Safety Violation Notice - Corrections Required

Your Safety and Our Regulatory Responsibility

In compliance with the Technical Standards and Safety Act, 2000, and its Regulations, a "Safety Violation – Corrections Required" notice has been issued for your gas appliance or equipment. The notice can be either a category type "A" or "B".

"A" Safety Violation Notice

Under the Technical Standards and Safety Act, 2000, and its Regulations, when a certificate holder (licensed gas technician) or a fuel distributor (Enbridge Gas Inc.) finds that a gas appliance or equipment is in an unacceptable condition constituting an immediate hazardous situation, it must immediately shut off the supply of gas to the appliance. The Safety Violation Notice describing the unacceptable condition will be affixed to the gas appliance or equipment.

It is prohibited to operate the gas appliance or equipment until the recorded unacceptable condition constituting an immediate hazard has been rectified by a certified holder (licensed gas technician), or, if the correction is not made by a certificate holder (licensed gas technician), the correction has passed re-inspection by the fuel distributor (Enbridge Gas Inc.).

If a re-inspection by Enbridge Gas Inc. of the correction is required, please call toll free 1-877-362-7434 to arrange an appointment (charges may apply.)

"B" Safety Violation Notice

Under the *Technical Standards and Safety Act, 2000*, and its Regulations, when a certificate holder (licensed gas technician) or a fuel distributor (Enbridge Gas Inc.) finds that a gas appliance or equipment is in an unacceptable condition not constituting an immediate hazard, written notice must be provided to the owner or user of the gas appliance or equipment. The fuel distributor (Enbridge Gas Inc.) **must shut off the supply of gas to the appliance if it does not receive written confirmation that the unacceptable condition has been corrected within the time frame indicated on the written notice (for example, 42 days). The notice describing the unacceptable condition will be affixed to the gas appliance or equipment. Gas appliances or equipment that have a notice in the form of a "B**" **Safety Violation may only be left in operation by a certificate holder (licensed gas technician) when satisfied that the recorded unacceptable conditions have been rectified. It is prohibited to supply fuel to the gas appliance or equipment after the expiry date recorded on the notice. If Enbridge Gas Inc. does not receive the Correction Report of this notice by the recorded expiry date, the gas supply will be discontinued.**

In the case of a **"B" Safety Violation Notice, the Correction Report section must be completed, and the form emailed or mailed to Enbridge Gas Inc.** The returned portion of the notice must clearly show the name of the gas technician who corrected the condition, their signature, certificate number, contractor number and the name of the company he/she represents. Please ensure the information is legible. If the information of the gas technician who corrected the condition is not clear and legible, the appliance will have to be inspected and you will need to call Enbridge Gas Inc. to arrange an appointment.

Safety Violation Correction Report should not be mailed back within five days before the end of the notice period.

If Enbridge Gas Inc. does not receive proper notification prior to the end of the notice period, an appointment will be arranged for Enbridge Gas Inc. to re-inspect. **Under the Technical Standards and Safety Act, 2000, and its Regulations, if the correction is not made and notification of it provided by the end of the notice period, the fuel distributor (Enbridge Gas Inc.) must shut off the gas to the appliance.** If access cannot be gained, Enbridge Gas Inc. must shut off the supply of gas to the building at the end of the notice period.

Safety Violation Correction Reports can be emailed to Enbridge Gas Inc. to **Safety.London@enbridge.com** or mailed 5 days prior to the due date to PO Box 5353, Station A, 109 Commissioners Rd W, London, ON N6A 4P1. If you have any questions about corrections required or your notice, please contact your local heating contractor, or Enbridge Gas Inc. at the toll-free number **1-877-362-7434**. Visit **enbridgegas.com/safetyviolation** to learn more.

An inspection service charge may apply if the "B" Safety Violation Correction Report is not received prior to the end of the notice period.

