

TANK TESTING INSPECTION SHEET

EE45-1.2

Ted Beath Welding Ltd.
Box 6628, Drayton Valley, Alberta
T7A 1S1 PH: 780-542-5593
Fax: 780-621-0180
E-mail: sales@tbwl.ca

TCRN/CRN# _____
REG NO. 25-323

Date: Feb 20/2025 Decal Information: 02/2025 V.K. 323

Owner of Tank: Sheldon Squair Enterprises Inc Phone # (780) 678-7403
Address: RR1 Ohanton, Ab T0B 3P0 Unit # 209
Tank S/N 2C9LAA3RX51026007 LEAD Tank Manufacturer Columbia Remtec Mfg
Date Mfg: 10/2004 Transport Canada Specification: TC 407
VIN # 2C9LAA3RX51026007 Certification Date: 10/2004 MDIN 43103484
Assembler Columbia Remtec Manufacturing
Work Required: 1) External Inspection ☒ 2) Internal Inspection ☐ 3) Lining Inspection ☐
4) Thickness Test ☐ 5) Leakage Test ☒ 6) Pressure Test ☐

1) External Inspection = V

Conditions that indicate weakness that might render the tank unsafe for transportation:

	YES	NO		YES	NO
a) Corroded Areas – if yes a thickness test required	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b) Bad Dents	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Defects in Welds/Laminations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	d) Defects in Valves – if yes explain -	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Other defects i.e.: gaskets, packing, seals	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
f) Manhole Covers – Tightening devices operative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	g) Insulated	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h) Proper functions of: Vent Line Valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Loading/unloading valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Self-closing stop valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Excess flow valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Remote closure devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

i) Bolts or nuts on any flanged connection or blank flange are in place and tight ☒ ☐

Comments:

j) Legible tank specification plate ☒ ☐ legible test markings ☒ ☐
Comments:

k) All major appurtenances & attachments in good conditions
Cross members ☒ ☐ Rear Bumper Height ☒ ☐
Fenders ☒ ☐ Good
Fifth wheel upper coupler ☒ ☐ Tie down bolts ☒ ☐
Comments:

l) Multi compartment tanks ☐ ☒ Drain is open in void ☐ N/A ☐
Evidence of leakage from void ☐ N/A ☐
Number of compartments ☐ 1 ☐
m) Reclosing pressure relief ☒ ☐ Relief Valve Tested ☒ ☐
Free from corrosion ☐ ☐ Free from damage ☒ ☐
Relief valve replaced ☐ ☒
Comments:

n) Full opening rear head ☐ N/A ☐ Gasket free of cuts, cracks ☐ ☐
Gasket replaced ☐ ☐
Comments:

o) Hoses inspected ☒ ☐ Test Pressure 180 psi
Hose pressure tested ☒ ☐
Comments: 1-4" hose

INSPECTOR David Carrothers SIGNATURE David Carrothers DATE Feb20/2025

2) **Internal Test: I**

	YES	NO		YES	NO
a) Corroded Areas	<input type="checkbox"/>	<input type="checkbox"/>	b) Bad Dents	<input type="checkbox"/>	<input type="checkbox"/>
c) Defects in welds/laminations	<input type="checkbox"/>	<input type="checkbox"/>	d) Cracks	<input type="checkbox"/>	<input type="checkbox"/>
e) Broken Baffles	<input type="checkbox"/>	<input type="checkbox"/>	f) Lined	<input type="checkbox"/>	<input type="checkbox"/>

Other defects: Explain or elaborate on one above:

Thickness Test required

☐ ☐

Lining Test required

☐ ☐

INSPECTOR _____ SIGNATURE _____ DATE _____

3) **Coating Inspection**

	YES	NO	
a) Visual signs of degraded coating	<input type="checkbox"/>	<input type="checkbox"/>	
b) Thickness test required	<input type="checkbox"/>	<input type="checkbox"/>	c) Coating type: _____

Comments

INSPECTOR _____ SIGNATURE _____ DATE _____

4) **Thickness Test = T**

Mfg Thickness Actual Thickness

Mfg Thickness Actual Thickness

- | | |
|------------------------------------|------------------------------|
| a) Head Thickness | b) Shell Side/Top |
| c) Shell bottom | d) Around discharge openings |
| e) Near a Baffle | f) Near a Fifth Wheel |
| g) Near Nominal liquid level lines | h) On shell to shell joints |

Minimum Allowable Thickness according to specification plate or table 8.x & 8.5 or 10% less than nominal thickness _____

Head _____ Shell _____

Comments:

