



CANADIAN SPECTRUM EQUIPMENT
60 Boys Road, Sunnyside, MB, R5R 0J6
Inspection and Test Report

IMPORTANT INSTRUCTIONS:

- In all cases, complete Section I.
- Complete Sections II to VIII as applicable. Include on the *Inspection and Test Report*, with any attachments, the description, location, nature and severity of any damage or defects found, how they were discovered and the nature of any repair or replacement to rectify the damage or defect, with results of subsequent inspections and / or tests. Use a Nonconformity Report, as applicable.
- Refer to CSA Standard B620, if there is any confusion, uncertainty or ambiguity about the requirements for checks, inspections and / or tests in the *Inspection and Test Report*. Questions may also be answered by the Quality Control Manager.

I. General Information

Date: April 8, 2026

Tank Specification: <input type="checkbox"/> TC 406 <input type="checkbox"/> TC 407 <input checked="" type="checkbox"/> TC 412 <input type="checkbox"/> TC 350 <input type="checkbox"/> TC 331 <input type="checkbox"/> TC 338 <input type="checkbox"/> TC 306 <input type="checkbox"/> TC 307 <input type="checkbox"/> TC 312 <input type="checkbox"/> TC 51 <input type="checkbox"/> Other:	
Tank Manufacturer: <u>Rebel Metal Fabrications</u>	Owner: <u>Highliner Holdings</u>
Assembler: <u>Rebel Metal Fabrications</u>	Address: <u>Box 179</u>
Serial Number(s): <u>PRTVAC.539.01.11</u>	City: <u>Carievale</u> Prov: <u>Sk.</u>
TCRN / MDIN: <u>Z-05-386.18.10</u>	Postal Code: <u>S0C 0P0</u> Phone: <u>306-483-8988</u>
MAWP / Design Pressure: <u>25</u>	Cell: _____ Fax: _____
Test Pressure: <u>259</u>	Owner ID or Unit No: <u>V134</u>
UN: _____	Nominal Tank Capacity by Compartment
Lading: _____	1: <u>NON-SPEC 4103 L</u> 4: _____
Capacity: <u>13,140</u>	2: <u>13 140</u> 5: _____
No. of Compartments: <u>2</u>	3: _____ 6: _____
Special Service: <u>#1 Comp - NON-SPEC</u>	TC 331 / TC 51: <input type="checkbox"/> QT <input type="checkbox"/> NQT <input type="checkbox"/> PWHT
<u>Date Certified: 03/11</u>	Mfg. Date: <u>03/11</u>
<u>Max Load Weight: 15,768 KG</u>	<u>Max Density of Lading: 1.2</u>
<u>Material Head Spec: SA36</u>	<u>Material Shell Spec: SA36</u>
<u>Mfd Head Thickness: 9.5</u>	<u>Mfd Shell Thickness: 7.9</u>
<u>Min Head Thickness: 6.8</u>	<u>Min Shell Thickness: 6.3</u>
<u>Exposed Surface Area: 31.7 m2</u>	
Tank Condition: <input checked="" type="checkbox"/> In-service <input type="checkbox"/> Out of Service	Date of last Inspection: <u>10/25</u>
Lined <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Insulated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Coated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Metal ID Plate Compliant <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - Action Required:	
Tank Properly Cleaned, Ready for Inspection and / or Test <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Additional information attached (e.g. photo of metal ID plate) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Description / Comments:	

Summary Report of Inspection and / or Test Results

SECTION -Title	Pass	Fail	Corrected / Pass	N/A	Date of Next Inspection/Test
I - General Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
II - External Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/26
III - Internal Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04/27
IV - Upper Coupler Area Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
V - Leakage Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	04/27
VI - Thickness Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
VII - Pressure Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04/28
VIII - Hose Assembly Inspection and Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

As a result of the completed checks, inspections and / or tests, the tank disposition is (choose one):

Released / Returned to Service No Defect or Damage Found Date: April 8, 2026
OR
 Removed from Service Identification Plate Removed Yes No
 Requires Further Tests and / or Inspections

Fire extinguishers as required by B621 / B622: Yes No NA

Automatic air intake shut off device as required by B621 / B622: Yes No NA NOTE

Note: Tractor has to be equipped with Automatic Air Intake shut off device if tractor is ran for loading or Unloading, per Class 2 or Class 3 liquids.

