


Clark Transport Registration # CT-14454				WO Date 4/10/2023		TEST FORMS External (V) <input checked="" type="checkbox"/> Internal (I) <input checked="" type="checkbox"/> Leakage (K) <input checked="" type="checkbox"/> K-EPA27 <input checked="" type="checkbox"/> Wet Test <input type="checkbox"/> Pressure (P) <input checked="" type="checkbox"/> Thickness (T) <input type="checkbox"/> PRD <input checked="" type="checkbox"/> Lining <input checked="" type="checkbox"/> Hose <input type="checkbox"/> FMCSA Trailer <input type="checkbox"/> FMCSA Truck <input type="checkbox"/> Defect Repair <input checked="" type="checkbox"/>																																				
				WO # 0423-7592																																						
Facility Information																																										
Facility: Clark Transport - Clark - San Antonio			National Board # R-XXXX	Fac ID: SANANTONIO																																						
Address: 8403 State Hwy 151 STE 104 # 332			Ref # GC-010174																																							
City: San Antonio	ST: TX	Zip: 78245	Phone: 575-408-6476																																							
Customer/Company Information																																										
Cust PO#		Payment <input type="checkbox"/> COD <input type="checkbox"/> Account																																								
Company: WORKHORSE TRUCKING																																										
Address:		COD	PTP Cust ID: NEW00027																																							
Address 2:		Contact																																								
City, ST Zip:		Email:																																								
Phone: 9072030525	Alt	Fax:																																								
Unit Information																																										
Unit#: 7592	VIN#: 1PMA35039B1037592	SER#:	Model: DOT407																																							
Mfgr: POLAR	Year: 2011	Unit Type: SEMI TRLR; TANK																																								
Chassis Information (CMV-Commercial Motor Vehicle Information)																																										
VIN #: 1PMA35039B1037592	Mfgr: POLAR	Year: 2011	Type: SEMI TRLR; TANK																																							
UNIT IS IN COMPLIANCE																																										
UNIT DATA HAS BEEN VERIFIED WITH MANUFACTURER'S DATA PLATE:																																										
Special Instructions			Inspection/Test Page Index																																							
			<table border="1"> <thead> <tr> <th>Pg #</th> <th>Page Name</th> <th>Status</th> </tr> </thead> <tbody> <tr><td>1</td><td>WO Cover Sheet</td><td></td></tr> <tr><td>2</td><td>Tank Acceptance</td><td>X</td></tr> <tr><td>3</td><td>Unit Photo Page</td><td>VOID</td></tr> <tr><td>4</td><td>Internal Inspection</td><td>X</td></tr> <tr><td>5</td><td>Lining Inspection</td><td>X</td></tr> <tr><td>6</td><td>PRD Supplement</td><td>X</td></tr> <tr><td>7</td><td>Pressure Test</td><td>X</td></tr> <tr><td>8</td><td>Leakage Test</td><td>X</td></tr> <tr><td>9</td><td>K-EPA27 Inspection</td><td>X</td></tr> <tr><td>10</td><td>External Inspection Part A</td><td>X</td></tr> <tr><td>11</td><td>External Inspection Part B</td><td>X</td></tr> <tr><td>12</td><td>Defect/Repair</td><td>X</td></tr> </tbody> </table>			Pg #	Page Name	Status	1	WO Cover Sheet		2	Tank Acceptance	X	3	Unit Photo Page	VOID	4	Internal Inspection	X	5	Lining Inspection	X	6	PRD Supplement	X	7	Pressure Test	X	8	Leakage Test	X	9	K-EPA27 Inspection	X	10	External Inspection Part A	X	11	External Inspection Part B	X	12
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12	Defect/Repair	X																																								



TANK ACCEPTANCE AND PREPARATION Form No.: F-506

DATE: 4/10/2023

WO # 0423-7592

Facility Information

Facility: Clark Transport - Clark - San Antonio Facility Registration # CT-14454 National Board # R-XXXX Fac ID: SANANTONIO
 Address: 8403 State Hwy 151 STE 104 # 332 City: San Antonio State: TX Zip: 78245 Phone: 575-408-6476

Customer/Company Information

Company: WORKHORSE TRUCKING # NEW00027 Contact Name: Phone: 9072030525

Unit Information

Fleet Unit # 7592 CTMV VIN: 1PMA35039B1037592 Tank Serial # Year: 2011 Mfr: POLAR
 ODO/Hub: MAWP: 25 Type: SEMI TRLR; TANK
 MC/DOT/Spec #: DOT407 Special Permit (SP#####) ST & License #: (Enter 'NA' if none) TL2120
 Insulated: YES ☐ NO ☒ Corrosive Service: YES ☐ NO ☒ Vapor Recovery: YES ☒ NO ☐
 Heating System: YES ☐ NO ☒ Vac/Full Opening Rear Head: YES ☐ NO ☒ Dedicated Service: YES ☐ NO ☒
 # Compts: 1 Total Capacity: 11000 Gal MATERIAL: Aluminum WEIGHT:
 Compt Capacity: 1 11000 2 3 4 5 6
 Lining: YES ☒ NO ☐ Type: EPOXY