INSPECTOR _____ SIGNATURE _____ DATE _____

5a) Leakage Test – First Compartment – K

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Re-Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any Venting devices blocked or removed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Leakage	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Test Pressure 20 psi (80% of M.A.W.P.)			MAWP	172 kpa	
Product piping with all valves & accessories					
In place & operative	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Test pressure held for 5 minutes	<input type="checkbox"/>	<input type="checkbox"/>			

Test Medium Water/Air

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

Test held for 5-10 mins

5b) Leakage Test – Second Compartment – K

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input type="checkbox"/>	Re-Test	<input type="checkbox"/>	<input type="checkbox"/>
Any Venting devices blocked or removed	<input type="checkbox"/>	<input type="checkbox"/>	Leakage	<input type="checkbox"/>	<input type="checkbox"/>
Test Pressure (80% of M.A.W.P.)			MAWP		
Product piping with all valves & accessories					
In place & operative	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
Test pressure held for 5 minutes	<input type="checkbox"/>	<input type="checkbox"/>			

Test Medium _____

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

5c) Leakage Test – Third Compartment – K

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input type="checkbox"/>	Re-Test	<input type="checkbox"/>	<input type="checkbox"/>
Any Venting devices blocked or removed	<input type="checkbox"/>	<input type="checkbox"/>	Leakage	<input type="checkbox"/>	<input type="checkbox"/>
Test Pressure (80% of M.A.W.P.)			MAWP		
Product piping with all valves & accessories					
In place & operative	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
Test pressure held for 5 minutes	<input type="checkbox"/>	<input type="checkbox"/>			

Test Medium _____

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

5d) Leakage Test – Fourth Compartment – K

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input type="checkbox"/>	Re-Test	<input type="checkbox"/>	<input type="checkbox"/>
Any Venting devices blocked or removed	<input type="checkbox"/>	<input type="checkbox"/>	Leakage	<input type="checkbox"/>	<input type="checkbox"/>
Test Pressure (80% of M.A.W.P.)			MAWP		
Product piping with all valves & accessories					
In place & operative	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
Test pressure held for 5 minutes	<input type="checkbox"/>	<input type="checkbox"/>			

Test Medium _____

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

INSPECTOR David Carrothers

SIGNATURE

David CarrothersDATE Feb20/2025

6a) Pressure Test – First Compartment = P

Original Test	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Re-Test	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Pressure Relief device Tested	<input type="checkbox"/>	<input type="checkbox"/>	Pressure relief device replaced	<input type="checkbox"/>	<input type="checkbox"/>
Leakage	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
Test Head held for 10 minutes	<input type="checkbox"/>	<input type="checkbox"/>			
Test Medium _____			Test Pressure _____		

Comments: ie If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

6b) Pressure Test - Second Compartment = P

Original Test	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Re-Test	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Pressure relief device Tested	<input type="checkbox"/>	<input type="checkbox"/>	Pressure relief device replaced	<input type="checkbox"/>	<input type="checkbox"/>
Leakage	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
Test Head held for 10 minutes	<input type="checkbox"/>	<input type="checkbox"/>			
Test Medium _____			Test Pressure _____		

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

6c) Pressure Test – Third Compartment = P

Original Test	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Re-Test	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Pressure relief device Tested	<input type="checkbox"/>	<input type="checkbox"/>	Pressure relief device replaced	<input type="checkbox"/>	<input type="checkbox"/>
Leakage	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
Test Head held for 10 minutes	<input type="checkbox"/>	<input type="checkbox"/>			
Test Medium _____			Test Pressure _____		

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

6d) Pressure Test – Fourth Compartment = P

Original Test	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Re-Test	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Pressure relief device Tested	<input type="checkbox"/>	<input type="checkbox"/>	Pressure relief device replaced	<input type="checkbox"/>	<input type="checkbox"/>
Leakage	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
Test Head held for 10 minutes	<input type="checkbox"/>	<input type="checkbox"/>			
Test Medium _____			Test Pressure _____		

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

INSPECTOR _____ SIGNATURE _____ DATE _____
 No Defects or Damages _____

NEXT TEST: EXTERNAL 02/2026 1yr INTERNAL 01/2027 5yrs
 LEAKAGE 02/2026 1yr HYDRO 01/2027 5yrs
 THICKNESS 01/2027 5yrs LINING N/A

