

TANK TESTING INSPECTION SHEET

CJ12-7

Ted Beath Welding Ltd.
Box 6628, Drayton Valley, Alberta
T7A 1S1 PH: 780-542-5593
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TCRN/CRN# _____
REG NO. 25-323

Date: April 10/2024

Decal Information: 04/2024 V.K.323

Owner of Tank: KPA Pressure Services Ltd.

Phone # 780-621-6361

Address: Box 6357 Drayton Valley, AB T7A 1R8

Unit # 102

Tank S/N TBWL05072013

Tank Manufacturer Ted Beath Welding

Date Mfg: May 7/2013

Transport Canada Specification: TC 406

VIN # 3C7WRNCL7FG580132

Certification Date: 2015/04/24 MDIN 120705-BTH-002-PV-B

Assembler Truck Evolution Inc

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.: gaskets, packing, seals	<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

☐

N/A

Rear Bumper Height

Good

Fenders

☒

Tie down bolts

☒☐

Comments:

l) Multi compartment tanks

Evidence of leakage from void

☒☐

Number of compartments

☐

N/A

Drain is open in void

☐

N/A

☐

m) Reclosing pressure relief

Free from corrosion

☒☐

Relief Valve Tested

☒

Free from damage

☒

Relief valve replaced

☐☒

Comments: PRV was visually inspected

n) Full opening rear head

Gasket replaced

☐

N/A

Gasket free of cuts, cracks

☐☐

Comments:

o) Hoses inspected

Hose pressure tested

☐

N/A

Test Pressure

☐

Comments:

Not required, Tested by others

INSPECTOR David Carrothers

SIGNATURE

David Carrothers

DATE Apr 10/2024

2) **Internal Test: I**

- a) Corroded Areas
c) Defects in welds/laminations
e) Broken Baffles

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- b) Bad Dents
d) Cracks
f) Lined

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Other defects: Explain or elaborate on one above:

Thickness Test required

<input type="checkbox"/>	<input type="checkbox"/>
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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
b) Thickness test required

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<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
c) Shell bottom
e) Near a Baffle
g) Near Nominal liquid level lines

- b) Shell Side/Top
d) Around discharge openings
f) Near a Fifth Wheel
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 2.4 psi (80% of M.A.W.P.)			MAWP	3 psi	
Product piping with all valves & accessories					
In place & operative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input checked="" 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 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 2.4 psi (80% of M.A.W.P.)			MAWP	3 psi	
Product piping with all valves & accessories					
In place & operative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input checked="" 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

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 Apr10/2024

6a) Pressure Test – First Compartment = P

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input type="checkbox"/>	Re-Test	<input type="checkbox"/>	<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

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input type="checkbox"/>	Re-Test	<input type="checkbox"/>	<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

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input type="checkbox"/>	Re-Test	<input type="checkbox"/>	<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

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input type="checkbox"/>	Re-Test	<input type="checkbox"/>	<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 04/2025 1yr INTERNAL 04/2028 5yrs
 LEAKAGE 04/2025 1yr HYDRO 04/2028 5yrs
 THICKNESS 04/2025 2yrs 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 Conner

April 10/2024