ALL Documentation Complete for Record Purposes Yes No

The tank meets the requirements of CSA B620 (TC Specification) Yes No N/A

Tank Inspector: Darren Leathwood

Position/Title: Service Technician

Tank Inspector (Signature): *Darren Leathwood*

Date: April 8, 2026

Reviewed by Quality Control Manager: Helen Ross

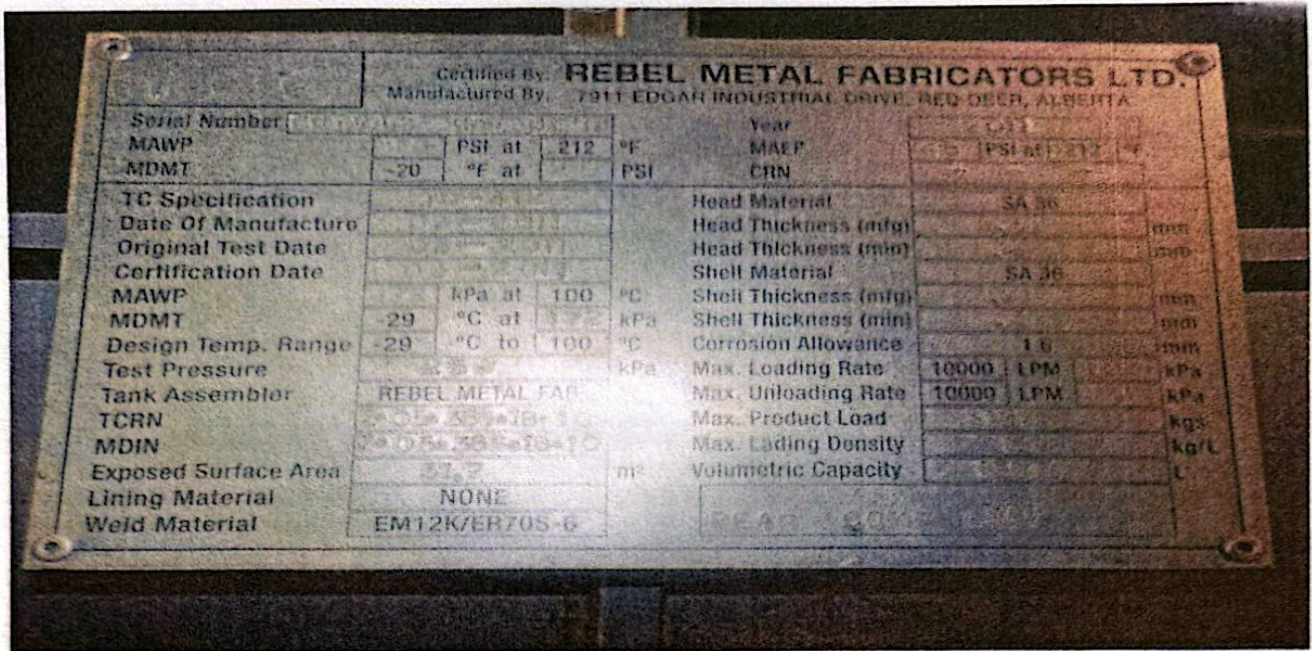
Quality Control Manager (Signature): *Helen Ross*

Date: April 8, 2026

Date: April 8, 2026

Tank Owner / Representative: Highliner Holdings

Metal Identification Plate



Inspection / Test Marking

Specific Requirements (See B621, B622):						
Type of Inspection and / or Test				Performed		
External	- V	Section II	(7.2.1)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Internal	- I	Section III	(7.2.2)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Upper Coupler	- UC	Section IV	(7.2.4)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Leakage	- K	Section V	(7.2.5)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Thickness	- T	Section VI	(7.2.6)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Pressure	- P	Section VII	(7.2.7)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Hose Assembly	-	Section VIII	(7.2.10)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A