REMOVED FROM SERVICE ☐ RETURNED TO SERVICE ☒ Sour Service ☐ Acid Service ☐

NOTES:___

Has met all requirements to the best of my knowledge and returned to service

David Corneille

Feb 20/2025

Parel Services and Consulting
TDG Tank Inspections and Repairs

Transport Canada Reg. # TC 25-1303

TRAILER

Site 420, Box 2, Comp 1, RR 2
 Drayton Valley, Ab.
 T7A 2A2
 780 514-5261

E45-1

Carrier Name:	SHELDON SQUAIR ENTERPRISES INC	Date:	21/01/2022
Address:	RR1 OHATON AB	Phone:	780-678-7403
	TOB 3P0	Fax:	
Manufacturer:	COLUMBIA	Repair Order #	5907
Tank Serial Number:	2C9LAA3RX51026007 <i>LEAD</i>	Unit Number:	107 T-A
Manufacturer Date	01/10/2004	MAWP:	172Kpa
		Tank Spec:	TC-407

Test Performed	External Visual (V)	X	Leak (K)	X	Upper Coupler (UC)	X
	Internal (I)	X	Pressure (P)	X	Thickness (T)	
	Lining (L)					

External Visual Inspection (V)	Date	21/01/2022	
Items Inspected	Complies	Reject	Retest Complies
Data plate, present and legible	X		
Shell and heads, corrosion, abrasion, over lay patches, leaks, etc.	X		
Structural Members, outriggers, crossmembers, etc	X		
Piping, and valves for leaks, damage, corrosion	X		
Remote closures, thermal devices	X		
Hoses for defects, identification and test dates	X		
Gaskets on full opening rear head for damages or cuts	N/A		
Tank attachments to frame and or running gear	X		
Ladders and walkways	X		
Side floats, % guage, and other fittings on the side of the barrel	N/A		
Fill covers, manways, and closure devices	X		
Relief valves and vents (test or replace if in corrosive service)	X		
Accident damage protection	X		
Rear impact guards and bumpers	X		

Inspected By: CRAIG PAREL Signature: *[Signature]*

Internal Inspection(I)	Date	21/01/2022	
Items Inspected	Complies	Reject	Retest Complies
Interior Surface, corrosion, distortion, overlay patches, cracking, etc	X		
Interior welds for defects, cracking, etc.	X		
Interior supports and attachments	X		
Interior valves, piping and vents for leakage, damage etc.	X		

Inspected By: CRAIG PAREL Signature: *[Signature]*

Rejection Criteria for Visual Inspections

- Less than minimum material thickness under and cut, dig or guage
- Any dent with a depth greater than 1/2 " where it includes a weld
- Any dent with a depth greater than 10% of the length of the dent

Parel Services and Consulting
TDG Tank Inspections and Repairs

Transport Canada Reg. # TC 25-1303

Site 420, Box 2, Comp 1, RR 2
 Drayton Valley, Ab.
 T7A 2A2
 780 514-5261

Any weld defect including a crack, pinhole, or incomplete fusion of the weld

Any structural defect or any source of leakage or any repairs made by using overlay patches

Defective, unidentified or out of test hose assemblies

Leakage Test (K)

Date: 21/01/2022

Test Pressure (80% of MAWP min.): 20 PSI Test Medium: AIR/WATER

Item Tested	Pass	Fail	Pass Retest	Item Tested	Pass	Fail	Pass Retest
Compartment 1	X			Comp 1 Plumbing	X		
Compartment 2	X			Comp 2 Plumbing	X		
Compartment 3				Comp 3 Plumbing			
Compartment 4				Comp 4 Plumbing			
Compartment 5				Comp 5 Plumbing			

Inspected By: CRAIG PAREL

Signature: 

Pressure Test (P)

Date: 21/01/2022

Test Pressure: 37.5 PSI Test Medium: AIR/WATER

Item Tested	Pass	Fail	Pass Retest	Item Tested	Pass	Fail	Pass Retest
Compartment 1	X			Comp 1 Plumbing	X		
Compartment 2	X			Comp 2 Plumbing	X		
Compartment 3				Comp 3 Plumbing			
Compartment 4				Comp 4 Plumbing			
Compartment 5				Comp 5 Plumbing			


Inspected By: CRAIG PAREL

Signature: 

Upper Coupler (UC)

Items Inspected	Complies	Reject	Rest Complies
Was upper oupler plate removed?	X		
Any tank frame cracks or corrosion found?	X		
Any defects that might render the tank unsafe for use in transportation?	X		
Plate reinstalled and bolts torqued?	X		

Inspected By: CRAIG PAREL

Signature: 

Description of defects found and method of repair:

NO. Of pages attached:

Tank sucessfully tested after all repairs completed? /NA

Written weld inspection report attached? /NA

Removed from Service ☐

Tank Disposition: Returned to Service ☐

Tank marking applied as required? ☐

21/01/2022 YES

HOSE INSPECTIONS AND CERTIFICATION

HOSE TEST AND INSPECTION REPORT IN ACCORDANCE WITH CSA B620-14

COMPANY	S.S.E	DATE	21-Jan-22
ADDRESS	RR1 OHATON AB	PHONE	780-678-7403
	TOB-3PO	FAX/EMAIL	

UNIT	107 T-A	CAM LOCK PRESSURE RATING	150 PSI
HOSE SERIAL NUMBER	SSE# 107-A	TEST PRESSURE	275 PSI
HOSE HWAP	150 PSI	TEST MEDIUM	WATER
TIME PRESSURE WAS HELD	5 MIN	YES	

HOSE RETURNED TO SERVICE YES

HOSE INSPECTED BY:	CRAIG PAREL	SIGNATURE
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ANNUAL HOSE INSPECTION OUT OF SERVICE CRITERIA

DAMAGE TO HOSE COVER THAT EXPOSES THE REINFORCEMENTS
 KINKED, FLATTENED OR PREMENTATLY DEFORMED WIRE BRAID
 SOFT SPOTS WHEN NOT UNDER PRESSURE, BULDGING UNDER PRESSURE, OR LOOSE OUTER COVERINGS
 DAMAGED, SLIPPING OR EXCESSIVELY WORN HOSE COUPLINGS
 LOOSE OR MISSING BELTS OR FASTENING ON BOLTED HOSE COUPLINGS ASSEMBLIES
 DETERIORATED LEGIBILITY OR ABSENSE OF THE SERIAL OR IDENTIFICATION AND HAWP

COMMENTS



Jet Stream Contracting Ltd.
4610 76 Ave NW
Edmonton, AB, T6B 0A5
Tel (780) 484-7676

EE45-1

SANDBLASTING AND COATING REPORT

Client SHELDON SQUAIR ENTERPRISES-UNIT SSE209		Ref. Procedure No. C.S.	Paint Specification No. HEMPEL	Work Order No. SSE1	Report No. 417
Area/Item Identification MFG. COLUMBIA B-TRAIN LEAD UNIT VIN#2C9LAA3RX51026007		Testex Tape			
		COAT 1	COAT 2	COAT 3	COAT 4
Pre Treatment STEAM CLEAN	Paint Supplier HEMPEL EDMONTON	HEMPEL EDMONTON	HEMPEL EDMONTON	HEMPEL EDMONTON	
Method ABRASIVE BLAST	Paint Type HEMPEL 15500 WHITE	HEMPEL 15500 RED	HEMPEL 15500 RED	HEMPEL 15500 RED	
Standard SSPC-SP5	Paint Batch n. Base 423021363	423041587	423041587	423041587	
Abrasive SIL 7	Paint Batch n. Catalyst 423030617	423030617	423030617	423030617	
Blast Profile 3.5 mils	Thinner Type 08450	08450	08450	08450	
Air Temp. C. 18°C	Method of Application AIRLESS	AIRLESS	AIRLESS	ROLLER	
Wet Bulb Temp. C.					
	Stripe Coat	✓	✓		
% R.H.	Air Temp C	21°C	23°C	20°C	
Dew Point. C.	Wet Bulb Temp C.	16°C	17°C	14°C	
Steel Temp. C.	% R.H.	50%	44%	40%	
	Dew Point C.	13°C	13°C	11°C	
	Steel Temp C.	20°C	22°C	19°C	
Date: JULY 12/23	Ketone Test	N/A	N/A	N/A	
Signature: [Signature]	Total Average DFT.	6.5 mils	13 mils	19 mils	
	Visual Insp.	✓	✓		
	Adhesion				
		JULY 13/23	JULY 14/23	JULY 15/23	
Signature/Date: Contractor		[Signature]	[Signature]	[Signature]	

TANK TESTING INSPECTION SHEET

Ted Beath Welding Ltd.
Box 6628, Drayton Valley, Alberta
T7A 1S1 PH: 780-542-5593
Fax: 780-621-0180
E-mail: sales@tbwl.ca

TCRN/CRN# _____
REG NO. 25-323

Date: Feb 20/2025

Decal Information: 02/2025 V.K. 323

Owner of Tank: Sheldon Squair Enterprises Inc

Phone # (780) 678-7403

Address: RR1 Ohanton, Ab T0B 3P0

Unit # 210

Tank S/N 2C9LBA2R351026008

PUP

Tank Manufacturer Columbia Remtec Mfg

Date Mfg: Oct 2004

Transport Canada Specification: TC 407

VIN # 2C9LBA2R351026008

Certification Date: Oct 2004

MDIN 53102484

Assembler Columbia Remtec Mfg

Work Required: 1) External Inspection ☒

2) Internal Inspection ☐

3) Lining Inspection ☐

4) Thickness Test ☐

5) Leakage Test ☒

6) Pressure Test ☐

1) External Inspection = V

Conditions that indicate weakness that might render the tank unsafe for transportation:

	YES	NO		YES	NO
a) Corroded Areas – if yes a thickness test required	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b) Bad Dents	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Defects in Welds/Laminations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	d) Defects in Valves – if yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Other defects i.e.: <i>gaskets, packing, seals</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	explain - _____		
f) Manhole Covers – Tightening devices operative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	g) Insulated	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h) Proper functions of: Vent Line Valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Loading/unloading valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Self-closing stop valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Excess flow valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Remote closure devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

i) Bolts or nuts on any flanged connection or blank flange are in place and tight

☒ ☐

Comments:

j) Legible tank specification plate

☒ ☐

legible test markings

☒ ☐

Comments:

k) All major appurtenances & attachments in good conditions

Cross members

☒ ☐

Fifth wheel upper coupler

☒ ☐

Rear Bumper Height

Fenders

Tie down bolts

Good

☒ ☐

Comments:

l) Multi compartment tanks

Evidence of leakage from void

Number of compartments

☐ ☒
N/A
1

Drain is open in void

☐ *N/A* ☐

m) Reclosing pressure relief

Free from corrosion

☒ ☐

Relief Valve Tested

Free from damage

Relief valve replaced

☒ ☐
☒ ☐
☐ ☒

Comments:

n) Full opening rear head

Gasket replaced

☐ *N/A* ☐

Gasket free of cuts, cracks

☐ ☐

Comments:

o) Hoses inspected

Hose pressure tested

☒ ☐
☒ ☐

Test Pressure

180 psi

Comments:

1-4" hose

INSPECTOR David Carrothers

SIGNATURE

David Carrothers

DATE Feb 20/2025

2) **Internal Test: I**

a) Corroded Areas	YES <input type="checkbox"/>	NO <input type="checkbox"/>	b) Bad Dents	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c) Defects in welds/laminations	<input type="checkbox"/>	<input type="checkbox"/>	d) Cracks	<input type="checkbox"/>	<input type="checkbox"/>
e) Broken Baffles	<input type="checkbox"/>	<input type="checkbox"/>	f) Lined	<input type="checkbox"/>	<input type="checkbox"/>

Other defects: Explain or elaborate on one above:

Thickness Test required	<input type="checkbox"/>	<input type="checkbox"/>	Lining Test required	<input type="checkbox"/>	<input type="checkbox"/>
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INSPECTOR _____ SIGNATURE _____ DATE _____

3) **Coating Inspection**

a) Visual signs of degraded coating	YES <input type="checkbox"/>	NO <input type="checkbox"/>	c) Coating type: _____
b) Thickness test required	<input type="checkbox"/>	<input type="checkbox"/>	

Comments _____

INSPECTOR _____ SIGNATURE _____ DATE _____

4) **Thickness Test = T**

	Mfg Thickness	Actual Thickness		Mfg Thickness	Actual Thickness
a) Head Thickness			b) Shell Side/Top		
c) Shell bottom			d) Around discharge openings		
e) Near a Baffle			f) Near a Fifth Wheel		
g) Near Nominal liquid level lines			h) On shell to shell joints		

Minimum Allowable Thickness according to specification plate or table
8.x & 8.5 or 10% less than nominal thickness _____

Head _____ Shell _____

Comments:

INSPECTOR _____ SIGNATURE _____ DATE _____

5a) Leakage Test – First Compartment – K

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Re-Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any Venting devices blocked or removed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Leakage	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Test Pressure 20 psi _____ (80% of M.A.W.P.)			MAWP	172 kpa	
Product piping with all valves & accessories	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input checked="" type="checkbox"/>
In place & operative	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Test pressure held for 5 minutes	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Test Medium Water/Air

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

Test held for 5-10 mins

5b) Leakage Test – Second Compartment – K

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input type="checkbox"/>	Re-Test	<input type="checkbox"/>	<input type="checkbox"/>
Any Venting devices blocked or removed	<input type="checkbox"/>	<input type="checkbox"/>	Leakage	<input type="checkbox"/>	<input type="checkbox"/>
Test Pressure _____ (80% of M.A.W.P.)			MAWP		
Product piping with all valves & accessories	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
In place & operative	<input type="checkbox"/>	<input type="checkbox"/>			
Test pressure held for 5 minutes	<input type="checkbox"/>	<input type="checkbox"/>			