	Safety	Violation – C	orrections	s Require	ed		Meter nu	mber:			
E	nbridge Gas	Inc. Toll Free 1-87 7	7-362-7434 fo	or customer	r service	e. Visit e	nbridgega	s.com/safet	yviolation to lear	n more.	
		* All fi	elds must	be com	pletec	d. Plea	ase pres	ss firmly.*	r		
Gas t	echnician	to:								\checkmark	
	•	bally and give writ									
	•	sted to or near app		-		-					
		ations and Cleara afety.London@en		://enbridge	e.outsyst	temsen	terprise.co	om/enbridge	HVACPortal		
Street:		,	J	Unit Number	r:	Municipality (City/Town):					
Customer	r name:		Contact phone	e number: Contact email address			email address	:			
Coot	ooknision	information:									
	name of contrac					TSSA co	ntractor's reai	stration number			
Gas techi	nician's name:					Gas tech	nician's certifi	cate number:			
Phone nu	mber:					Email:					
Infrac	ction infor	mation:									
Date cond (YYYY/MM/	dition found 'DD):	Appliance type:		Manufacture	er:		Model: Serial number:				
	The appliance	e and/or piping is un	safe. The applia	ance has had	l its supp l	ly of gas	turned off	for the reason	s listed below.		
		CAL STANDARDS A									
		REPAIR OR DISTU				•			ORITY)		
B	The appliance and/or piping is in an unacceptable condition, but does not constitute an immediate hazard. However, corrections are required for your protection. To comply with Government Regulations, the corrections listed below must be completed within 42 days. Due date will NOT be a Friday, Saturday, Sunday or Statutory Holiday. In these cases DUE DATE will be next business day. If not corrected, the gas supply will be discontinued on DUE DATE and charges may apply.										
Code	reference							uired (be s	specific):		
								Customer si	gnature:		
CORRI	ECTION REP	ORT: To be forw	arded to Enl	bridge Gas	s Inc. by	gas te	chnician o	completing	work. PLEASE F	PRINT	
	nician's name:			chnician's certificate number:				Technician's signature:			
Company	name and addre					TSSA contractor's registration number:					
Date corr (YYYY/MM/		Phone number:	Phone number:			Email:					
Descriptio	on of correction:										