II. External Inspection:

Items Inspected (Circle what fails and complete 18.)	Pass	Fail	Corrected / Pass	N/A
1. Inspect tank shell, heads, outlets, connections, piping, voids, drains, frame, supports, anchoring, pedestals, cradles, pads, stiffeners and attachments, for cracks, corroded or abraded areas, dents, distortions, defects in welds, defects in piping or components containing lading, and any other condition that indicates weakness in the tank that might render it unsafe for transportation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Inspect tank shell, heads, outlets, connections, piping, valves, joints, couplings, fittings, closures, gauging devices, flanges, gaskets, and attachments, for leakage, expansion, contraction, jarring and vibration.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Inspect bolting for tightening manhole covers. Ensure proper, leak-tight operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Inspect for proper functioning of all valves, vents, gauging devices, emergency devices, including self-closing stop valves, excess flow valves, and remote closure devices. Ensure that they are free of corrosion, distortion, or any other damage that would prevent their normal operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Test off-truck emergency shutdown systems in accordance with B620 7.2.9 for operation, and for leakage from internal self-closing stop valve. Complete an <i>ISC Valve Test Report</i> . If the passive shutdown system is a hose, check tank outlet markings per B620 5.3.2.5(i)(ii).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. For nurse tanks, function test emergency discharge control system. Test the remotely activated valve for leakage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Ensure that a means of thermal activation is located as close to the outlet as practicable and meets all of the conditions of B620 5.6.12.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Ensure that all bolts or nuts and fusible links or elements are in place. Properly tighten bolts and nuts on all connections.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Specification and other markings on the tank, including system labels, are legible. If metal ID plates are missing or illegible, refer to B620 7.7.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Ensure that all major appurtenances and attachments, connecting structures, and those elements of the upper coupler (fifth wheel) assembly that can be inspected without dismantling that assembly are not damaged, corroded or abraded so as to affect safe operation of the vehicle.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Ensure that all hose assemblies mounted on or accompanying the tank do not display defects listed in B620 7.2.10.4 and have legible markings which meet the requirements of B620 7.2.10.6. Check the prescribed period for pressure testing hoses which have been held in stock (B620 7.2.10.8). See Section VIII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Drains are uncapped or unplugged in multi-compartment vehicles. Ensure there is no evidence of leakage from the drain or void space.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Externally inspect all re-closing pressure-relief valves are for any corrosion or damage that could prevent safe operation. If used in corrosive service: Replace <input type="checkbox"/> OR Test <input checked="" type="checkbox"/> See Section VII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Perform thickness tests on corroded or abraded areas of the tank. See Section VI.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Inspect gaskets on full opening rear head (TC 407 / 412) for cuts, cracks or splits. Replace if cuts, cracks or splits are 12.7 mm (0.5") or more, or if leakage is likely.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Items Inspected (Circle what fails and complete 18.)	Pass	Fail	Corrected / Pass	N/A																												
16. Ensure all rejection criteria in B620 7.2.1.8 have been considered including minimum thickness, dents, cuts, digs or gouges, weld defects, structural defects, leakage or repairs made using overlay patches.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
17. Other: (Please Specify) Check rear-end protection (bumper) B620 5.1.5, and damage protection B620 5.6.9 or B620 5.2.2.8, as applicable. For portable tanks refer to B621 6.7 or B622 5.2.5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
<p>18. Any failure or correction requires comments (describe the location, nature, and severity of damage or defects found, how they were discovered, and the nature of any repair or replacement to rectify the damage or defect, and the results of any subsequent test or inspection):</p> <table border="1" style="width: 100%; height: 200px;"> <tr><td style="width: 25%;"><input type="checkbox"/></td><td style="width: 25%;"><input type="checkbox"/></td><td style="width: 25%;"><input type="checkbox"/></td><td style="width: 25%;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional information or report(s) attached to this report Yes No

This External Inspection is conducted in accordance with and meets the requirements of CSA B620.

Tank Inspector: Darren Leathwood

Position/Title: Service Technician

Tank Inspector (Signature): *Darren Leathwood*

Date: April 8, 2026

V. Leakage Test:

Test Medium: Water/Product
 Tank MAWP: 25 psi
 Test Pressure: 24 psi
 Hold Time: 5 mins

Do this leakage test in conjunction with the External Inspection. See Section II.