Test Medium _____

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

5c) Leakage Test – Third Compartment – K

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input type="checkbox"/>	Re-Test	<input type="checkbox"/>	<input type="checkbox"/>
Any Venting devices blocked or removed	<input type="checkbox"/>	<input type="checkbox"/>	Leakage	<input type="checkbox"/>	<input type="checkbox"/>
Test Pressure _____ (80% of M.A.W.P.)			MAWP		
Product piping with all valves & accessories	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
In place & operative	<input type="checkbox"/>	<input type="checkbox"/>			
Test pressure held for 5 minutes	<input type="checkbox"/>	<input type="checkbox"/>			

Test Medium _____

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

5d) Leakage Test – Fourth Compartment – K

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input type="checkbox"/>	Re-Test	<input type="checkbox"/>	<input type="checkbox"/>
Any Venting devices blocked or removed	<input type="checkbox"/>	<input type="checkbox"/>	Leakage	<input type="checkbox"/>	<input type="checkbox"/>
Test Pressure _____ (80% of M.A.W.P.)			MAWP		
Product piping with all valves & accessories	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
In place & operative	<input type="checkbox"/>	<input type="checkbox"/>			
Test pressure held for 5 minutes	<input type="checkbox"/>	<input type="checkbox"/>			

Test Medium _____

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

INSPECTOR David Carrothers

SIGNATURE

David CarrothersDATE Feb20/2025

6a) Pressure Test – First Compartment = P

Original Test	YES	NO	Re-Test	YES	NO
Pressure Relief device Tested	<input type="checkbox"/>	<input type="checkbox"/>	Pressure relief device replaced	<input type="checkbox"/>	<input type="checkbox"/>
Leakage	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
Test Head held for 10 minutes	<input type="checkbox"/>	<input type="checkbox"/>			
Test Medium _____			Test Pressure _____		

Comments: ie If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

6b) Pressure Test - Second Compartment = P

Original Test	YES	NO	Re-Test	YES	NO
Pressure relief device Tested	<input type="checkbox"/>	<input type="checkbox"/>	Pressure relief device replaced	<input type="checkbox"/>	<input type="checkbox"/>
Leakage	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
Test Head held for 10 minutes	<input type="checkbox"/>	<input type="checkbox"/>			
Test Medium _____			Test Pressure _____		

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

6c) Pressure Test – Third Compartment = P

Original Test	YES	NO	Re-Test	YES	NO
Pressure relief device Tested	<input type="checkbox"/>	<input type="checkbox"/>	Pressure relief device replaced	<input type="checkbox"/>	<input type="checkbox"/>
Leakage	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
Test Head held for 10 minutes	<input type="checkbox"/>	<input type="checkbox"/>			
Test Medium _____			Test Pressure _____		

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

6d) Pressure Test – Fourth Compartment = P

Original Test	YES	NO	Re-Test	YES	NO
Pressure relief device Tested	<input type="checkbox"/>	<input type="checkbox"/>	Pressure relief device replaced	<input type="checkbox"/>	<input type="checkbox"/>
Leakage	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
Test Head held for 10 minutes	<input type="checkbox"/>	<input type="checkbox"/>			
Test Medium _____			Test Pressure _____		

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

INSPECTOR _____ SIGNATURE _____ DATE _____
 No Defects or Damages _____

NEXT TEST: EXTERNAL 02/2026 1yr INTERNAL 01/2027 5yrs
 LEAKAGE 02/2026 1yr HYDRO 01/2027 5yrs
 THICKNESS 01/2027 5yrs LINING N/A

REMOVED FROM SERVICE ☐ RETURNED TO SERVICE ☐ Sour Service ☐ Acid Service ☐

NOTES:___

Has met all requirements to the best of my knowledge and returned to service

David Corvino

Feb 20/2025

Pare Services and Consulting
TDG Tank Inspections and Repairs

Transport Canada Reg. # TC 25-1303

TRAILER

Site 420, Box 2, Comp 1, RR 2
 Drayton Valley, Ab.
 T7A 2A2
 780 514-5261

E45-2

Carrier Name:	SHELDON SQUAIR ENTERPRISES INC	Date:	21/01/2022
Address:	RR1 OHATON AB	Phone:	780-678-7403
	TOB 3P0	Fax:	
Manufacturer:	COLUMBIA	Repair Order #	5907
Tank Serial Number:	2C9LBA2R351026008 <i>Pup</i>	Unit Number:	107 T-B
Manufacturer Date	01/10/2004	MAWP:	172Kpa
		Tank Spec:	TC-407

