

TANK TESTING INSPECTION SHEET

F011-2

Ted Beath Welding Ltd.
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TCRN/CRN# _____
REG NO. 25-323

Date: December 6, 2024

Decal Information: 12/2024 VKIPTUC 323

Owner of Tank: Diggin & Chewin Trucking Ltd

Phone # (780) 728-2247

Address: 16321-Hwy 748 East Yellowhead County, Ab T7E 3P1

Unit # 132

Tank S/N 140318

Tank Manufacturer Dragon Products

Date Mfg: 01/2015

Transport Canada Specification: DOT 407

VIN # 1UNFT3746FS140318

Certification Date: 01/2015

MDIN Not on spec plate

Assembler Dragon Products

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: Replaced all valves except vent valve on driver side.

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

☐ 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

☐☒

Gasket free of cuts, cracks

☐ N/A ☐

Comments:

o) Hoses inspected

Hose pressure tested

☐☒

Test Pressure

☐

Comments:

INSPECTOR David Bevan

SIGNATURE

DATE 12/06/2024

2) **Internal Test: I**

	YES	NO		YES	NO
a) Corroded Areas	<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) Cracks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Broken Baffles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	f) Lined	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other defects: Explain or elaborate on one above:

Thickness Test required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lining Test required	<input type="checkbox"/>	<input type="checkbox"/>
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INSPECTOR David Bevan SIGNATURE  DATE 12/06/2024

3) **Coating Inspection**

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

Comments

INSPECTOR David Bevan SIGNATURE  DATE 12/06/2024

4) **Thickness Test = T**

	Mfg Thickness	Actual Thickness		Mfg Thickness	Actual Thickness
a) Head Thickness	0.375	0.37	b) Shell Side/Top	0.250	0.24
c) Shell bottom	0.313	0.31	d) Around discharge openings	0.250	0.24
e) Near a Baffle	0.250	0.24	f) Near a Fifth Wheel	0.313	0.31
g) Near Nominal liquid level lines	0.250	0.24	h) On shell to shell joints	0.250	0.24

Minimum Allowable Thickness according to specification plate or table 8.x & 8.5 or 10% less than nominal thickness _____ Head 0.315 Shell 0.300/0.200

Comments: Tank coating degrading but no signs of pitting.

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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	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

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			Distortion	<input type="checkbox"/>	<input 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 _____

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			Distortion	<input type="checkbox"/>	<input 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 _____

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			Distortion	<input type="checkbox"/>	<input 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 _____

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 12/06/2024

6a) Pressure Test – First Compartment = P

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Re-Test	<input type="checkbox"/>	<input checked="" 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 Medium <u>Water</u>			Test Pressure	47 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 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 Medium <u>N/A</u>			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 <u>N/A</u>			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 <u>N/A</u>			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 David Bevan

SIGNATURE [Signature]

DATE 12/06/2024

No Defects or Damages

None

NEXT TEST:

EXTERNAL 12/2025 1yr

INTERNAL 12/2029 5yrs

LEAKAGE 12/2025 1yr

HYDRO 12/2029 5yrs

THICKNESS 12/2026 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]

12/06/2024