Date corrected Phone number: Email:	E	nbridge Gas	Inc. Toll Fre	ee 1-877-36	2-7434 fo	or customer	r service	. Visit e	nbridgega	is.com/safet	yviolation to lea	rn more.		
1. Notify the user verbally and give written notice. 2. Copy of notice posted to or near appliance. NOTE: Use separate form per appliance. 3. Submit Safety Violations and Clearances at https://chubridge.outsystemsenterprise.com/enbridgeHVACPortal or email.copy to Safety.London@enbridge.com Street Unit Number Municipality (City/Town): Customer name Contact phone number Gas technician information: Company name of contractors Gas technician information: Company name of contractors Gas technician information: Data contractors registration number: Endition information: Data contractors registration number: Infraction information: Data condition form A repliance and/or piping is unsafe. The appliance has had its supply of gas turned off for the reasons listed below. In TECHNICAL STANDARDS AND SATETY AUTHORITY NOTIFIED (# REPORTABLE INCIDENT) Do NOT REPAIR OR DISTURE UNTIL AUTHORIZED BY TSSA CITHE PROVINCIAL ENFORCING AUTHORITY) Cortect efference: Description of the condition to be corrected required (be specific): Code reference: Description of the condition to be corrected required (be specific): Code reference: Description of the condition to be corrected required (be specific): <t< th=""><th></th><th></th><th>F</th><th>* All field</th><th>s must</th><th>be com</th><th>pleted</th><th>d. Plea</th><th>ase pres</th><th>ss firmly.*</th><th>t .</th><th></th></t<>			F	* All field	s must	be com	pleted	d. Plea	ase pres	ss firmly.*	t .			
2. Copy of notice posted to or near appliance. NOTE: Use separate form per appliance.	Gas t	echniciar	n to:									\checkmark		
3. Submit Safety Violations and Clearances at https://enbridge.outsystemsenterprise.com/enbridgeHVACPortal or email copy to Safety.London@enbridge.com Street Unit Number: Municipality (City/Town): Customer name: Contact phone number: Company name of contractor: Gas technician information: Company name of contractor: Gas technician's name: Cas technician's signature: Cas technician's name: Cas tec	1. Notify	y the user ve	rbally and g	give written	notice.									
or email copy to Safety.London@enbridge.com Street: Unit Number: Unit Number: Unit Number: Contact phone numbe	2. Copy	of notice po	sted to or r	near applian	ce. NOTE	: Use sepa	rate for	m per a	ppliance.					
Customer name: Contact phone number: Contact phone number: Contact phone number: Company name of contractor: Company name of company n						://enbridge	outsyst.	temsen	terprise.c	om/enbridge	HVACPortal			
Gas technician information: TSSA contractor's registration number: Gas technician's name: Gas technician's certificate number: Phone number: Email: Infraction information: Email: Date condition found Appliance type: Manufacturer: Model: Serial number: OA The appliance and/or piping is unsafe. The appliance has had its supply of gas turned off for the reasons listed below.	Street:					Unit Number	r:	Municipa	lity (City/Tow	n):		I		
Company name of contractor: TSSA contractor's registration number: Gas technician's name: Gas technician's certificate number: Phone number: Email: Infraction information: Email: Date condition found (YYYVMMUDD): Appliance type: Manufacturer: Model: Serial number: Image: The appliance and/or piping is unsafe. The appliance has had its supply of gas turned off for the reasons listed below.	Customer	name:		Cor	ntact phone	number:		Contact	email address	:				
Company name of contractor: TSSA contractor's registration number: Gas technician's name: Gas technician's certificate number: Phone number: Email: Infraction information: Email: Date condition found (YYYVMMUDD): Appliance type: Manufacturer: Model: Serial number: Image: The appliance and/or piping is unsafe. The appliance has had its supply of gas turned off for the reasons listed below.	Gas t	echniciar	inform	ation										
Phone number: Email: Infraction information: Serial number: Manufacturer: Model: Serial number: Image: Serial number: Manufacturer: Model: Serial number: Image: Serial number: Manufacturer: Model: Serial number: Image: Serial number: Manufacturer: Model: Serial number: Image: Serial number: TECHNICAL STANDARDS AND SAFETY AUTHORITY NOTIFIED (IF REPORTABLE INCIDENT) DO NOT REPARE OR DISTURB UNTIL AUTHORIZED BY TSSA (THE PROVINCAL ENFORCING AUTHORITY) Image: Serial number: TECHNICAL STANDARDS AND SAFETY AUTHORITY NOTIFIED (IF REPORTABLE INCIDENT) DO NOT REPARE OR DISTURB UNTIL AUTHORIZED BY TSSA (THE PROVINCAL ENFORCING AUTHORITY) Image: Serial number: Technicians, serial number: Technicians, serial number: Image: Serial number: Technicans, serial number: Corde completed within 42 days. Image: Serial number: Description of the condition to be corrected required (be specific): Customer signature: Corde reference: Description of the condition to be corrected required (be specific): Customer signature: Corde reference: Description of the condition completing work. PLEASE PRINT Customer signature: Conde technician's name: Technician's certifi								TSSA co	ntractor's reg	istration number	:			
Infraction information: Appliance type: Manufacturer: Model: Serial number: Image: Serial number: Serial number: Serial number: Serial number: Image: Serial number: Serial number: Serial number: Serial number: Image: Serial number: Serial number: Serial number: Serial number: Image: Serial number: The appliance and/or piping is unsafe. The appliance has had its supply of gas turned off for the reasons listed below. Serial number: Image: Serial number: TECHNICAL STANDARDS AND SAFETY AUTHORITY NOTIFIED (IF REPORTABLE INCIDENT) Serial number: Image: Serial number: TECHNICAL STANDARDS AND SAFETY AUTHORITY NOTIFIED (IF REPORTABLE INCIDENT) Serial number: Image: Serial number: TECHNICAL STANDARDS AND SAFETY AUTHORITY NOTIFIED (IF REPORTABLE INCIDENT) Serial number: Image: Serial number: TECHNICAL STANDARDS AND SAFETY AUTHORITY NOTIFIED (IF REPORTABLE INCIDENT) Serial number: Image: Serial number: Technician's certificate and charges may apply. Serial number: Serial number: Image: Serial number: Description of the condition to be corrected required (be specific): Serial number: Customer signature: Code reference: Description of the condition completing work. PLEASE PRINT	Gas techr	iician's name:						Gas tech	nician's certifi	cate number:				