LAST INSPECTION DATE
 MARKINGS (as MM/YY or NA)

Unit for Repair Only: ☐
 (All Inspections/Tests NA)

V		K		K-EPA27		I		P	
MM	YYYY	MM	YYYY	MM	YYYY	MM	YYYY	MM	YYYY
04	2023	04	2023	04	2023	04	2023	04	2023
NA <input checked="" type="checkbox"/>	DUE <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	DUE <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	DUE <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	DUE <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	DUE <input type="checkbox"/>
T		L		UC		FMCSA			
MM	YYYY	MM	YYYY	MM	YYYY	MM	YYYY		
04	2023	04	2023	04	2023	04	2023		
NA <input checked="" type="checkbox"/>	DUE <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	DUE <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	DUE <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	DUE <input type="checkbox"/>		

Identification of Last Product Contained and Tank Cleaning Method

LAST PRODUCT: NEW UNIT UN NO: PRODUCT NAME: CLASS:

SAFETY CHECK ☐ ON FILE ☒ NON-HAZMAT (SDS NOT REQUIRED)
 DATA SHEET: ONE: ☐ OBTAIN

CHECK-IN CHECK ☐ LOADED ☒ EMPTY W/ RESIDUE (Attach Shippers Bill of Lading) ☐ INERTED W/:
 CONDITION: ONE: ☐ CERTIFIED CLEAN BY: (Attach Cleanout Certificate or Customer Attestation)

CLEANOUT CHECK ☒ DO NOT CLEAN (Attach "DO NOT OPEN" tags to all inlets/outlets)
 DISPOSITION: ONE: ☐ SEND TO CLEANOUT FACILITY


COMMENTS:

FOR CLEANED CARGO TANKS PERFORM EXTERNAL ATMOSPHERIC CHECK THROUGH ALL COMPARTMENT MANHOLES, VOIDS AND PIPING. RECORD RESULTS BELOW.

DATE	TIME	O2 19.5- 23.5%	LEL < 10%	CO < 35 ppm	h2S < 10 ppm	OTHER TOXICS	TECHNICIAN NAME/SIG 04/10/2023	SUPERVISOR NAME/SIG 04/10/2023
							Gary Clark	
							<i>[Signature]</i>	<i>[Signature]</i>

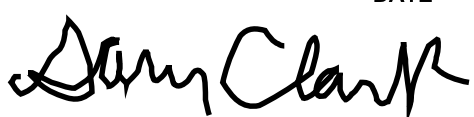
THIS FORM MUST BE SIGNED AND ATTACHED TO CARGO TANK MOTOR VEHICLE


FOLLOW CONFINED SPACE ENTRY PROCEDURES PRIOR TO PERFORMING HOT WORK ON CARGO TANKS THAT CONTAINED FLAMMABLE OR COMBUSTIBLE MATERIAL.

Clark Transport				Form I - Internal Visual Inspection	
Facility Registration # CT-14454 National Board # R-XXXX				WO # 0423-7592	
Facility: Clark Transport - Clark - San Antonio		Phone: 575-408-6476	Branch Code: SANANTONIO		Date: 4/10/2023
Address: 8403 State Hwy 151 STE 104 # 332		City: San Antonio		State: TX	Zip: 78245
Carrier: WORKHORSE TRUCKING Phone: 9072030525		Fleet # 7592	VIN: 1PMA35039B1037592		Serial#:
Address:		MC/DOT: DOT407	Sp Permit: N/A		Cust ID: NEW00027
City:	State:	Zip:	Design/MAWP: 25		Mfgr/Asmblr: POLAR
					Year: 2011
# Compts: 1	Total Capacity: 11000 Gal	Compt Cap: #1 11000	#2	#3	#4
Corrosive Service: NO		Min T Head:	Material: Aluminum		Insulated: NO
Dedicated Service: NO		Min T Shell:	Lined: YES - EPOXY		Vpr Rec: YES
					Vac/Full Opening RH: NO
CHECK THE FOLLOWING INSPECTION ITEMS:					

SECTION 1 TANK SHELL/HEADS:

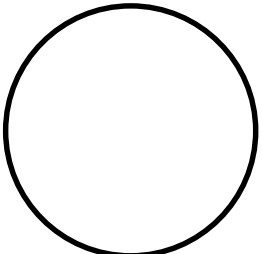
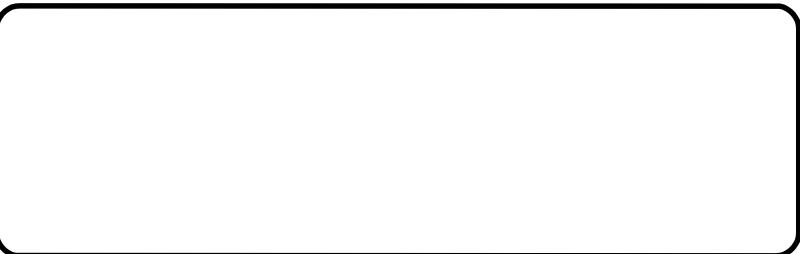
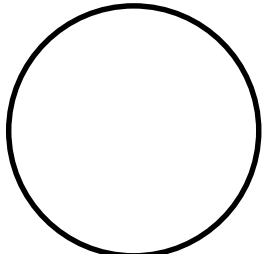
		P	F	N/A	Rep	
1.1) Corroded or abraded areas	Compt. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PRECLUDED
	Compt. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Compt. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Compt. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Compt. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Compt. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.2) Dents or distorsions	Compt. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PRECLUDED
	Compt. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Compt. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Compt. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Compt. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Compt. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.3) Defects in welds	Compt. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PRECLUDED
	Compt. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Compt. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Compt. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Compt. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Compt. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.4) Defects in lining	Compt. 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Compt. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Compt. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Compt. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Compt. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Compt. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1.5) Any condition that might render tank unsafe for transportation service	Compt. 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Compt. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Compt. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Compt. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Compt. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Compt. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

<input checked="" type="checkbox"/> INSPECTED SUCCESSFULLY IN ACCORDANCE WITH US DOT 49CFR PART 180.413 <input type="checkbox"/> FAILS TO MEET SPECIFICATION REQUIREMENTS		<input checked="" type="checkbox"/> RETURNED TO SERVICE <input type="checkbox"/> WITHDRAWN FROM SERVICE	
Gary Clark REGISTERED INSPECTOR SIGNATURE 		OWNER SIGNATURE _____ DATE _____	


Clark Transport				Form L - LINING INSPECTION	
Facility Registration # CT-14454 National Board # R-XXXX				WO # 0423-7592	
Facility: Clark Transport - Clark - San Antonio		Phone: 575-408-6476	Branch Code: SANANTONIO	Date: 4/10/2023	
Address: 8403 State Hwy 151 STE 104 # 332		City: San Antonio		State: TX	Zip: 78245
Carrier: WORKHORSE TRUCKING		Fleet #: 7592	Chassis VIN: 1PMA35039B1037592	Serial #:	
Address:		MC/DOT: DOT407	Special Permit: N/A	Cust ID: NEW00027	
City:	State:	Zip:	MAWP: 25	Mfgr: POLAR	Year: 2011
# Compartments: 1	Total Capacity: 11000	Gal	Cap/Comp: #1 11000 #2 #3 #4 #5 #6		
Corrosive Service: NO		Material: Aluminum		Insulated: NO	Vpr Rec: YES
Dedicated Service: NO		Lined: YES EPOXY		Vac/Full Opening RH: NO	
COMPARTMENT NUMBER: 1					


INSPECTION PROCEDURES

- I. Rubber (elastomeric) linings; Perform spark test using hi-frequency tester calibrated with 12"x 12" steel coupon covered with same material to be tested and holed with 22 gauge piercing tool to metal substrate. Set voltage to produce a 1/2" minimum spark between top of lining and probe. Pass probe over lining in an uninterrupted stroke.
- II. Other Linings (non-rubber); Test using equipment and procedures prescribed by lining manufacturer or installer. Indicate method of inspection or testing: ☒ Visual ☐ Low-Frequency (Wet Sponge) ☐ Other:
- III. Degraded or defective areas of the cargo tank lining must be removed and the surface beneath inspected. Corroded areas of the cargo tank shell or heads must be thickness tested (UT) and repaired, if required prior to relining.
- IV. Required repairs to cargo tank shell or heads must be recorded on Internal Visual Inspection form, item 1.4.
- V. Record location, orientation and assign defect number on below chart.

FRONT HEAD	SHELL = UNROLLED FLAT DISPLAY	REAR HEAD
		

Defect #	Lining Defect Description	Lining Removed		UT Performed		Lining Defect Repaired By
		Yes	No	Yes	No	
		<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"/> NO DEFECTS DISCOVERED <input checked="" type="checkbox"/> INSPECTED SUCCESSFULLY IN ACCORDANCE WITH US DOT 49CFR PART 180.407 <input type="checkbox"/> FAILS TO MEET SPECIFICATION REQUIREMENTS		<input checked="" type="checkbox"/> RETURNED TO SERVICE <input type="checkbox"/> WITHDRAWN FROM SERVICE	
Gary Clark REGISTERED INSPECTOR SIGNATURE 		OWNER SIGNATURE _____ DATE _____	

