

X34-3,4



G.B.M. Trailer Service Ltd.

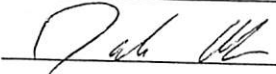
9300 Endeavor Drive SE
Calgary, AB • T3S 0A1
Tel: 403.279.9717
Toll Free: 1.877.GBM.9717
www.gbmtrailer.ca

Date: 02/02/2025
Customer: G & B Fuels
Unit #: 239ab
Serial #: 2AEABSAH89R000299
Serial # 2: 2AEARPAE49R000301

Please be advised that vapor recovery system has been tested and passed
According to EPA Method 27-40 CFR Part 60

Please phone if you have any questions regarding this letter.

Thank you,

Name: DALE AKINS
Title: SERVICE MANAGER
Signature: 

X34-3'4



G.B.M. Trailer Service Ltd.

9300 Endeavor Drive SE

Calgary, AB • T3S 0A1

Tel: 403.279.9717

Toll Free: 1.877.GBM.9717

www.gbmtrailer.ca

Date: 02/10/2025

Customer: G&B Fuels Inc

Unit #: 239 AB

Serial #: 2AEABSAH89R000299

Serial # 2: 2AEARPAE49R000301

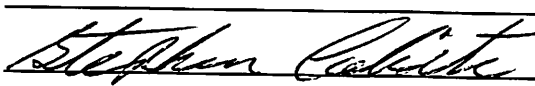
Please be advised that all sensor probes have been wet tested in each compartment.

Please phone if you have any questions regarding this letter.

Thank you,

Name: Stephen Calixte

Title: Tank Tester

Signature: 

GBM TRAILER SERVICE LTD CALGARY ALBERTA -25-049



Facility Name: **GBM Trailer Service Ltd.**

Facility Registration # **25-049**

Address: 9300 Endeavor Drive SE, Calgary, AB, T3S0A1 (403)279-9717

Tank Owner: G & B Fuels

Unit # 239B

Address: 189 Cove Road Chestermere AB T1X 1E5

Telephone: 403-279-5144

Tests Performed: ☒ V ☐ I ☒ K ☐ P ☐ UC ☐ L ☐ T

Inspection and Test Report in accordance with CSA B620 7.2. Page 2 of 7. Rev 0 June 30, 2021

Ref	External Visual Inspection. CSA B620 – 7.2.1	Pass	Fail	Corrected	NA
1	Metal identification plate, tank markings: Inspect to ensure plate is secured, entries legible - no paint or corrosion. Ensuring that specification markings and all other required markings on the tank are present and legible.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Without removing insulation or jacketing, inspect tank for corroded areas, dents, distortions, defects in welds, and any other condition, including leakage, that indicates weakness in the tank that might render it unsafe for transportation. Corroded or abraded areas shall be thickness tested and documented. Overlay patches are prohibited. Insulated tanks – Outer Jacket. Condition of attachments, dents, digs, scrapes, perforations, loose sheeting, cracks and distortion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Inspect structural supports, crossmembers, outriggers, pads, tank frame, reinforcement rings, major appurtenances and attachments, connecting structures, and those elements of the upper coupler (fifth wheel) assembly that can be inspected without dismantling that assembly, are not damaged or corroded so as to affect safe operation of the vehicle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Inspect piping, valves and gaskets for operation, leakage, corrosion. Ensure proper functioning of all valves, vents, pressure and emergency devices, including self-closing stop valves, excess-flow valves, and remote closure devices – ensuring that they are free of corrosion, distortion or any other condition or damage that would prevent their normal operation. Ensure all bottom outlet valves have shear sections or accident damage protection. Ensure that fusible links, and fusible elements are present and operative	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Inspect all ladders, catwalks, platforms and fall protection devices for damage, defects in welds, ensuring their safe operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Inspect manway covers, all closure devices, caps, nipples and plugs for leaks, tightness and operation. Check all gaskets for leaks. Inspect all bolts and nuts on any flanged connections or blank flange – ensure all bolts, nuts are in place and properly secured	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	All vacuum and reclosing pressure-relief devices shall be externally inspected for any corrosion or damage that could prevent their safe operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	For tanks in corrosive service, all vacuum and reclosing pressure-relief devices shall be removed for inspection and shall be bench tested to ensure that they open at the required set-to-discharge pressure for the tank's MAWP and reseal at not less than 90% of that pressure or at the reseal pressure prescribed for the tank specification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	Inspect accident damage protection devices – condition of welds, damage, distortion, corrosion abrasion and any other condition that might render the tank unsafe for transportation or cause the tank to be out of compliance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	The gasket on any full opening rear head shall be visually inspected for cuts, cracks, or splits and replace if cuts, cracks, or splits are likely to cause leakage, or are of a depth greater than 0.5 in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	Inspect hose assemblies mounted on or accompanying the tank to ensure that they do not display any defects. Inspect hose assemblies to ensure that the required markings are legible, and that the markings indicate that the hose assemblies are pressure tested within the prescribed period.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Tank marking: Date (month and year), Symbol (V), Facility Registration Number applied after all defects corrected, inspected, and tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No Defects Found ☐ Defects Found ☒ Defects Corrected, Inspected and Tested - Pass ☒

