                                                           | INSTRUCTIONS FOR COMPLETING THIS FORM                                                                                                                                                                                                                                                                                                                                                                                                                            |
| DESCRIPTION OF THE ATTACHED DOCUMENT                                                                                    | if needed, should be completed and attached to the document. Acknowledgments                                                                                                                                                                                                                                                                                                                                                                                     |
| TSSA Statutory Declaration                                                                                              | from other states may be completed for documents being sent to that state so long as the wording does not require the California notary law.                                                                                                                                                                                                                                                                                                                     |
| (Title or description of attached document)                                                                             | State and County information must be the State and County where the document                                                                                                                                                                                                                                                                                                                                                                                     |
| Registration of Fittings                                                                                                | <ul> <li>signer(s) personally appeared before the notary public for acknowledgment.</li> <li>Date of notarization must be the date that the signer(s) personally appeared which</li> </ul>                                                                                                                                                                                                                                                                       |
| (Title or description of attached document continued)                                                                   | must also be the same date the acknowledgment is completed.                                                                                                                                                                                                                                                                                                                                                                                                      |
| Number of Pages 1 Document Date 09/08/2017                                                                              | <ul> <li>The notary public must print his or her name as it appears within his or he<br/>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 o<br/>notarization.</li> </ul>                                                                                                                                                                                                                                                                                                                                                |
| CAPACITY CLAIMED BY THE SIGNER  ☐ Individual (s) ☐ Corporate Officer                                                    | <ul> <li>Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.</li> <li>The notary seal impression must be clear and photographically reproducible Impression must not cover text or lines. If seal impression smudges, re-seal if an area of the cover text or lines.</li> </ul> |
| (Title)                                                                                                                 | sufficient area permits, otherwise complete a different acknowledgment form.  • Signature of the notary public must match the signature on file with the office o                                                                                                                                                                                                                                                                                                |
| ☐ Partner(s) ☐ Attorney-in-Fact                                                                                         | the county clerk.  Additional information is not required but could help to ensure this                                                                                                                                                                                                                                                                                                                                                                          |
| ☐ Trustee(s)                                                                                                            | acknowledgment is not misused or attached to a different document.                                                                                                                                                                                                                                                                                                                                                                                               |
| Other                                                                                                                   | <ul> <li>Indicate title or type of attached document, number of pages and date.</li> <li>Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).</li> </ul>                                                                                                                                                                                                                  |
| Motory Classes com 800-873-0865                                                                                         | Securely attach this document to the signed document with a staple.                                                                                                                                                                                                                                                                                                                                                                                              |

4123 LA PALMA AVE. ANAHEIM, CA 92807, USA



SECOPE OF CRN REGISTRATION

### PRODUCT DESCRIPTION

| Description  | Design Standard    | End Connections                            | Drawings                          | EH TI Document       |
|--------------|--------------------|--------------------------------------------|-----------------------------------|----------------------|
| CONDUMAX     | ASME B31.3, ASME   | 1", 1-1/2" and 2" ASME BPE, ISO2852, DIN   | 414105, 414113, 134267-0002,      |                      |
|              | B31.1, ASME BPE,   | 3276 Ferrule (Note 1), DN50 Varivent (Note | 134267-0003, 134267-0004, 134267- | TI00227C/07/EN/15.14 |
| CLS16D/CLS16 | ASME VIII-1 UG-101 | 1), BioControl D50                         | 0005                              |                      |

### **PRESSURE - TEMPERATURE RATINGS**

| MDMT | MAWP AT 68 F | MAWP AT 248 F | MAWP AT 302 F | NOTES                                                                                                                    |
|------|--------------|---------------|---------------|--------------------------------------------------------------------------------------------------------------------------|
| 23F  | 188 psia     | 130 psia      | 87 psia       | It is recommended that the sensor be subjected to sterilization at 302F for only a short time (45 minutes approximately) |

#### MATERIALS OF CONSTRUCTION

| PROCESS HOUSING MATERIAL (NOTE 2)              | SENSOR SHELL MATERIAL                                                                                         | NOTES                                                       |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| STAINLESS STEEL 1.4435 TYPE 316L<br>UNS S31603 | POLYPHENYLENE SULFIDE PLASTIC, ASTM A479-316L,<br>STAINLESS STEEL 1.4435 TYPE 316L, UNS S31603,<br>ELASTOMERS | Optional process housing materials may be used. See Note 2. |

### MANUFACTURING LOCATIONS

| Endress+Hauser Conducta .                       | Endress+Hauser Conducta                                              |
|-------------------------------------------------|----------------------------------------------------------------------|
| 70839 Gerlingen incl. manufacturing sites       | 215021 Suzhou, Endress+Hauser Analytical Instruments Suzhou Co. Ltd. |
| 04736 Waldheim and 64823 Gross-Umstadt, Germany | P.R. China                                                           |
| Endress+Hauser Conducta                         |                                                                      |
| 4123 LA Palma Ave., Anaheim, CA                 |                                                                      |
| 92807, USA                                      |                                                                      |

Note 1) The ASME BPE Ferrule and Varivent connection shall be used with a clamp, however the assembly clamp is not part of this CRN. Pressure-Temperature ratings may be limited by the clamp type used in the joint assembly. The clamp used to complete the joint shall have its own CRN and shall have pressure-temperature ratings the same or higher than the product ratings.

Note 2) The following additional alloys of superior or equivalent properties to those listed above are also included in the scope of registration: Type 304 S.Steel UNS S30400, Type 304L S.Steel UNS S30403, Type 316 S.Steel UNS S31600, Type 316L S.Steel UNS S31603, Alloy 20 UNS N08020, Hastelloy C-276 UNS N10276, Hastelloy C22 UNS N06022, Hastelloy B3 UNS N10676, Monel 400 UNS N04400 (Note Monel 400 limited to 100F max.), Inconel 600 UNS N06600, Inconel 625 UNS N06625, Inconel 825 UNS N08825, Duplex S.Steel UNS S31803, Super Duplex UNS S32750, Super Duplex UNS S32760, Titanium Grade 3 UNS R50550 (Note Titanium limited to 247F max.)