Clark Transport				Form S1- PRD Supplement	
Facility Registration # CT-14454 National Board # R-XXXX				WO # 0423-7592	
Facility: Clark Transport - Clark - San Antonio		Phone: 575-408-6476	Branch Code: SANANTONIO	Date: 4/10/2023	
Address: 8403 State Hwy 151 STE 104 # 332		City: San Antonio		State: TX	Zip: 78245
Carrier: WORKHORSE TRUCKING Fleet #: 9072030525		Fleet #: 7592	VIN: 1PMA35039B1037592	Serial #:	
Address:		MC/DOT: DOT407	Sp Permit: N/A	Cust ID: NEW00027	
City:	State:	Zip:	Design/MAWP: 25	Mfgr/Asmblr: POLAR	Year: 2011
# Compartments: 1	Total Capacity: 11000	Gal	Cap/Comp: #1 11000	#2	#3
				#4	#5
					#6
Corrosive Service: NO		Min T Head:	Material: Aluminum	Insulated: NO	Vpr Rec: YES
Dedicated Service: NO		Min T Shell:	Lined: YES - EPOXY	Vac/Full Opening RH:	NO

SELF-CLOSING PRESSURE RELIEF DEVICE BENCH TEST (Section 9, External Visual Inspection)

NOTE: Original style pressure actuated venting including frangible and fusible venting may remain in place on MC306, MC307, MC312 tanks if functioning properly or repairable.
Replaced venting must be upgraded to meet 1 liter leakage requirement specified in 178.345-10(b)(3).

TEST PROCEDURE:

- Select vent type and mark below.

PVV = pressure/vacuum vent

PRV = pressure relief valve (NO Vacuum)

PAF = pressure actuated fill

VB = vacuum breaker

NOTE: For PRD types DOT407/412

- Vacuum Vent Required (PVV -OR- PRV and VB)

- Exception: PRV without VB allowed if tank built to withstand full vacuum.

- Test normal vents (1 psig) in accordance with mfg test criteria or replace.

For MC306/DOT406 only: Tested and passed ☐ Replaced ☐ N/A ☒

- Each self-closing pressure relief device must open no less than the required set-to-discharge pressure and no more than 110% of same and must reseal to leak tight at no less than 90% of set-to-discharge pressure or the pressure prescribed for the applicable cargo tank specification.

- Vacuum breakers must open at no more than value stamped on vent.

PRD 1

VENT TYPE (See above)	PVV	<input checked="" type="checkbox"/>
	PRV	<input type="checkbox"/>
	PAF	<input type="checkbox"/>
	VB	<input type="checkbox"/>

**PRESSURE RELIEF DEVICE
PERFORMANCE REQUIREMENTS IN PSI:**

MC/DOT Type: DOT407
Ref Spec # 178.345-10
Valid MAWP Values: 100, 25, 30, 35, 40, 45, 50, 75, 80
MIN Set to Discharge >= 120% of MAWP
MAX Set to Discharge <= 132% of MAWP
MIN Open PSI >= 120% of MAWP
MAX Open PSI <= 132% of MAWP
MIN Reseat PSI >= 108% of MAWP


Pressure in PSI	1	2	3	4	5	6
Actual PRD	DOT407					
Actual MAWP	25					
Set To Discharge	30					
Start to Open	31					
Reseat to Leak Tight	27					
Vacuum in Hg	1	2	3	4	5	6
Vacuum Relief Set						
Vacuum Breaking						


Passed & Reinstalled ☒

Failed ☐

Repaired & Retested ☐

Replaced ☐

<input checked="" type="checkbox"/> TESTED SUCCESSFULLY IN ACCORDANCE WITH US DOT 49CFR PART 180.413 <input type="checkbox"/> FAILS TO MEET SPECIFICATION REQUIREMENTS		<input checked="" type="checkbox"/> RETURNED TO SERVICE <input type="checkbox"/> WITHDRAWN FROM SERVICE	
Gary Clark REGISTERED INSPECTOR SIGNATURE 		OWNER SIGNATURE DATE 4/10/2023	

Clark Transport				Form P - Pressure Test	
Facility Registration # CT-14454 National Board # R-XXXX				WO # 0423-7592	
Facility: Clark Transport - Clark - San Antonio		Phone: 575-408-6476	Branch Code: SANANTONIO	Date: 4/10/2023	
Address: 8403 State Hwy 151 STE 104 # 332		City: San Antonio		State: TX	Zip: 78245
Carrier: WORKHORSE TRUCKING Phone: 9072030525		Fleet#: 7592	VIN: 1PMA35039B1037592	Serial #:	
Address:		MC/DOT: DOT407	Sp Permit: N/A	Cust ID: NEW00027	
City: State: Zip:		Design/MAWP: 25	Mfgr/Asmblr: POLAR	Year: 2011	
# Compartments: 1	Total Capacity: 11000	Gal	Cap/Comp: #1 11000	#2	#3
				#4	#5
				#6	
Corrosive Service: NO		Min T Head:	Material: Aluminum	Insulated: NO	Vpr Rec: YES
Dedicated Service: NO		Min T Shell:	Lined: YES - EPOXY	Vac/Full Opening RH: NO	

TESTING PROCEDURE:

1. Remove all reclosing pressure relief valves, emergency relief and normal vents from tank and bench test. See FORM S1 (PRD).
2. Remove or render inoperative any other relief device rated below cargo tank test pressure.
3. Except for cargo tanks carrying lading corrosive to the tank (removed every two years) remove upper coupler assembly and inspect. See External Visual Inspection Section/item '8.6.
4. Select test method and test media.