- Venting devices set to relieve at less than the test pressure shall be removed or rendered inoperative.
- Product piping and all associated valves and accessories are in place and operative.
- All requirements of B620 7.2.5.1 are understood.
- If air is used as the test medium, purge the tank and check for an explosive mixture.
- If air or a gas is the test medium, use soapy water or other material which will foam or bubble to indicate the presence of leaks (or use another method which is at least as sensitive).
- Take precautions to prevent over-pressuring the tank.
- Determine the test pressure per B620 7.2.5.1:
 - a. Not less than 414 kPa (60 psi) for MC 330, MC 331, or TC 331 highway tanks used in dedicated liquefied petroleum gas or dedicated anhydrous ammonia service.
 - b. Not less than the maximum normal operating pressure of the tank for tanks with a MAWP of 690 kPa (100 psi) or more and used in dedicated service(s), except those listed in a.
 - c. Not less than 80% of the design pressure for tanks with only a design pressure marked on the metal identification plate.
 - d. Not less than 80% of the tank MAWP for all other tanks.
- Repair all leaks and complete the external inspection before the tank is marked.

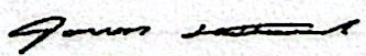
Items Inspected (Circle what fails and complete 5.)	Pass	Fail	Corrected / Pass	N/A
1. Ensure tank valves are closed. Inspect valve operation to ensure proper valve function. Test all valves and closures in sequence. Inspect for leakage past tank valves.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Test at the specified test pressure as determined in B620 7.2.5.1. Hold for at least 5 minutes (for each valve or closure) without change or signs of leakage.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. B620 7.2.5.2 - TC 406 tanks with double wall or secondary containment: Avoid damage to either the secondary containment while using vacuum, or inner containment while using external pressure by maintaining 14 kPa (2 psi) in the inner containment while the secondary containment space is being pressure tested. Apply pressure or vacuum differential of at least 14 kPa (2-psi) gauged at the top of the tank to all secondary containment spaces. Disconnect from source once test pressure or vacuum is achieved. Hold pressure or vacuum for at least 10 minutes without change or signs of leakage. Note: This does not apply to the void space between double bulkheads on multi-compartment tanks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Other: (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <u>Any failure or correction</u> requires comments (describe the location, nature, and severity of damage or defects found, how they were discovered, and the nature of any repair or replacement to rectify the damage or defect, and the results of any subsequent test or inspection):				
= 6" & 4" valve repaired – both leaked on rear of tank				

Additional information or report(s) attached to this report Yes No

This Leakage Test is conducted in accordance with and meets the requirements of CSA B620.

Tank Tester / Inspector: Darren Leathwood

Position/Title: Service Technician

Tank Tester / Inspector (Signature): 

Date: April 8, 2026

|| 23, 2025 Thickness Test:

Property	Walls & Bulkheads (Shell)	Reinforcements and Baffles	Heads
Material Specification			
Corrosion Allowance (If known)			
Nominal Thickness			
Allowable Minimum Thickness (7.2.6.1.2)			
Actual Minimum Thickness			

- The test device shall be capable of accurately measuring thickness to within ± 0.05 mm (0.002 in).
- Prepare and use a Thickness Measurement Record.

Items Inspected (Circle what fails and complete 9.)	Pass	Fail	Corrected / Pass	N/A
1. Inspect tank head and shell around any piping that retains lading.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Inspect the tank head and shell around any high-stress areas, such as the bottom of the tank.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Inspect the tank head and shell around openings, weld joints, shell reinforcements, and locations where appurtenances are attached.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Inspect near the upper coupler (fifth wheel), suspension system attachments, and any connecting structures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Inspect the tank head and shell around any known thin areas in the tank and nominal liquid level lines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Inspect structures joining multiple carbon steel tanks on a self-supporting transport unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Ensure all thickness rejection criteria B620 7.2.6.1.2 a) to e) have been considered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Other: (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Any failure or correction requires comments (describe the location, nature, and severity of damage or defects found, how they were discovered, and the nature of any repair or replacement to rectify the damage or defect, and the results of any subsequent test or inspection):				

Additional information or report(s) attached to this report Yes No

This Thickness Test is conducted in accordance with and meets the requirements of CSA B620.