Test Performed	External Visual (V)	X	Leak (K)	X	Upper Coupler (UC)	X
	Internal (I)	X	Pressure (P)	X	Thickness (T)	
	Lining (L)					

External Visual Inspection (V)		Date	21/01/2022	
Items Inspected		Complies	Reject	Retest Complies
Data plate, present and legible		X		
Shell and heads, corrosion, abrasion, over lay patches, leaks, etc.		X		
Structural Members, outriggers, crossmembers, etc		X		
Piping, and valves for leaks, damage, corrosion		X		
Remote closures, thermal devices		X		
Hoses for defects, identification and test dates		X		
Gaskets on full opening rear head for damages or cuts		N/A		
Tank attachments to frame and or running gear		X		
Ladders and walkways		X		
Side floats, % guage, and other fittings on the side of the barrel		N/A		
Fill covers, manways, and closure devices		X		
Relief valves and vents (test or replace if in corrosive service)		X		
Accident damage protection		X		
Rear impact guards and bumpers		X		

Inspected By: CRAIG PAREL Signature: 

Internal Inspection(I)		Date	21/01/2022	
Items Inspected		Complies	Reject	Retest Complies
Interior Surface, corrosion, distortion, overlay patches, cracking, etc		X		
Interior welds for defects, cracking, etc.		X		
Interior supports and attachments		X		
Interior valves, piping and vents for leakage, damage etc.		X		

Inspected By: CRAIG PAREL Signature: 

Rejection Criteria for Visual Inspections

- Less than minimum material thickness under and cut, dig or gouge
- Any dent with a depth greater than 1/2 " where it includes a weld
- Any dent with a depth greater than 10% of the length of the dent

Parel Services and Consulting
TDG Tank Inspections and Repairs

Transport Canada Reg. # TC 25-1303

Site 420, Box 2, Comp 1, RR 2
 Drayton Valley, Ab.
 T7A 2A2
 780 514-5261

Any weld defect including a crack, pinhole, or incomplete fusion of the weld

Any structural defect or any source of leakage or any repairs made by using overlay patches

Defective, unidentified or out of test hose assemblies

Leakage Test (K)

Date: 21/01/2022

Test Pressure (80% of MAWP min.): 20 PSI Test Medium: AIR/WATER

Item Tested	Pass	Fail	Pass Retest	Item Tested	Pass	Fail	Pass Retest
Compartment 1	X			Comp 1 Plumbing	X		
Compartment 2	X			Comp 2 Plumbing	X		
Compartment 3				Comp 3 Plumbing			
Compartment 4				Comp 4 Plumbing			
Compartment 5				Comp 5 Plumbing			

Inspected By: CRAIG PAREL

Signature: 

Pressure Test (P)

Date: 21/01/2022

Test Pressure: 37.5 PSI Test Medium: AIR/WATER

Item Tested	Pass	Fail	Pass Retest	Item Tested	Pass	Fail	Pass Retest
Compartment 1	X			Comp 1 Plumbing	X		
Compartment 2	X			Comp 2 Plumbing	X		
Compartment 3				Comp 3 Plumbing			
Compartment 4				Comp 4 Plumbing			
Compartment 5				Comp 5 Plumbing			

Inspected By: CRAIG PAREL

Signature: 

Upper Coupler (UC)

Date: 21/01/2022

Items Inspected: Complies Reject Rest Complies

Was upper oupler plate removed?

X

Any tank frame cracks or corrosion found?

X

Any defects that might render the tank unsafe for use in transportation?

X

Plate reinstalled and bolts torqued?

X

Inspected By: CRAIG PAREL

Signature: 

Description of defects found and method of repair:

NO. Of pages attached:

Tank sucessfully tested after all repairs completed? /NA

Written weld inspection report attached? /NA

Removed from Service

Tank Disposition:

Returned to Service

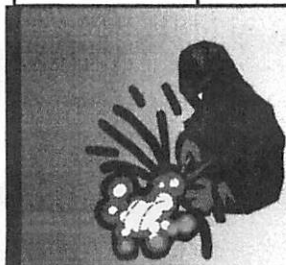
Tank marking applied as required?