☐ **HYDROSTATIC:** ☐ WATER ☐ OTHER:

1. Fill tank including domes with water or other liquid of similar viscosity at a temperature not exceeding 100 F.
2. Pressurize tank as specified in table and enter test pressure below.
3. While under pressure (minimum of 10 minutes) perform External Visual Inspection checking for leakage, bulging or any other defect.

TEST PRESSURE: _____ psi PASS ☐ FAIL ☐

☒ **PNEUMATIC:** ☒ AIR ☐ INERT GAS:

1. Fill tank with air or inert gas gradually increasing the pressure to 1/2 of the test pressure specified in table. Thereafter increase pressure in steps of 1/10 of test pressure until test pressure is reached and enter test pressure below.
2. Hold test pressure for 5 minutes then reduce pressure to MAWP.
3. Hold MAWP, coat entire surface of all joints under pressure with soap and water, or use other equally sensitive methods and perform External Visual Inspection checking for leakage.

TEST PRESSURE: 40 psi PASS ☒ FAIL ☐

5. Test heating system if so equipped hydrostatically only with tank full of water by removing relief devices, filling with water or other liquid and pressurizing to maximum system design operating pressure. Hold test pressure for 5 minutes and enter below.

TEST PRESSURE: _____ psi PASS ☐ FAIL ☐ INOP ☐

NOTE: Each compartment of a multi-compartmented tank must be tested with adjacent compartments empty and at atmospheric pressure.

Mark compartments	Test 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tested in combination:	Test 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specification	Test Pressure
MC 300, 301, 302 303, 305, 306	The test pressure on name plate, or specification plate, 20.7 kPa (3 psig) or design pressure, whichever is greater
MC 304, 307	The test pressure on the data plate, 278.5 kPa (40 psig) or 1.5 times the design pressure, whichever is greater.
MC 310,311,312	The test pressure on the data plate, 20.7 kPa (3 psig) or 1.5 times the design pressure, whichever is greater
MC 330, 331	The test pressure on the data plate, 1.5 times either the MAWP or the re-rated pressure, whichever is applicable.
MC 338	The test pressure on the data plate, 1.25 times either the MAWP or the re-rated pressure, whichever is applicable.
CGA/TC 341	1.5 times for hydro testing or 1.25 times for pneumatic testing the MAWP minus the actual vacuum measured (14.7 psia) minus the absolute pressure in the annular space.
DOT 406	The test pressure on the data plate, 34.5 kPa (5 psig) or 1.5 times the MAWP, whichever is greater.
DOT 407	The test pressure on the data plate, 275.8 kPa (40 psig) or 1.5 times the MAWP, whichever is greater.
DOT 412	The test pressure on the data plate, or 1.5 times the MAWP whichever is greater.

NOTE: List any defects on External Visual Inspection, affected section.

NOTE: If heating maximum system design operating pressure is not marked, test at 100 psig.

NOTE: List any defects on External Visual Inspection, Section 2.

☒ TESTED SUCCESSFULLY IN ACCORDANCE WITH US DOT 49CFR PART 180.413

☐ FAILS TO MEET SPECIFICATION REQUIREMENTS

☒ RETURNED TO SERVICE

☐ WITHDRAWN FROM SERVICE


Gary Clark DATE 4/10/2023

REGISTERED
INSPECTOR
SIGNATURE

Gary Clark

OWNER SIGNATURE

DATE

Clark Transport				Form K - Leakage Test	
Facility Registration # CT-14454 National Board # R-XXXX		WO # 0423-7592			
Facility: Clark Transport - Clark - San Antonio		Phone: 575-408-6476	Branch Code: SANANTONIO		Date: 4/10/2023
Address: 8403 State Hwy 151 STE 104 # 332		City: San Antonio		State: TX	Zip: 78245
Carrier: WORKHORSE TRUCKING		Fleet # 7592	Chassis VIN: 1PMA35039B1037592		Serial#:
Address:		MC/DOT: DOT407	Special Permit: N/A		Cust ID: NEW00027
City:	State:	Zip:	MAWP: 25	Mfgr: POLAR	Year: 2011
# Compartments: 1	Total Capacity: 11000	Gal	Cap/Comp: #1 11000	#2	#3
				#4	#5
Corrosive Service: NO		Material: Aluminum		Insulated: NO	Vpr Rec: YES
Dedicated Service: NO		Lined: YES - EPOXY		Vac/Ful Opening RH: NO	

TESTING PROCEDURE:

- Test cargo tank including product piping with all valves and accessories in place and operative, except any relief devices rated below cargo tank test pressure must be removed or rendered inoperative during the test.