Tank Tester / Inspector: Darren Leathwood

Position/Title: Service Technician

Tank Tester / Inspector (Signature): _____

Date: _____

VI. Pressure Test:

For hydrostatic testing (must have no suspected weakness in the tank)

Tank Test Medium: WATER

Heating System

Tank MAWP: 25 psi / kPa

- Test Medium: _____

Tank Test Pressure: 38.5 psi / kPa

- Shell Side Test Pressure: _____ psi / kPa

Tank Hold Time: 10 min

- Tube Side Test Pressure: _____ psi / kPa

Refer to B620 7.2.7.4 for criteria for successful test

- Hold Time: _____ min

Inspection, Measuring & Test Equipment (IMTE) Tag Nos. _____

Refer IMTE Specification / Calibration Record

Items Inspected (Circle what fails and complete 11.)	Pass	Fail	Corrected / Retested / Pass	N/A		
1. Completely fill the tank, including its domes, with water, or other liquid having similar properties, at a temperature not exceeding 38°C (100°F).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. During the test, precautions are taken to prevent over-pressurization of the tank.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Any adjacent compartments are empty and open to atmosphere.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Pressure is gauged at the top of the tank.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Tank test pressure has been established in accordance with Table 7.4 of the CSA Standard B620 or ASME Boiler and Pressure Vessel Code, Section VIII, Div 1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. All piping and accessories are pressure tested at not less than 80% of the tank's MAWP.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Pressure is held for a minimum of 10 minutes while a visual examination of all external surfaces reveals no defects, leakage, or deformation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. All reclosing pressure-relief devices have been: Removed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Reinstalled: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Inspected: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Repaired: <input type="checkbox"/> Yes <input type="checkbox"/> No Tested: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Replaced: <input type="checkbox"/> Yes <input type="checkbox"/> No Record results in table below.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. Tank heating system is hydrostatically tested at least every five years. The test pressure is 1.5 times the heating system MAWP and maintained for 5 minutes; the tank is not pressurized during the test; and the flues, if used, shall be tested to determine if leakage is present in the flues or to atmosphere.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
10. Other (Please Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PR Device Pressure	Comp. 1	Comp. 2	Comp. 3	Comp. 4	Comp. 5	Comp. 6
Set at kPa / psi	30					
Opened at kPa / psi	29.5					
Closed at kPa / psi	27.5					

Additional information or report(s) attached to this report Yes No

This Pressure Test is conducted in accordance with and meets the requirements of CSA B620.

Tank Tester / Inspector: Darren Leathwood

Position/Title: Service Technician

Tank Tester / Inspector (Signature):

Darren Leathwood

Date: April 8, 2026

For pneumatic testing (must have a satisfactory external inspection and internal inspection, if required)

Tank Test Medium: _____

Tank MAWP: _____ psi / kPa

Tank Test Pressure: _____ psi / kPa (Table 7.4)

Tank Hold Time: _____ min

Refer to B620 7.2.7.4 for criteria for successful test.

Inspection, Measuring & Test Equipment (IMTE) Tag Nos. _____

- Must be no suspected weakness in the tank.
- Use only where residual water following a hydrostatic test would react with lading or result in formation of ice.
- Must have detailed written procedures.
- Use a pressure relief device set to a value less than 110% of test pressure with minimum capacity equal to capacity of equipment used to pressurize the tank.
- Protect people in the vicinity of the test. Control access and distance for safety.