21/01/2022

YES



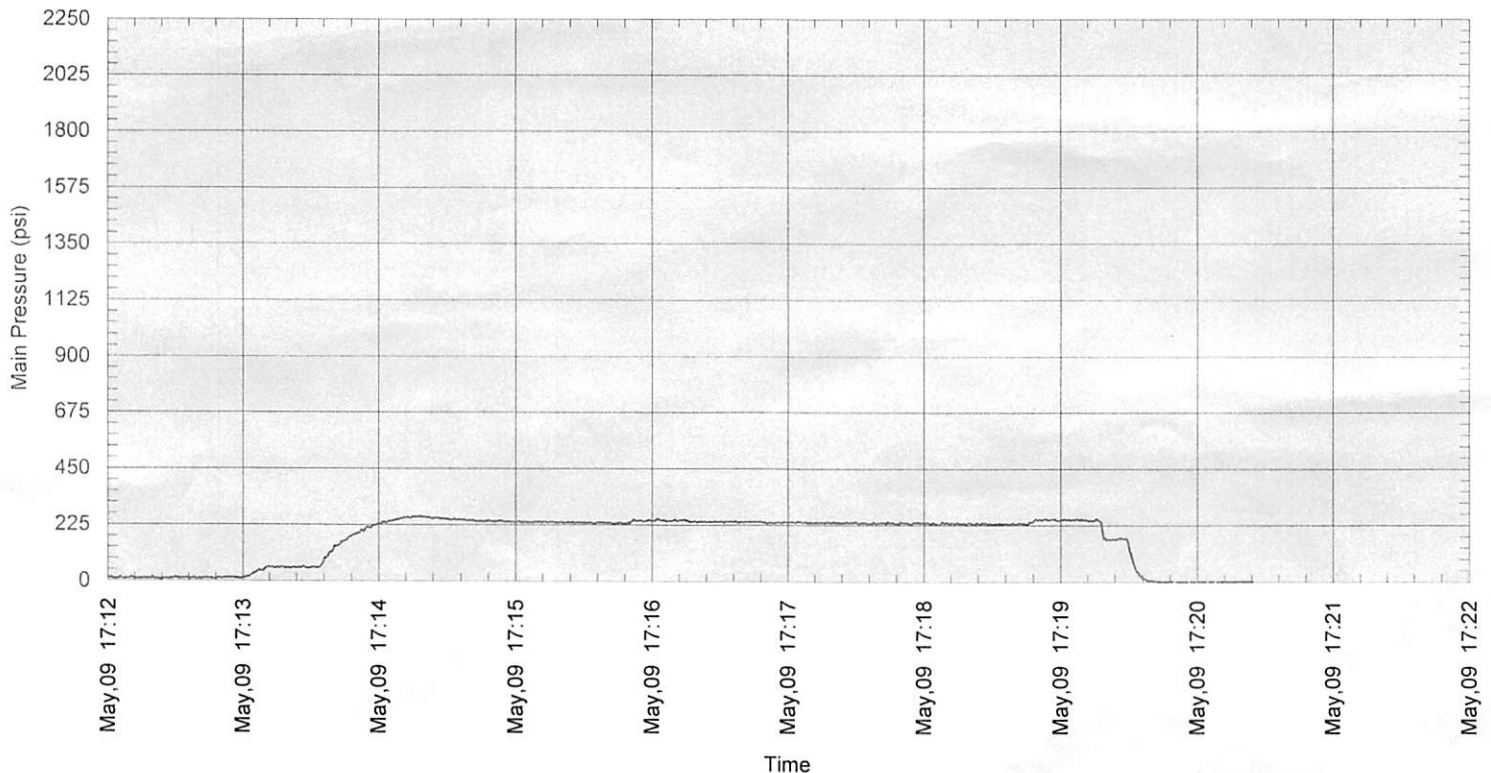
Fax: 780-621-0180



Ted Beath Welding Ltd.



**HYDROSTATIC TEST CERTIFICATE
SHELDON SQUAIR ENTERPRISES
CERTIFICATE 01800**



Date:

May 09, 2025 05:11:02 PM

Customer PO #:

UNIT 209/210 (SPARE HOSE)
01800

Certificate #:

Pick Ticket/Invoice:

Account #:

Company Name :

197889

SHELDON SQUAIR ENTERPRISES

Type of Hose:

Hose Manufacturer:

Type of Service:

PR801300

PANAMA

TANK TRUCK

Fittings/Gasket:

Fittings/Gasket Material:

Assy. Length:

Hose I.D.:

3 INCH MALE NPT

3 INCH FEMALE CAMLOCK

3 INCH MALE NPT

3 INCH FEMALE CAMLOCK

16 FEET

3 INCH

Working Pressure (PSI):

Test Pressure:

150 PSI

225 PSI

Number of Hoses:

Test for (minutes):

Test Conductivity:

1

5

Y

Tested by:

Witnessed by:

SWP

PTR

Signature & Code

Tested By Gregg Distributors Drayton Valley