

C045-5

Revision No: 1

Date: July 14, 2015

Approved By: Sheldon Weir

**Test and Inspection Report in Accordance with CSA B620**

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Facility Name: Stanchuck Trucking (1997) LTD.

TEST DATE April 11, 2024

Address 6404-66 st

Lloydminster, AB

T9V 3C4

Telephone (780) 875-7665

Facility Registration No.

25-0441

Tank Owner

Stanchuck Trucking (1997) Ltd.

Owner Signature

Address

6404 66 Street Lloydminster, ABT9V 3C4

Telephone

(780) 875-7665

Date:

**Note: This facility does not test or repair hoses**

Owners Serial No.

SBPS

Manufacture

Tremcar

Serial No.

2H9AC08F5BR002468

MFR Date

Sept 2007

Material

94J4H3210

Tank Spec

406 Crude

Comp. Capacity 1

25000

IG/D 2

IG/L

3

IG/L

4

IG/L

5:

IG/L

Tests Performed

☒ "V" ☒ "I" ☒ "K" ☒ "P" ☐ "U/C" ☐ "T" ☐

External Visual Inspection "V"

SCANNED

Item Inspected	QC Manual	Complies	Reject	Corrected
Data Plate, present and legible	12.1.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shell & Heads, corrosion, abrasion, dents, overlay patch leaks, etc.	12.1.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural members, outriggers, cross members, etc	12.1.5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Piping and valves for leakage, damage, corrosion	12.1.7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remote Closures, thermal devices	12.1.7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoses for defects, identification and test dates	12.1.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaskets on full opening rear heads	12.1.9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank attachments to frame or running gear	12.1.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladders, walkways etc	12.1.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fill Covers, man ways and closure devices	12.1.12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relief valves and vents	12.1.13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident damage protection	12.1.14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector name Dustin McDonald

Signature

Dustin McDonald

Date

April 11, 2024

Internal Visual Inspection

Item Inspected	QC Manual	Complies	Reject	Corrected
Interior Surface, Corrosion, distortion, overlay patches, cracking etc.	12.2.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior welds for defects, cracking etc.	12.2.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal supports and attachments	12.2.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal valves and vents for leakage, damage, etc	12.2.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector name Dustin McDonald

Signature

Dustin McDonald

Date

April 11, 2024**Note: Rejection Criteria for Visual Inspections**

Any of the following conditions shall cause the tank to be rejected:

Less than minimum material thickness under any cut, dig or gouge, Any dent greater than 1/4" where it includes a weld, Any dent with a depth greater than 10% of the length of the dent, Any weld defect including a crack, pinhole, or incomplete fusion of the weld, any structural defect or any source of leakage, any repairs made using overlay patches, defective, unidentified or out of test Hose Assemblies

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Date: April 11, 2024

## Leakage Test "K" (QC Manual Reference 8.3)

Test Pressure 2.4 PSI (80% of MAWP Min.) Test Medium Air / Soapy Water

Item Tested	Pass	Fail	Corrected	Item tested	Pass	Fail	Corrected
Compartment No. 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment No. 1 Piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment No. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment No. 2 Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment No. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment No. 3 Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment No. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment No. 4 Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment No. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment No. 5 Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Tester name Ashley McDermott Signature [Signature] Date April 11, 2024  
Pressure Test "P" (QC Manual Reference 8.4)

Test Pressure (Tank)  
Refer to table 8.3 in CSA B620

Test Pressure (Piping) \_\_\_\_\_ (80% Tank Test) Test Medium \_\_\_\_\_

Item Tested	Pass	Fail	Corrected	Item tested	Pass	Fail	Corrected
Compartment No. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment No. 1 Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment No. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment No. 2 Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment No. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment No. 3 Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment No. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment No. 4 Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment No. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment No. 5 Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Tester name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Thickness Test "T" (QC Manual Reference 8.5)  
Thickness tester Calibrated \_\_\_\_\_

FRONT

	12:00	3:00	6:00	9:00
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
	12:00	3:00	6:00	9:00

REAR

Tank Tester Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Upper Coupler Inspection "U/C" (QC Manual Reference 8.1.5 & 8.1.6)

	Complies	Reject	Corrected
Upper coupler removed from tank and inspected (including tank areas above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper coupler inspected in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Description of defects found and methods used to repair

*Cracks in LHS Frame & Under Belly Plating.*  
*- repaired by welder.*

Tank successfully retested after repair YES ☒ NO ☐ N/A ☐

TANK DISPOSITION Removed from Service ☐

Safety Mark (Specification Indication) removed YES ☐ NO ☐

Returned to Service ☐

Tank markings applied (QC Manual Reference Section 15)

Yes ☒ NO ☐