Stephen Calxite
Name of Tank Inspector

Stephen Calxite
Signature of Tank Inspector

February 07 2025
Date Inspection Completed

Ref	Leak Test CSA B620 7.2.5	Pass	Fail	Corrected	NA
1	Product piping and all associated valves and accessories shall be in place and operative. Each valve and closure shall be tested in sequence. With internal valve closed and external valve open inspect for signs of leakage, and no pressure drop.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Product piping and all associated valves and accessories shall be in place and operative. Each valve and closure shall be tested in sequence. With external valve closed and internal valve open inspect for signs of leakage, and no pressure drop.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Vacuum test tank valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Tank marking: Date (month and year), Symbol (K), Facility Registration Number applied after all defects corrected, inspected and tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compartment Tested	Pass	Fail	Piping Tested	Pass	Fail
Compartment 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Compartment 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Compartment 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Compartment 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Compartment 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Compartment 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Compartment 4	<input type="checkbox"/>	<input type="checkbox"/>	Compartment 4	<input type="checkbox"/>	<input type="checkbox"/>
Compartment 5	<input type="checkbox"/>	<input type="checkbox"/>	Compartment 5	<input type="checkbox"/>	<input type="checkbox"/>
Compartment 6	<input type="checkbox"/>	<input type="checkbox"/>	Compartment 6	<input type="checkbox"/>	<input type="checkbox"/>

Leak Test Pressure 3 psi. Length of Time Leak Test Held 5 min.

Test Medium: Air ☒ Water ☒ Other _____

No Defects Found ☒ Defects Found ☐ Defects Corrected, Inspected and Tested - Pass ☐.

Stephen Calixte

Name of Tank Tester

Stephen Calixte

Signature of Tank Tester

February 07 2025

Date Leak Test Completed

Ref	Internal Visual Inspection CSA B620 7.2.2	Pass	Fail	Corrected	NA
1	When the tank is not equipped with a manway or inspection opening, or the tank precludes an internal inspection due to lining, the tank shall be pressure tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Inspect entire interior surface of shell and heads for signs of corrosion, abrasion, pitting, dents or cracks. Overly patches are prohibited. Corroded or abraded areas shall be thickness tested and documented. Inspect linings and coatings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	If the tank is coated an inspection shall conform with the procedures and equipment specified by the coating manufacturer or installer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Inspect all welded connections of tank shell and heads and all structural supports: inspect for corrosion, abrasion, dents, digs, gouges, distortions, defects in welds and other conditions that might render the tank unsafe for transportation. Check areas around baffle openings for sign of distortion or cracks. Corroded or abraded areas shall be thickness tested and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Inspect all piping, valves, vents, fittings and gaskets for corrosion, abrasion, and defects in welds, leakage and other conditions that may render the tank unsafe for transportation. Corroded or abraded areas shall be thickness tested and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Tank marking: Date (month and year), Symbol (I), Facility Registration Number applied after all defects corrected, inspected and tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No Defects Found ☐ Defects Found ☐ Defects Corrected, Inspected and Tested - Pass ☐.

Name of Tank Inspector

Signature of Tank Inspector

Date Leak Test Completed

Ref	Upper Coupler Inspection CSA B620 7.2.4	Pass	Fail	Corrected	NA
1	For tanks in corrosive service, once in each 2-year period and in conjunction with the External Visual Inspection, the upper coupler assembly and the areas covered by the upper coupler assembly shall be inspected for corroded and abraded areas, dents, distortions, defects in welds, and any other condition that might render the tank unsafe for transportation. The upper coupler assembly must be removed for this inspection. Corroded and abraded areas shall be thickness tested and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Once in each 5-year period and in conjunction with the Pressure Test, the upper coupler assembly and areas covered by the upper coupler assembly shall be inspected for corroded or abraded areas, cracks, dents, distortions, defects in welds, and any other condition that may render the tank unsafe for use in transportation. The upper coupler assembly shall be removed for this inspection. Corroded and abraded areas shall be thickness tested and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Tank marking: Date (month and year), Symbol (UC), Facility Registration Number applied after all defects corrected, inspected, and tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No Defects Found ☐ Defects Found ☐ Defects Corrected, Inspected and Tested - Pass ☐.