Date condition found (YYYYMM/DD): Appliance type: Manufacturer: Model: Serial number: Image: Condition found (YYYYMM/DD): A ppliance and/or piping is unsafe. The appliance has had its supply of gas turned off for the reasons listed below. Serial number: Image: Condition found (YYYMM/DD): The appliance and/or piping is unsafe. The appliance has had its supply of gas turned off for the reasons listed below. TechNICAL STANDARDS AND SAFETY AUTHORITY NOTIFIED (if REPORTABLE INCIDENT) DO NOT REPAIR OR DISTURB UNTIL AUTHORIZED BY TSSA (THE PROVINCIAL ENFORCING AUTHORITY) Image: Condition found (P) ponor netPAIR OR DISTURB UNTIL AUTHORIZED BY TSSA (THE PROVINCIAL ENFORCING AUTHORITY) Technician found found and author policidal, in these cases DUE DATE will be next business day. If not corrected, the gas supply will be discontinued on DUE DATE and charges may apply. Code reference: Description of the condition to be corrected required (be specific): Image: Course signature: Customer signature: Image: Company name and address: Technician's certificate number: Technician's signature: Company name and address: Phone number: Email: Technician's registration number:	Phone nu	nber:						Email:						
Date condition found (YYYYMWUDD): Appliance type: Manufacturer: Model: Serial number: Image: Condition found (YYYYMWUDD): A ppliance and/or piping is unsafe. The appliance has had its supply of gas turned off for the reasons listed below. Serial number: Image: Condition found (YYYYMWUDD): The appliance and/or piping is unsafe. The appliance has had its supply of gas turned off for the reasons listed below. Image: Condition found (Image: Condition found) Image: Condition found (YYYYMWUDD): The appliance and/or piping is in an unacceptable condition, but does not constitute an immediate hazard. However, corrections are required for your protection. To comply with Government Regulations, the corrections listed below must be completed within 42 days. Due date will NOT be a Friday, Stunday, Stunday or Statutory Holiday, In these cases DUE DATE will be next business day. If not corrected, the gas supply will be discontinued on DUE DATE and charges may apply. Code reference: Description of the condition to be corrected required (be specific): Customer signature: Customer signature: Construction's name: Technician's certificate number: Technician's signature: Company name and address: Technician's certificate number: TSSA contractor's registration number: Date corrected Phone number: Email: TSSA contractor's registration number:	Infrac	tion info	rmation:											
Image: Contract C			Appliance ty	/pe:		Manufacture	er:		Model:		Serial number:			
DO NOT REPAIR OR DISTURB UNTIL AUTHORIZED BY TSSA (THE PROVINCIAL ENFORCING AUTHORITY) B The appliance and/or piping is in an unacceptable condition, but does not constitute an immediate hazard. However, corrections are required for your protection. To comply with Government Regulations, the corrections listed below must be completed within 42 days. Due date will NOT be a Friday, Saturday, Sunday or Statutory Holiday. In these cases DUE DATE will be next business day. If not corrected, the gas supply will be discontinued on DUE DATE and charges may apply. Code reference: Description of the condition to be corrected required (be specific): Customer signature: Customer signature: Company name and address: Technician's certificate number: Technician's signature: Company name and address: Phone number: Email:	A	The applianc	e and/or pip	ing is unsafe.	The applia	ance has had its supply of gas turned off for the reasons listed below.								
B The appliance and/or piping is in an unacceptable condition, but does not constitute an immediate hazard. However, corrections are required for your protection. To comply with Government Regulations, the corrections listed below must be completed within 42 days. Due date will NOT be a Friday, Saturday, Sunday or Statutory Holiday. In these cases DUE DATE will be next business day. If not corrected, the gas supply will be discontinued on DUE DATE and charges may apply. Code reference: Description of the condition to be corrected required (be specific): Customer signature: Customer signature: Corrected Technician's certificate number: Technician's signature: Company name and address: Technician's certificate number: TSSA contractor's registration number: Date corrected Phone number: Email: Email:								•			ORITY)			
Code reference: Description of the condition to be corrected required (be specific): Image: Contractor is registration number: Customer signature: Company name and address: Technician's certificate number: Technician's signature: Date corrected Phone number: Email:	B	The appliand required for Due date wi	e and/or pip your protecti II NOT be a F	ing is in an ur on. To comply Friday, Saturo	acceptabl with Gove lay, Sunda	e condition, l ernment Reg ay or Statuto	but does julations, bry Holida	t does not constitute an immediate hazard. However, corrections are ations, the corrections listed below must be completed within 42 days. Holiday. In these cases DUE DATE will be next business day. If not						
CORRECTION REPORT: To be forwarded to Enbridge Gas Inc. by gas technician completing work. PLEASE PRINT Gas technician's name: Technician's certificate number: Technician's signature: Company name and address: Technician's certificate number: TSSA contractor's registration number: Date corrected Phone number: Email:	Code	I								uired (be	specific):			
CORRECTION REPORT: To be forwarded to Enbridge Gas Inc. by gas technician completing work. PLEASE PRINT Gas technician's name: Technician's certificate number: Technician's signature: Company name and address: Technician's certificate number: TSSA contractor's registration number: Date corrected Phone number: Email:				•					•	•	•			
CORRECTION REPORT: To be forwarded to Enbridge Gas Inc. by gas technician completing work. PLEASE PRINT Gas technician's name: Technician's certificate number: Technician's signature: Company name and address: Technician's certificate number: TSSA contractor's registration number: Date corrected Phone number: Email:														
CORRECTION REPORT: To be forwarded to Enbridge Gas Inc. by gas technician completing work. PLEASE PRINT Gas technician's name: Technician's certificate number: Technician's signature: Company name and address: Technician's certificate number: TSSA contractor's registration number: Date corrected Phone number: Email:														
CORRECTION REPORT: To be forwarded to Enbridge Gas Inc. by gas technician completing work. PLEASE PRINT Gas technician's name: Technician's certificate number: Technician's signature: Company name and address: Technician's certificate number: TSSA contractor's registration number: Date corrected Phone number: Email:														
Gas technician's name: Technician's certificate number: Technician's signature: Company name and address: TSSA contractor's registration number: Date corrected Phone number: Email:			I							Customer si	gnature:			
Gas technician's name: Technician's certificate number: Technician's signature: Company name and address: TSSA contractor's registration number: Date corrected Phone number: Email:	CORRE	CTION BEI		e forward	ed to Ent	oridge Gas	inc by	nas te	chnician	completing	work PLEASE	PRINT		
Date corrected Phone number: Email:						E. State	-							
	Company name and address:									TSSA contract	or's registration numb	per:		
ניטקאוואאָדיז):	Date corrected (YYYY/MM/DD):		Phone	Phone number: En			Email:							

	Safety	Violation – C	orrection	s nequir	eu		Meter nu				
		DC	O NOT REM	OVE - SEE	REVEF	RSE - D	O NOT R	EMOVE			
\bigcap	Enbridg	e Gas Inc. Toll Fre	e 1-877-362 -	7434 for cu	stomer	service.	Visit enbri	dgegas.com	/safetyviolation	to learn more.	
\bigcirc		* All 1	ields mus	t be com	plete	d. Ple	ase pres	ss firmly.*	5		
Gas to	echniciar	i to:								\checkmark	
1. Notify	/ the user ve	rbally and give wr	itten notice.								
2. Copy	of notice po	sted to or near ap	pliance. NOT	E: Use sepa	rate for	r <mark>m per</mark> a	ppliance.				
		lations and Cleara afety.London@e		s://enbridge	outsys.	temsen	terprise.c	om/enbridge	HVACPortal		
Street:				Unit Number	:	Municipality (City/Town):					
Customer	name:		Contact phone	e number:		Contact	email address	÷			
Gas to	echniciar	information	:								
Company	name of contra	otor:				TSSA co	ntractor's reg	istration number:			
Gas techr	ician's name:					Gas tech	nician's certifi	cate number:			
Phone nur	nber:					Email:					
Infrac	tion info	mation:									
Date conc (YYYY/MM/	lition found DD):	Appliance type:		Manufacture	er:	Model: Serial number:					
A	The applianc	e and/or piping is u	nsafe. The appl	iance has had	l its supp	pply of gas turned off for the reasons listed below.					
		CAL STANDARDS				•			DRITY)		
B	required for Due date wi	our protection. To a NOT be a Friday, 	comply with Go Saturday, Sund	vernment Reg l ay or Statuto	ulations, ry Holid a	the corr ay. In the	ections liste se cases D	d below must l	d. However, correcti be completed within be next business da	42 days.	
Code	corrected, the gas supply will be discontinued on DUE DATE a Code reference: Description of the condition to							uired (be	specific):		
Coue				onation		COTTER	ieurey		specific).		
								Customer si	gnature:		
CORRE	CTION REI	PORT: To be forv	varded to En	bridge Gas	s Inc. by	/ gas te	chnician o	completing	work. PLEASE P	RINT	
Gas techr	ician's name:			Technician's ce	ertificate n	umber:		Technician's sig	gnature:		
Company	name and addre	255:						TSSA contract	or's registration numbe	er:	
Date corrected (YYYY/MM/DD):		Phone number:			Email:						
Descriptio	n of correction:										

This Notice can only be removed by the certificate holder (licensed gas technician) making the required corrections. Once removed, licensed gas technician is required to complete correction report and immediately return to Enbridge Gas Inc. by email to:

Safety.London@enbridge.com