

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: July 24, 2024 Decal Information: 07/2024 VKIPTUC 323

Owner of Tank: Sibley Transport Phone # (780) 728-6019
Address: 54206 RR170A Yellowhead County, Ab T7E 3V4 Unit # 010Q
Tank S/N 2AEAPSBL6DT000107 Tank Manufacturer Advance
Date Mfg: April 2013 Transport Canada Specification: 407
VIN # 2AEAPSBL6DT000107 Certification Date: April 2013 MDIN 23206
Assembler Advance
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: Repaired fender supports.

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

Good

Fenders

☒

Tie down bolts

☒

☐

☐

Comments

l) Multi compartment tanks

Evidence of leakage from void

☐

☒

Number of compartments

☐

☒

Drain is open in void

☐

☒

☐

m) Reclosing pressure relief

Free from corrosion

☒

☐

Relief Valve Tested

☒

Free from damage

☒

Relief valve replaced

☐

☒

Comments:

n) Full opening rear head

Gasket replaced

☐

☒

Gasket free of cuts, cracks

☐

☒

Comments:

o) Hoses inspected

Hose pressure tested

☐

☒

Test Pressure

☐

☒

Comments:

INSPECTOR David Bevan

SIGNATURE



DATE 07/24/2024

ink Pot Ref # S8397-1/4

2) *Internal Test: I*

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

YES
☐
☐
☐

NO
☒
☒
☒

- b) Bad Dents
d) Cracks
f) Lined

YES
☐
☐
☐

NO
☒
☒
☒

Other defects: Explain or elaborate on one above: Repaired broken baffle.

Thickness Test required



Lining Test required



INSPECTOR David Bevan

SIGNATURE 

DATE 07/24/2024

3) *Coating Inspection*

- a) Visual signs of degraded coating
b) Thickness test required

YES
☒
☒

NO
☐
☐

c) Coating type: not on spec plate

Comments

INSPECTOR David Bevan

SIGNATURE 

DATE 07/24/2024

4) *Thickness Test = T*

- a) Head Thickness
c) Shell bottom
e) Near a Baffle
g) Near Nominal liquid level lines

Mfg Thickness Actual Thickness

9.53 9.5
6.35 6.3
6.35 6.3
6.35 6.3

- b) Shell Side/Top
d) Around discharge openings
f) Near a Fifth Wheel
h) On shell to shell joints

Mfg Thickness Actual Thickness

6.35 6.3
6.35 6.3
6.35 6.3
6.35 6.3

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

Head 8.51 Shell 5.58

Comments:

INSPECTOR David Bevan

SIGNATURE 

DATE 07/24/2024

5a) Leakage Test – First Compartment – K

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Re-Test	<input checked="" type="checkbox"/>	<input 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	25 psi	
Product piping with all valves & accessories			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 BevanSIGNATURE DATE 07/24/2024

6a) Pressure Test – First Compartment = P

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Re-Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pressure Relief device Tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pressure relief device replaced	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Leakage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Distortion	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Test Head held for 10 minutes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Test Pressure	40 psi	
Test Medium <u>water</u>					

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 10-15 mins.

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 Pressure		
Test Medium <u>N/A</u>					

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 Pressure		
Test Medium <u>N/A</u>					

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 Pressure		
Test Medium <u>N/A</u>					

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 Bevan

SIGNATURE [Signature]

DATE 07/24/2024

No Defects or Damages

None

NEXT TEST:

EXTERNAL 07/2025 1yr

INTERNAL 07/2029 5yrs

LEAKAGE 07/2025 1yr

HYDRO 07/2029 5yrs

THICKNESS 07/2026 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.