Name of Tank Inspector

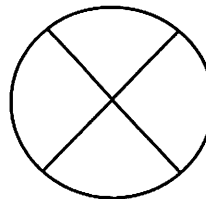
Signature of Tank Inspector

Date Upper Coupler Inspection Completed

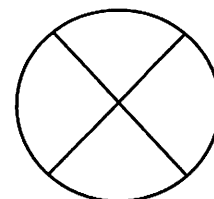
Ref	Thickness Test CSA B620 7.2.6	Pass	Fail	Corrected	NA
1	The shell and head thickness of all unlined tanks used for materials corrosive to the tank shell or heads must be tested at 2-year intervals in the following areas: <ul style="list-style-type: none"> around any piping that retains lading; high-stress areas of the shell such as the bottom of the tank around openings, weld joints, shell reinforcements, and locations where appurtenances are attached near the upper coupler (fifth wheel), suspension system attachments, and any connecting structures; any known thin areas in the tank and nominal liquid level lines; and structures joining multiple carbon steel tanks on a self-supporting transport unit. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Tank marking: Date (month and year), Symbol (T), Facility Registration Number applied after all defects corrected, inspected, and tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

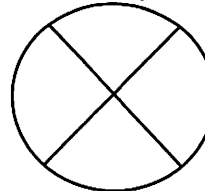
Front Head



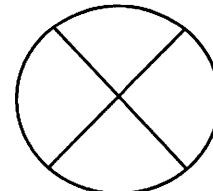
Rear Head



Sump



Manhole



No Defects Found ☐ Defects Found ☐ Defects Corrected, Inspected and Tested - Pass ☐.

Name of Tank Tester

Signature of Tank Tester

Date Thickness Test Completed

Pressure Test CSA B620 7.2.7	Pass	Fail	Corrected	NA
Prior to performing the Pressure Test, the External Visual Inspection and Internal Visual Inspection shall be completed satisfactorily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating System Hydrostatic Pressure Test. Completed prior to pressure test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In conjunction with the Pressure Test all self-closing pressure relief devices shall be removed and bench tested or replaced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When isolated from the pressure supply, the test pressure shall be retained for minimum 10 minutes, and a visual inspection of all external surfaces reveals no leaks, deformation and bulging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank marking: Date (month and year), Symbol (P), and Facility Registration Number applied after all defects corrected, inspected and tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compartment Tested	Pass	Fail	Piping Tested	Pass	Fail
Compartment 1	<input type="checkbox"/>	<input type="checkbox"/>	Compartment 1	<input type="checkbox"/>	<input type="checkbox"/>
Compartment 2	<input type="checkbox"/>	<input type="checkbox"/>	Compartment 2	<input type="checkbox"/>	<input type="checkbox"/>
Compartment 3	<input type="checkbox"/>	<input type="checkbox"/>	Compartment 3	<input type="checkbox"/>	<input type="checkbox"/>
Compartment 4	<input type="checkbox"/>	<input type="checkbox"/>	Compartment 4	<input type="checkbox"/>	<input type="checkbox"/>
Compartment 5	<input type="checkbox"/>	<input type="checkbox"/>	Compartment 5	<input type="checkbox"/>	<input type="checkbox"/>
Compartment 6	<input type="checkbox"/>	<input type="checkbox"/>	Compartment 6	<input type="checkbox"/>	<input type="checkbox"/>

Tank Test Pressure _____ psi Length of Time Pressure Test Held _____ minutes.

Piping Test Pressure _____ psi Length of Time Pressure Test Held _____ minutes

Pressure Test Method: Hydrostatic ☐ Pneumatic ☐

No Defects Found ☐ Defects Found ☐ Defects Corrected, Inspected and Tested - Pass ☐.