2. Select test method and test media.

☐ HYDROSTATIC: ☐ WATER ☐ OTHER:

- Fill tank including domes with water or other liquid of similar viscosity at a temperature not exceeding 100 F.
- Pressurize tank as specified in table and enter test pressure below.
- While under pressure (minimum of 5 minutes) perform External Visual Inspection including opening all outlet valves and checking all self-closing stop valves for leakage or any other defect.

TEST PRESSURE: _____ psi PASS ☐ FAIL ☐

☒ PNEUMATIC: ☒ AIR ☐ INERT GAS:

- Fill tank with air or inert gas gradually increasing the pressure to 1/2 of the test pressure specified in table. Thereafter increase pressure in steps of 1/10 of test pressure until test pressure is reached and enter test pressure below.
- Hold test pressure (min 5 minutes), coat entire surface of all joints under pressure with soap and water, or other equally sensitive method, and perform External Visual Inspection checking for leakage.

TEST PRESSURE: 20 psi PASS ☒ FAIL ☐

☐ MNOP/60 psig ☐ PRODUCT:

- Enter indicated tank pressure below.
- While under pressure (minimum of 5 minutes) perform External Visual Inspection.

TEST PRESSURE: _____ psi PASS ☐ FAIL ☐

- For MC330, 331 and Nonspec (173.315(k)) inspect delivery hose and piping system while under leakage test pressure. Delivery hose assemblies not permanently attached to the cargo tank motor vehicle may be tested and inspected separately. Perform all tests/inspections using Form S2 - Hose Test and Inspection Supplement.

NOTE: Each compartment of a multi-compartmented tank must be tested with adjacent compartments empty and at atmospheric pressure.

	1	2	3	4	5	6
Mark compartments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Leakage Test pressure must be no less than 80% of MAWP as marked on the Data Plate, unless excepted in table below.

Specification	Test Pressure
Non-specification {173.8 (d)}	Not less than 2.4 psig
MC 300, 301,302,303,304,305 MC 306, 307, 310, 311, 312 DOT 406, 407, 412	Not less than 80% of design (MAWP) pressure
MC330, 331 dedicated to liquified petroleum gas (LPG) or anhydrous ammonia (NH3) service.	Not less than 60 psig
All cargo tanks with design (MAWP) pressure at or above 100 psig and in dedicated service	At Maximum Normal Operating Pressure (MNOP).

NOTE: MC330, 331 and Nonspec (173.315(k)) equipped with a meter may check self-closing stop valve leak tightness by conducting a meter creep test.

NOTE: List any defects on External Visual Inspection, affected section.

☒ TESTED SUCCESSFULLY IN ACCORDANCE WITH US DOT 49CFR PART 180.407

☐ FAILS TO MEET SPECIFICATION REQUIREMENTS

☒ RETURNED TO SERVICE

☐ WITHDRAWN FROM SERVICE


Gary Clark DATE 4/10/2023

REGISTERED
INSPECTOR
SIGNATURE



OWNER SIGNATURE

DATE

Clark Transport				Form K- EPA27- Leakage Test	
Facility Registration # CT-14454 National Board # R-XXXX		WO # 0423-7592			
Facility: Clark Transport - Clark - San Antonio		Phone: 575-408-6476	Branch Code: SANANTONIO	Date: 4/10/2023	
Address: 8403 State Hwy 151 STE 104 # 332		City: San Antonio		State: TX	Zip: 78245
Carrier: WORKHORSE TRUCKING		Phone: 9072030525	Email:		
Address:		City:	State:	Zip:	Cust # NEW00027
Fleet #: 7592	VIN: 1PMA35039B1037592	Serial #:	MC/DOT: DOT407	Special Permit: N/A	Lic Plate# ID TL2120
Type: SEMI TRLR; TANK	MAWP: 25	Mfg: POLAR	Year: 2011	VIP Chip #	N/A No VIP <input checked="" type="checkbox"/>
# Compartments: 1	Total Capacity: 11000	Gal	Cap/Comp: #1 11000 #2	#3	#4 #5 #6
Corrosive Service: NO		Material: Aluminum		Insulated: NO	Vpr Rec: YES
Dedicated Service: NO		Lined: YES - EPOXY		Vac/Full Opening RH: NO	

PRESSURE AND VACUUM TESTS PER METHOD 27: 40 CFR PART 60, APPENDIX A

MACT R/MACT CC FACILITIES:

< 1 in.H2O or 25 mm H2O pressure drop

Test 1 & 2 Variation: Tests must agree within 0.5 in. H2O or 12.5 mm H2O

Initial Test Maricopa Co ONLY ==>>>	Initial Pressure = 18 in. H2O or 480 mm H2O						Total Time > 5 minutes	
	18							
	PRESSURE TEST	Initial Pressure (inches H2O) or (mm H2O)	Initial Test Time (HH:MM)	Final Pressure (inches H2O) or (mm H2O)	Final Test Time (HH:MM)	Pressure Change (inches H2O) or (mm H2O)	Time Change (in minutes)	
	TEST 1	18	16:00	18	16:05	0	5	
	TEST 2	18	16:10	18	16:15	0	5	T1 & T2 VARIATION
	AVG	18		18		0		0

VACUUM TEST	Initial Pressure = 6 in. H2O or 150 mm H2O						Total Time > 5 minutes	
	6							
	TEST	Initial Pressure (inches H2O) or (mm H2O)	Initial Test Time (HH:MM)	Final Pressure (inches H2O) or (mm H2O)	Final Test Time (HH:MM)	Pressure Change (inches H2O) or (mm H2O)	Time Change (in minutes)	
	TEST 1	6	16:45	6	16:50	0	5	
	TEST 2	6	16:55	6	17:00	0	5	T1 & T2 VARIATION
	AVG	6		6		0		0

INTERNAL VAPOR VALVE TEST: 40 CFR PART 63, SUBPART R (Required only at MACT Facilities)

	Initial Tank Pressure = 18 in. H2O or 480 mm H2O Initial Line Pressure = 0 in. H2O or 0 mm H2O				Total Time > 5 minutes		
	Initial Pressure (inches H2O) or (mm H2O)	Initial Test Time (HH:MM)	Final Pressure (inches H2O) or (mm H2O)	Final Test Time (HH:MM)	Pressure Change (inches H2O) or (mm H2O)	Time Change (in minutes)	
TEST 1	0	16:30	0	16:35	0	5	T1 & T2 VARIATION
TEST 2	0						
AVG	0						
MACT R/MACT CC FACILITIES: <= 5 in.H2O or 125 mm H2O pressure increase							



ALL COMPONENTS TESTED CONNECTED



COMPT #

TESTED INDIVIDUALLY



TESTED SUCCESSFULLY IN ACCORDANCE WITH US DOT 49CFR PART 180.407



RETURNED TO SERVICE



FAILS TO MEET SPECIFICATION REQUIREMENTS



WITHDRAWN FROM SERVICE

Gary Clark


DATE 4/10/2023

OWNER SIGNATURE

DATE

REGISTERED
INSPECTOR
SIGNATURE



Clark Transport				Form V - External Inspection Part A	
Facility Registration # CT-14454 National Board # R-XXXX					
		WO # 0423-7592			
Facility: Clark Transport - Clark - San Antonio		Phone: 575-408-6476	Branch Code: SANANTONIO		Date: 4/10/2023
Address: 8403 State Hwy 151 STE 104 # 332		City: San Antonio		State: TX	Zip: 78245
Carrier: WORKHORSE TRUCKING Phone: 9072030525		Fleet # 7592	VIN: 1PMA35039B1037592		Serial#:
Address:		MC/DOT: DOT407	Sp Permit: N/A		Cust ID: NEW00027
City:	State:	Zip:	Design/MAWP: 25		Mfgr/Asmblr: POLAR
					Year: 2011
# Compartments: 1	Total Capacity: 11000	Gal	Cap/Comp: #1 11000	#2	#3
				#4	#5
					#6
Corrosive Service: NO		Min T Head:	Material: Aluminum	Insulated: NO	Vpr Rec: YES
Dedicated Service: NO		Min T Shell:	Lined: YES - EPOXY	Vac/Full Opening RH: NO	
CHECK THE FOLLOWING INSPECTION ITEMS:					

SECTION 1 - TANK SHELL/HEADS:

- 1.1) Corroded or abraded areas
- 1.2) Dents, cuts, digs, gouges
- 1.3) Distortions
- 1.4) Defects in welds

P	F	N/A	Rep
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2 - PIPING/VALVES/GASKETS:

- 2.1) Corroded or abraded areas
- 2.2) Defects in welds
- 2.3) Defects in valves/check function
- 2.4) Defects in the manifold
- 2.5) Defects in piping/flanges/fittings/gaskets

P	F	N/A	Rep
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3 - MANHOLE COVERS/GASKETS:

- 3.1) Manhole cover fasteners operable
- 3.2) Defects in the manhole cover
- 3.3) Defects in the gaskets

P	F	N/A	Rep
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4 - EMERGENCY DEVICES/VALVES INCLUDING SELF-CLOSING STOP VALVES, EXCESS FLOW VALVES, REMOTE CLOSURE DEVICES

- 4.1) Corroded or abraded areas
- 4.2) Distortions
- 4.3) Indications of erosion
- 4.4) External damage that will prevent safe operation
- 4.5) Check device function/leaks

P	F	N/A	Rep
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5 - BOLTS/NUTS/FUSIBLE LINKS/ELEMENTS

- 5.1) Replace any missing items
- 5.2) Tighten any loose items
- 5.3) Replace any corroded/broken items

P	F	N/A	Rep
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 6 - REQUIRED MARKINGS

- 6.1) Correct and legible

P	F	N/A	Rep
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clark Transport Facility Registration # CT-14454 National Board # R-XXXX		Form V - External Inspection Part B <hr/> WO # 0423-7592
CHECK THE FOLLOWING INSPECTION ITEMS:		

**SECTION 7 - MAJOR APPURTENANCES/
STRUCTURAL ATTACHMENTS:**

	P	F	N/A	Rep
7.1) Defects in Subframe/connecting structures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2) Defects in suspension system attachments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3) Defects in welds/corroded or abraded areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4) Defects in ladder/catwalk assys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 8 - UPPER COUPLER REMOVAL DUE ☐ N/A ☐

	P	F	N/A	Rep
8.1) Corroded or abraded areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.2) Dents or distortions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.3) Defects in welds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.4) Missing/loose mounting fasteners	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5) King pin tight and not less than 1-7/8" thick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6) Upper Coupler was removed and area above inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: IF REMOVED FOR INSPECTION, REINSTALL USING NEW 1/2 OR 5/8 INCH GRADE 8 BOLTS.

SECTION 9 - RECLOSING PRESS RELIEF VALVES

	P	F	N/A	Rep
9.1) Corrosion or damage which might prevent safe operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 9 NOTE: If PRD(s) inspected in place, complete this section only. If PRD(s) removed for inspection, add form S1 And perform bench test.

**SECTION 10 - MS/HSLA RING STIFFENERS/
OTHER APPURTENANCES**

	P	F	N/A	Rep
10.1) Thickness test; Take four symmetrical readings to establish average, All readings must be at least 90% of average	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NOTE: IF AIR CAVITY EXISTS ADJACENT TO TANK SHELL PERFORM THICKNESS TEST EVERY TWO YEARS

SECTION 11 - REAR OPENING HEAD GASKETS N/A ☒


	P	F	N/A	Rep
11.1) Cracks/splits from weather/wear	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.2) Cracks/cuts likely to cause leakage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.3) Cracks/cuts 1/2" or more	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>


**SECTION 12 - NON-RECLOSING PRESSURE
RELIEF DEVICES/ACCESSORIES**

	P	F	N/A	Rep
12.1) Rupture discs Allowed on MC310/MC311/MC312 only unless in series with reclosing press/vac device	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.2) Fusible/frangible caps Allowed on MC304/MC307 only when equipped with original style venting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.3) Tank pressure gauge operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.4) Tank thermometer operable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.5) Tank measurement devices operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.6) Defects in gaskets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


SECTION 13 - VARIABLES

	P	F	N/A	Rep
13.1) Any condition that might render tank unsafe for transportation service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/> INSPECTED SUCCESSFULLY IN ACCORDANCE WITH US DOT 49CFR PART 180.413 <input type="checkbox"/> FAILS TO MEET SPECIFICATION REQUIREMENTS	<input checked="" type="checkbox"/> RETURNED TO SERVICE <input type="checkbox"/> WITHDRAWN FROM SERVICE
REGISTERED INSPECTOR SIGNATURE Gary Clark 	OWNER SIGNATURE DATE 4/10/2023

Clark Transport Facility Registration # CT-14454 National Board # R-XXXX				Defect & Repair Summary WO # 0423-7592	
Facility: Clark Transport - Clark - San Antonio		Phone: 575-408-6476		Branch Code: SANANTONIO	
Address: 8403 State Hwy 151 STE 104 # 332		City: San Antonio		State: TX	
Carrier: WORKHORSE TRUCKING		Fleet #: 7592		VIN: 1PMA35039B1037592	
Phone: 9072030525		Serial #:		Cust ID: NEW00027	
Address:		MC/DOT: DOT407		Sp Permit: N/A	
City:		Design/MAWP: 25		Mfgr/Asmblr: POLAR	
State:		Year: 2011			
Zip:					
# Compartments: 1		Total Capacity: 11000 Gal		Cap/Comp: #1 11000 #2 #3 #4 #5 #6	
Corrosive Service: NO		Min T Head:		Material: Aluminum	
Dedicated Service: NO		Min T Shell:		Insulated: NO	
				Vpr Rec: YES	
				Lined: YES - EPOXY	
				Vac/Full Opening RH: NO	

Location of Defects Discovered:	Method of Repairs	Repair Completed
		<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"/> REPAIRS TESTED IN ACCORDANCE WITH US DOT 49CFR PART 180.413 <input checked="" type="checkbox"/> NO REPAIRS REQUIRED <input type="checkbox"/> FAILS TO MEET SPECIFICATION REQUIREMENTS		<input type="checkbox"/> WELDING REPAIRS PERFORMED WPS #:	
Gary Clark REGISTERED INSPECTOR SIGNATURE 		DATE 4/10/2023 WELDER SIGNATURE (If Applicable)	