[Signature] 07/24/2024

TANK TESTING INSPECTION SHEET

Ted Beath Welding Ltd.
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T7A 1S1 PH: 780-542-5593
Fax: 780-621-0180
E-mail: sales@tbwl.ca

TCRN/CRN# _____
REG NO. 25-323

Date: March 26/2021 Decal Information: 03/2021 U.K.I.P.L.U.C. 323

Owner of Tank: Sibley Transport Phone # 780-678-6019
Address: 54206 RRT70A Yellowhead County, AB T7E 3V4 Unit# 010 Q
Tank S/N 7412 Tank Manufacturer Tremco
Date Mfg: 02/2010 Transport Canada Specification: TC407
VIN # 2TLZL454XAB003669 Certification Date: 02/2010
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 checked="" type="checkbox"/>	<input type="checkbox"/>
e) Other defects i.e.: gaskets, packing, seals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	explain - <u>Manual vent valve is seized, passenger side front manifold valve by pass</u>		
f) Manhole Covers – Tightening devices operative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Loading/unloading valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Proper functions of: Vent Line Valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	self-closing stop valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	remote closure devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Excess flow valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Comments: Replaced manual vent valve and passenger side load line valve.

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

Comments: _____

i) Legible tank specification plate ☒ legible test markings ☒

Comments: _____

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

Comments: _____

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

Comments: _____

m) Full opening rear head gasket replaced N/A gasket free of cuts, cracks N/A

Comments: _____

n) Hoses inspected N/A Test Pressure N/A
Hose pressure tested N/A

Comments: NO hoses at time of test.

TESTER David Carrothers SIGNATURE David Carrothers DATE March 26/2021

2) *Internal Test: I*

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

Other defects: Explain or elaborate on one above: _____

Thickness Test required _____ ☒Lining Test required _____ ☒TESTER David CarrothersSIGNATURE David CarrothersDATE March 26/20213) *Lining Test Inspection = L*

a) Visual signs of degraded lining	YES	NO	b) high frequency spark tester required	YES	NO
c) Thickness test required	_____	<input checked="" type="checkbox"/>	c) Lining type: <u>TNEMEC 66</u>	_____	<input checked="" type="checkbox"/>

Comments _____

TESTER David CarrothersSIGNATURE David CarrothersDATE March 26/20214) *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 Thickness according to specification plate or table _____

8.x & 8.5 or 10% less than nominal thickness _____

Comments: _____

TESTER _____ SIGNATURE _____

DATE _____

5a) Leakage Test - First Compartment - K

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

Test Medium Water

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	_____	_____	Re-Test	_____	_____
Any venting devices blocked or removed	_____	_____	Leakage	_____	_____
Test Pressure _____ (*80% M.A.W.P.)	_____	_____	Distortion	_____	_____
Test pressure held for 5 minutes	_____	_____			
Product piping with all valves & accessories in place & operative	_____	_____			

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	_____	_____	Re-Test	_____	_____
Any venting devices blocked or removed	_____	_____	Leakage	_____	_____
Test Pressure _____ (*80% M.A.W.P.)	_____	_____	Distortion	_____	_____
Test pressure held for 5 minutes	_____	_____			
Product piping with all valves & accessories In place & operative	_____	_____			

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	_____	_____	Re-Test	_____	_____
Any venting devices blocked or removed	_____	_____	Leakage	_____	_____
Test Pressure _____ (80% M.A.W.P.)	_____	_____	Distortion	_____	_____
Test pressure held for 5 minutes	_____	_____			
Product piping with all valves & accessories In place & operative	_____	_____			

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.

TESTER: David CarruthersSIGNATURE: Gemma CarruthersDATE: March 26/2021

6a) Pressure Test - First Compartment = P

Original Test	YES	NO	Re-Test	YES	NO
Pressure Relief device Tested	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pressure relief device replaced	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Leakage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Distortion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Test Medium Water Test Pressure 45 psi

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 40-15 mins, PRU was bench tested.

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 Medium	<input type="checkbox"/>	<input type="checkbox"/>	Test Pressure	<input type="checkbox"/>	<input type="checkbox"/>

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 Medium	<input type="checkbox"/>	<input type="checkbox"/>	Test Pressure	<input type="checkbox"/>	<input type="checkbox"/>

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 Medium	<input type="checkbox"/>	<input type="checkbox"/>	Test Pressure	<input type="checkbox"/>	<input type="checkbox"/>

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.

TESTER David Carrothers

SIGNATURE David Carrothers

DATE March 26/2021

NEXT TEST:

EXTERNAL 03/2022 1yr INTERNAL 03/2026 5yrs
 LEAKAGE 03/2022 1yr HYDRO 03/2026 5yrs
 THICKNESS N/A LINING 03/2026 5yrs

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

David Carrothers
March 26/2021