Name of Tank Tester

Signature of Tank Tester

Date Pressure Test Completed

Tank Disposition Statement: Tank Returned to Service ☒ Tank Removed from Service ☐

Hose Assembly Test and Inspection Report in Accordance with CSA B620

e-copy

Facility Name: GBM Trailer Service Ltd
Address 9300 Endeavor Drive SE
Calgary AB T3S 0A1
Telephone 403.279.9717



Facility Registration No. 25-049

Hose Owner G&B FUELS INC

Address 189 COVE ROAD

City CHESTERMERE

Province Alberta

P.C. TIX-1E5

Telephone (403) 279-5144

WO # 8950

PO #

Unit No. 239B

Type

DROP HOSE

Hose I/D 3 INCH

Length 19FT

Ends M X F

Item Inspected	Complies	Reject	Complies	Reject	Complies	Reject
Exposed reinforcement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kinked, flattened or permanently deformed wire braid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft spots when not under pressure or loose outer covering	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damaged, slipping or excessively worn hose couplings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loose or missing bolts or fastenings on bolted hose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupling assemblies deteriorated legibility or absence of serial or id number or HAWP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name Gordon Greig

Signature Gordon Greig

Feb 5 2025

HOSE PRESSURE RETEST

Hose I/D	HAWP	Test Press	Test Medium	Pass	Fail
3 INCH	10 PSI	10 PSI	HYDROSTATIC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Tester Name Gord Greig

Signature

Feb 5 2025

Description if failed

Hose identification

8950HT01

Retest after repair

YES NO N/A

Service Disposition

Removed Returned

Test Mark Applied

YES NO

Verified Name Matthew Graham

Signature

Feb 5 2025

Hose Assembly Test and Inspection Report in Accordance with CSA B620

e-copy

Facility Name: GBM Trailer Service Ltd
Address 9300 Endeavor Drive SE
Calgary AB T3S 0A1
Telephone 403.279.9717



Facility Registration No. 25-049

Hose Owner G&B FUELS INC

Address 189 COVE ROAD

City CHESTERMERE

Province Alberta

P.C. TIX-IE5

Telephone (403) 279-5144

WO # 8950

PO #

Unit No. 239B

Type

DROP HOSE

Hose I/D 3 INCH

Length 19FT 11"

Ends M X F

Item Inspected	Complies	Reject	Complies	Reject	Complies	Reject
Exposed reinforcement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kinked, flattened or permanently deformed wire braid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft spots when not under pressure or loose outer covering	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damaged, slipping or excessively worn hose couplings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loose or missing bolts or fastenings on bolted hose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupling assemblies deteriorated legibility or absence of serial or id number or HAWP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name Gordon Greig

Signature Gordon Greig

Feb 5 2025

HOSE PRESSURE RETEST

Hose I/D	HAWP	Test Press	Test Medium	Pass	Fail
3 INCH	10 PSI	10 PSI	HYDROSTATIC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Tester Name Gord Greig

Signature

Feb 5 2025

Description if failed

Hose identification

8950HT02

Retest after repair

YES NO N/A
☐ ☐ ☒

Service Disposition

Removed Returned
☐ ☒

Test Mark Applied

YES NO
☒ ☐

Verified Name Matthew Graham

Signature

Feb 5 2025

Hose Assembly Test and Inspection Report in Accordance with CSA B620

e-copy

Facility Name: GBM Trailer Service Ltd
Address 9300 Endeavor Drive SE
Calgary AB T3S 0A1
Telephone 403.279.9717



Facility Registration No. 25-049

Hose Owner G&B FUELS INC

Address 189 COVE ROAD

City CHESTERMERE

Province Alberta

P.C. TIX-IE5

Telephone (403) 279-5144

WO # 8950

PO #

Unit No. 239B

Type

TANK TRUCK

Hose I/D 3 INCH

Length 19FT 10"

Ends M X F

Item Inspected	Complies	Reject	Complies	Reject	Complies	Reject
Exposed reinforcement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kinked, flattened or permanently deformed wire braid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft spots when not under pressure or loose outer covering	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damaged, slipping or excessively worn hose couplings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loose or missing bolts or fastenings on bolted hose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupling assemblies deteriorated legibility or absence of serial or id number or HAWP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name Gordon Greig

Signature Gordon Greig

Feb 5 2025

HOSE PRESSURE RETEST

Hose I/D	HAWP	Test Press	Test Medium	Pass	Fail
3 INCH	100 PSI	110 PSI	HYDROSTATIC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Tester Name Gord Greig