Refer to IMTE Specification / Calibration Record

Items Inspected (Circle what fails and complete 8.)	Pass	Fail	Corrected / Retested / Pass	N/A		
1. Slowly pressurize the tank to one-half of the required test pressure (? kPa / psi). Hold for 5 minutes. Carefully inspect tank for defects, distortion, and audible leaks during the hold period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Increase the pressure to MAWP and read the pressure gauge from a protected location or a safe distance. Hold for 5 minutes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Increase and hold the pressure in increments not exceeding 1/10 th of test pressure (? kPa / psi). Hold the pressure for 5 minutes at each increment. Read the pressure gauge from a protected location or from a safe distance while observing the tank for defects, distortion, and audible leaks during each hold period. Continue until the required test pressure is reached. Hold for 10 minutes. Do <u>not</u> exceed the required test pressure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Reduce and hold the test pressure to MAWP prior to surface visual inspection of the tank. Where the test duration is less than 1 hour, cover the entire surface of all joints under pressure with either a soap and water solution, heavy oil or other material that will foam or bubble to indicate the presence of leaks. Inspect for foam or bubbles indicating leaks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. All piping and accessories are pressure tested at not less than 80% of the tank's MAWP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. All reclosing pressure-relief devices have been: Removed: <input type="checkbox"/> Yes <input type="checkbox"/> No Inspected: <input type="checkbox"/> Yes <input type="checkbox"/> No Tested: <input type="checkbox"/> Yes <input type="checkbox"/> No Reinstalled: <input type="checkbox"/> Yes <input type="checkbox"/> No Repaired: <input type="checkbox"/> Yes <input type="checkbox"/> No Replaced: <input type="checkbox"/> Yes <input type="checkbox"/> No Record results in table below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Other (Please Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PR Device Pressure	Comp. 1	Comp. 2	Comp. 3	Comp. 4	Comp. 5	Comp. 6
Set at kPa / psi						
Opened at kPa / psi						
Closed at kPa / psi						
8. <u>Any failure or correction</u> requires comments (describe the location, nature, and severity of damage or defects found, how they were discovered, and the nature of any repair or replacement to rectify the damage or defect, and the results of any subsequent test or inspection):						

Additional information or report(s) attached to this report Yes No

This Pressure Test is conducted in accordance with and meets the requirements of CSA B620.

Tank Tester / Inspector: Darren Leathwood

Position/Title: Service Technician

Tank Tester / Inspector (Signature):

Date:

VII. Hose Assembly Inspection and Test:

Hose Serial or Identification Number:

Hose Test Medium:

Hose HAWP:

Refer to 7.2.10.10 for a hose assembly that is not already marked.

Hose Test Pressure:

Refer to 7.2.10.5.

Hose Hold Time:

Hose Assembly Inspection and Test has been done in conjunction with the External Inspection. See Section II.

Protect personnel during testing.

New or repaired hose assemblies should be inspected, tested and marked as below.

A hose assembly with any identified damage or deficiency must be taken out of service and repaired before pressure testing.

Items Inspected (Circle what fails and complete 13.)	Pass	Fail	Corrected / Pass	N/A
1. Inspect for damage to the hose cover that exposes the reinforcement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Inspect for kinked, flattened, or permanently deformed wire braid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Inspect for soft spots when not under pressure, bulging under pressure, or loose outer covering.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Inspect for damaged, slipping or excessively worn hose couplings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Inspect for loose or missing bolts or fastenings on bolted hose coupling assemblies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Inspect for deteriorated legibility or absence of the serial or identification number and HAWP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Ensure manufacturer's expiry date for any hose assembly component has not been exceeded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Ensure all pressure test requirements are met as outlined in B620 7.2.10.5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Ensure the hose assembly shall hold the pressure without bulging, distortion, or leaks for at least 5 minutes when isolated from the pressure supply.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Hose assemblies that have successfully passed are marked with the month and year of the test and inspection in a manner that will endure the rigours of daily use as outlined in B620 7.2.10.6 and 7.2.10.11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Other: (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. For a hose assembly held in stock following an inspection and test: <ul style="list-style-type: none"> Mark as in B620 7.2.10.6 and 7.2.10.11 with the letters "IS". Mark the date that it is returned to service if it is visually inspected as above immediately prior to its return to service. Perform the next annual inspection and pressure test within 12 months of this in-service date. For hose assemblies stored for more than a year, retain inspection and test reports until the next annual inspection and tests are completed. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Any failure or correction requires comments (describe the location, nature, and severity of damage or defects found, how they were discovered, and the nature of any repair or replacement to rectify the damage or defect, and the results of any subsequent test or inspection):				

Additional information or report(s) attached to this report Yes No

This Hose Assembly Inspection and Test is conducted in accordance with and meets the requirements of CSA B620.

Tank Inspector: Darren Leathwood

Position/Title: Service Technician

Tank Inspector (Signature): _____

Date: