



Technical Standards and Safety Act, 2000

APPEAL OF INSPECTOR ORDERS/SEALS

An appeal pursuant to subsection 22.(1) of the Technical Standards and Safety Act, 2000 must be made in writing and filed with the Director within 90 days of the inspector having issued Orders or affixed Seals. File your signed original appeal with:

Hearings Coordinator
Technical Standards and Safety Authority
345 Carlingview Drive
Toronto, ON
M9W 6N9
Phone: (416) 734-3548

Please read Information Bulletin No. 1 - APPEAL OF INSPECTOR ORDERS/SEALS, BEFORE completing this form.

THE APPELLANT

Name (Company/Individual):

Contact Person:

Address:

TSSA Client No. (if any):

Telephone:

Fax:

E-mail Address:



Name of your Representative (if any):

Address:

Telephone:

Fax:

E-mail Address:

The Inspector is also a Responding Party to the appeal. **Your appeal must include a copy of the Inspector's Order(s) (Inspection Report).**

Name of Inspector:

Program Area: Fuels []
Elevating Devices []
Amusement Devices []
Boilers and Pressure Vessels []
Operating Engineers []
Upholstered & Stuffed Articles []

Inspection Report Number:

Date of Order/Seals (Inspection Report):

Orders (**must be appealed within 90 days of the inspection report date**):



OTHER AFFECTED PARTIES

Please provide names, addresses, telephone, fax numbers and e-mail addresses of any other persons or companies that may be affected by this appeal (attach additional pages, if necessary).

STATEMENT OF FACTS AND ISSUES

Describe the circumstances which resulted in the Inspector's Order/Seal. Indicate what happened, when and where it happened, and who was involved (attach additional pages, if necessary).

REASONS/GROUNDS FOR YOUR APPEAL

Outline your reasons for appealing the Order/Seal. If the Inspector indicated you were in non-compliance with our Regulations, why do you feel you were in compliance with the Regulations that he has stated? Why do you think the Inspector was wrong? What is the result that you are seeking? Attach additional pages, if necessary.

Date _____ Signature _____



IMPORTANT NOTE

YOU MUST FILE WITH THE HEARINGS COORDINATOR ONE SIGNED ORIGINAL OF THIS APPEAL. **APPEALS MAY ONLY BE FILED BY HAND DELIVERY, REGISTERED MAIL OR COURIER.**

IF THE INFORMATION CONTAINED IN THIS FORM IS INCOMPLETE, THE DIRECTOR MAY NOT BE ABLE TO PROCESS YOUR APPEAL.

PLEASE NOTIFY THE HEARINGS COORDINATOR IMMEDIATELY OF ANY CHANGE IN YOUR ADDRESS, PHONE OR FAX NUMBERS. IF YOU FAIL TO NOTIFY THE HEARINGS COORDINATOR OF ANY CHANGES, CORRESPONDENCE SENT TO YOUR LAST KNOWN ADDRESS MAY BE DEEMED TO BE REASONABLE NOTICE TO YOU AND THE APPEAL MAY PROCEED IN YOUR ABSENCE.