Signature

Feb 5 2025

Description if failed

Hose identification

8950HT03

Retest after repair

YES NO N/A
☐ ☐ ☒

Service Disposition

Removed Returned
☐ ☒

Test Mark Applied

YES NO
☒ ☐

Verified Name Matthew Graham

Signature

Feb 5 2025

GBM TRAILER SERVICE LTD CALGARY ALBERTA - 25-049

X34-4

Tank Owner G & B Fuels Address 189 Cove Road Chestermere AB T1X 1E5 Telephone 403-279-5144

Tank Manufacturer Advance Serial No. 2AEABSAH89R000299 Specification 406

Tank Assembler Advance Special Service ☐ Lined ☐ Insulated ☐

Original Test Date May 2009 Design Temp Range -40 °C ☒ to 50 °C ☒ Max Lading Density .90 KG/L

Date of Manufacturer May 2009 TCRN/MDN 7951 MAWP 22.7 PSI ☐ kPa ☒ Test Pressure 34.5 PSI ☐ kPa ☒ Cert. Date May 2009

Shell Material 5454-H32 Head Material 5454-0 Weld Material 5554

Min. Shell Thickness Top 4.39 Sides 4.39 Bottom 4.39 Mfd. Head Thickness 5.97

Mfd. Shell Thickness Top 4.76 Sides 4.76 Bottom 4.76 Mfd. Head Thickness 6.35

	Compartment 1	Compartment 2	Compartment 3	Compartment 4	Compartment 5
Volume Cap Litres	<u>18500</u>	<u>5000</u>	<u>12000</u>		
Exposed Surface Area	<u>38.7</u>	<u>9.7</u>	<u>21.2</u>		

Coating Material

Heat System Pressure PSI ☐ kPa ☐

Truck/Frame VIN

Date 05 February 2025
Day Month Year

Technician Stephen Calixte

Technician Stephen Calixte
Signature



Facility Name: **GBM Trailer Service Ltd.**

Facility Registration # **25-049**

Address: 9300 Endeavor Drive SE, Calgary, AB, T3S0A1 (403)279-9717

Tank Owner: G & B Fuels

Unit # 239A

Address: 189 Cove Road Chestermere AB T1X 1E5

Telephone: 403-279-5144

Tests Performed: ☒ V ☐ I ☒ K ☐ P ☐ UC ☐ L ☐ T

Inspection and Test Report in accordance with CSA B620 7.2. Page 2 of 7. Rev 0 June 30, 2021

Ref	External Visual Inspection. CSA B620 – 7.2.1	Pass	Fail	Corrected	NA
1	Metal identification plate, tank markings: Inspect to ensure plate is secured, entries legible - no paint or corrosion. Ensuring that specification markings and all other required markings on the tank are present and legible.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Without removing insulation or jacketing, inspect tank for corroded areas, dents, distortions, defects in welds, and any other condition, including leakage, that indicates weakness in the tank that might render it unsafe for transportation. Corroded or abraded areas shall be thickness tested and documented. Overlay patches are prohibited. Insulated tanks – Outer Jacket. Condition of attachments, dents, digs, scrapes, perforations, loose sheeting, cracks and distortion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Inspect structural supports, crossmembers, outriggers, pads, tank frame, reinforcement rings, major appurtenances and attachments, connecting structures, and those elements of the upper coupler (fifth wheel) assembly that can be inspected without dismantling that assembly, are not damaged or corroded so as to affect safe operation of the vehicle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Inspect piping, valves and gaskets for operation, leakage, corrosion. Ensure proper functioning of all valves, vents, pressure and emergency devices, including self-closing stop valves, excess-flow valves, and remote closure devices – ensuring that they are free of corrosion, distortion or any other condition or damage that would prevent their normal operation. Ensure all bottom outlet valves have shear sections or accident damage protection Ensure that fusible links, and fusible elements are present and operative	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Inspect all ladders, catwalks, platforms and fall protection devices for damage, defects in welds, ensuring their safe operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Inspect manway covers, all closure devices, caps, nipples and plugs for leaks, tightness and operation. Check all gaskets for leaks. Inspect all bolts and nuts on any flanged connections or blank flange – ensure all bolts, nuts are in place and properly secured	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	All vacuum and reclosing pressure-relief devices shall be externally inspected for any corrosion or damage that could prevent their safe operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	For tanks in corrosive service, all vacuum and reclosing pressure-relief devices shall be removed for inspection and shall be bench tested to ensure that they open at the required set-to-discharge pressure for the tank's MAWP and reseal at not less than 90% of that pressure or at the reseal pressure prescribed for the tank specification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	Inspect accident damage protection devices – condition of welds, damage, distortion, corrosion abrasion and any other condition that might render the tank unsafe for transportation or cause the tank to be out of compliance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	The gasket on any full opening rear head shall be visually inspected for cuts, cracks, or splits and replace if cuts, cracks, or splits are likely to cause leakage, or are of a depth greater than 0.5 in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	Inspect hose assemblies mounted on or accompanying the tank to ensure that they do not display any defects. Inspect hose assemblies to ensure that the required markings are legible, and that the markings indicate that the hose assemblies are pressure tested within the prescribed period.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Tank marking: Date (month and year), Symbol (V), Facility Registration Number applied after all defects corrected, inspected, and tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No Defects Found ☐ Defects Found ☒ Defects Corrected, Inspected and Tested - Pass ☒

Stephen Calixte
Name of Tank Inspector

Stephen Calixte
Signature of Tank Inspector

February 05 2025
Date Inspection Completed

Ref	Leak Test CSA B620 7.2.5	Pass	Fail	Corrected	NA
1	Product piping and all associated valves and accessories shall be in place and operative. Each valve and closure shall be tested in sequence. With internal valve closed and external valve open inspect for signs of leakage, and no pressure drop.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Product piping and all associated valves and accessories shall be in place and operative. Each valve and closure shall be tested in sequence. With external valve closed and internal valve open inspect for signs of leakage, and no pressure drop.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Vacuum test tank valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Tank marking: Date (month and year), Symbol (K), Facility Registration Number applied after all defects corrected, inspected and tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compartment Tested	Pass	Fail	Piping Tested	Pass	Fail
Compartment 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Compartment 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Compartment 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Compartment 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Compartment 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Compartment 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Compartment 4	<input type="checkbox"/>	<input type="checkbox"/>	Compartment 4	<input type="checkbox"/>	<input type="checkbox"/>
Compartment 5	<input type="checkbox"/>	<input type="checkbox"/>	Compartment 5	<input type="checkbox"/>	<input type="checkbox"/>
Compartment 6	<input type="checkbox"/>	<input type="checkbox"/>	Compartment 6	<input type="checkbox"/>	<input type="checkbox"/>

Leak Test Pressure 3 psi. Length of Time Leak Test Held 5 min.

Test Medium: Air ☒ Water ☒ Other

No Defects Found ☐ Defects Found ☒ Defects Corrected, Inspected and Tested - Pass ☒.

Stephen Calxite

Name of Tank Tester

Stephen Calxite
Signature of Tank Tester

February 10 2025

Date Leak Test Completed

Ref	Internal Visual Inspection CSA B620 7.2.2	Pass	Fail	Corrected	NA
1	When the tank is not equipped with a manway or inspection opening, or the tank precludes an internal inspection due to lining, the tank shall be pressure tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Inspect entire interior surface of shell and heads for signs of corrosion, abrasion, pitting, dents or cracks. Overly patches are prohibited. Corroded or abraded areas shall be thickness tested and documented. Inspect linings and coatings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	If the tank is coated an inspection shall conform with the procedures and equipment specified by the coating manufacturer or installer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Inspect all welded connections of tank shell and heads and all structural supports: inspect for corrosion, abrasion, dents, digs, gouges, distortions, defects in welds and other conditions that might render the tank unsafe for transportation. Check areas around baffle openings for sign of distortion or cracks. Corroded or abraded areas shall be thickness tested and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Inspect all piping, valves, vents, fittings and gaskets for corrosion, abrasion, and defects in welds, leakage and other conditions that may render the tank unsafe for transportation. Corroded or abraded areas shall be thickness tested and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Tank marking: Date (month and year), Symbol (I), Facility Registration Number applied after all defects corrected, inspected and tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No Defects Found ☐ Defects Found ☐ Defects Corrected, Inspected and Tested - Pass ☐.

Name of Tank Inspector

Signature of Tank Inspector

Date Leak Test Completed

Ref	Upper Coupler Inspection CSA B620 7.2.4	Pass	Fail	Corrected	NA
1	For tanks in corrosive service, once in each 2-year period and in conjunction with the External Visual Inspection, the upper coupler assembly and the areas covered by the upper coupler assembly shall be inspected for corroded and abraded areas, dents, distortions, defects in welds, and any other condition that might render the tank unsafe for transportation. The upper coupler assembly must be removed for this inspection. Corroded and abraded areas shall be thickness tested and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Once in each 5-year period and in conjunction with the Pressure Test, the upper coupler assembly and areas covered by the upper coupler assembly shall be inspected for corroded or abraded areas, cracks, dents, distortions, defects in welds, and any other condition that may render the tank unsafe for use in transportation. The upper coupler assembly shall be removed for this inspection. Corroded and abraded areas shall be thickness tested and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Tank marking: Date (month and year), Symbol (UC), Facility Registration Number applied after all defects corrected, inspected, and tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No Defects Found ☐ Defects Found ☐ Defects Corrected, Inspected and Tested - Pass ☐.

Name of Tank Inspector

Signature of Tank Inspector

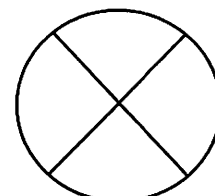
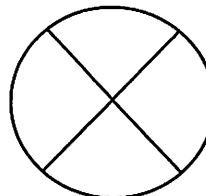
Date Upper Coupler Inspection Completed

Ref	Thickness Test CSA B620 7.2.6	Pass	Fail	Corrected	NA
1	The shell and head thickness of all unlined tanks used for materials corrosive to the tank shell or heads must be tested at 2-year intervals in the following areas <ul style="list-style-type: none"> around any piping that retains lading; high-stress areas of the shell such as the bottom of the tank around openings, weld joints, shell reinforcements, and locations where appurtenances are attached near the upper coupler (fifth wheel), suspension system attachments, and any connecting structures; any known thin areas in the tank and nominal liquid level lines; and structures joining multiple carbon steel tanks on a self-supporting transport unit. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Tank marking: Date (month and year), Symbol (T), Facility Registration Number applied after all defects corrected, inspected, and tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

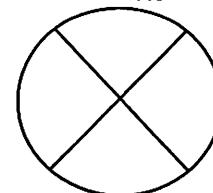
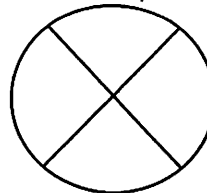
Front Head

Rear Head



Sump

Manhole



No Defects Found ☐ Defects Found ☐ Defects Corrected, Inspected and Tested - Pass ☐.

Name of Tank Tester

Signature of Tank Tester

Date Thickness Test Completed

Pressure Test CSA B620 7.2.7		Pass	Fail	Corrected	NA
Prior to performing the Pressure Test, the External Visual Inspection and Internal Visual Inspection shall be completed satisfactorily.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating System Hydrostatic Pressure Test. Completed prior to pressure test.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In conjunction with the Pressure Test all self-closing pressure relief devices shall be removed and bench tested or replaced.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When isolated from the pressure supply, the test pressure shall be retained for minimum 10 minutes, and a visual inspection of all external surfaces reveals no leaks, deformation and bulging.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank marking: Date (month and year), Symbol (P), and Facility Registration Number applied after all defects corrected, inspected and tested.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compartment Tested	Pass	Fail	Piping Tested	Pass	Fail
Compartment 1	<input type="checkbox"/>	<input type="checkbox"/>	Compartment 1	<input type="checkbox"/>	<input type="checkbox"/>
Compartment 2	<input type="checkbox"/>	<input type="checkbox"/>	Compartment 2	<input type="checkbox"/>	<input type="checkbox"/>
Compartment 3	<input type="checkbox"/>	<input type="checkbox"/>	Compartment 3	<input type="checkbox"/>	<input type="checkbox"/>
Compartment 4	<input type="checkbox"/>	<input type="checkbox"/>	Compartment 4	<input type="checkbox"/>	<input type="checkbox"/>
Compartment 5	<input type="checkbox"/>	<input type="checkbox"/>	Compartment 5	<input type="checkbox"/>	<input type="checkbox"/>
Compartment 6	<input type="checkbox"/>	<input type="checkbox"/>	Compartment 6	<input type="checkbox"/>	<input type="checkbox"/>

Tank Test Pressure _____ psi Length of Time Pressure Test Held _____ minutes.

Piping Test Pressure _____ psi Length of Time Pressure Test Held _____ minutes

Pressure Test Method: Hydrostatic ☐ Pneumatic ☐

No Defects Found ☐ Defects Found ☐ Defects Corrected, Inspected and Tested - Pass ☐.

Name of Tank Tester

Signature of Tank Tester

Date Pressure Test Completed

Tank Disposition Statement: Tank Returned to Service ☒ Tank Removed from Service ☐

Tank Disposition Statement: Tank Returned to Service ☒ Tank Removed from Service ☐

Hose Assembly Test and Inspection Report in Accordance with CSA B620

e-copy

Facility Name: GBM Trailer Service Ltd
Address 9300 Endeavor Drive SE
Calgary AB T3S 0A1
Telephone 403.279.9717



Facility Registration No. 25-049

Hose Owner G&B FUELS INC

Address 189 COVE ROAD

City CHESTERMERE

Province Alberta

P.C. TIX-1E5

Telephone (403) 279-5144

WO # 8940

PO #

Unit No. 239A

Type

DROP HOSE

Hose I/D 3 INCH

Length 19FT

Ends M X F

Item Inspected	Complies	Reject	Complies	Reject	Complies	Reject
Exposed reinforcement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kinked, flattened or permanently deformed wire braid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft spots when not under pressure or loose outer covering	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damaged, slipping or excessively worn hose couplings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loose or missing bolts or fastenings on bolted hose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupling assemblies deteriorated legibility or absence of serial or id number or HAWP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name Gordon Greig

Signature Gordon Greig

Feb 5 2025

HOSE PRESSURE RETEST

Hose I/D	HAWP	Test Press	Test Medium	Pass	Fail
3 INCH	10 PSI	10 PSI	HYDROSTATIC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Tester Name Gord Greig

Signature

Feb 5 2025

Description if failed

Hose identification

8940HT01

Retest after repair

YES NO N/A

Service Disposition

Removed Returned

Test Mark Applied

YES NO

Verified Name Matthew Graham

Signature

Feb 5 2025

Hose Assembly Test and Inspection Report in Accordance with CSA B620

e-copy

Facility Name: GBM Trailer Service Ltd
Address 9300 Endeavor Drive SE
Calgary AB T3S 0A1
Telephone 403.279.9717



Facility Registration No. 25-049

Hose Owner G&B FUELS INC

Address 189 COVE ROAD

City CHESTERMERE

Province Alberta

P.C. T1X-1E5

Telephone (403) 279-5144

WO # 8940

PO #

Unit No. 239A

Type

DROP HOSE

Hose I/D 3 INCH

Length 15FT

Ends M X F

Item Inspected	Complies	Reject	Complies	Reject	Complies	Reject
Exposed reinforcement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kinked, flattened or permanently deformed wire braid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft spots when not under pressure or loose outer covering	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damaged, slipping or excessively worn hose couplings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loose or missing bolts or fastenings on bolted hose coupling assemblies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
deteriorated legibility or absence of serial or id number or HAWP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name Gordon Greig

Signature Gordon Greig

Feb 5 2025

HOSE PRESSURE RETEST

Hose I/D	HAWP	Test Press	Test Medium	Pass	Fail
3 INCH	10 PSI	10 PSI	HYDROSTATIC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Tester Name Gord Greig

Signature

Feb 5 2025

Description if failed

Hose identification

8940HT02

Retest after repair

YES NO N/A
☐ ☐ ☒

Service Disposition

Removed Returned
☐ ☒

Test Mark Applied

YES NO
☒ ☐

Verified Name Matthew Graham

Signature

Feb 5 2025

Hose Assembly Test and Inspection Report in Accordance with CSA B620

e-copy

Facility Name: GBM Trailer Service Ltd
Address 9300 Endeavor Drive SE
Calgary AB T3S 0A1
Telephone 403.279.9717



Facility Registration No. 25-049

Hose Owner G&B FUELS INC

Address 189 COVE ROAD

City CHESTERMERE

Province Alberta

P.C. TIX-IE5

Telephone (403) 279-5144

WO # 8940

PO #

Unit No. 239A

Type

TANK TRUCK

Hose I/D 3 INCH

Length 20FT

Ends M X F

Item Inspected	Complies	Reject	Complies	Reject	Complies	Reject
Exposed reinforcement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kinked, flattened or permanently deformed wire braid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft spots when not under pressure or loose outer covering	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damaged, slipping or excessively worn hose couplings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loose or missing bolts or fastenings on bolted hose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupling assemblies deteriorated legibility or absence of serial or id number or HAWP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name Gordon Greig

Signature Gordon Greig

Feb 5 2025

HOSE PRESSURE RETEST

Hose I/D	HAWP	Test Press	Test Medium	Pass	Fail
3 INCH	100 PSI	110 PSI	HYDROSTATIC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Tester Name Gord Greig

Signature

Feb 5 2025

Description if failed

Hose identification
8940HT03

Retest after repair
YES NO N/A
☐ ☐ ☒

Service Disposition
Removed Returned
☐ ☒

Test Mark Applied
YES NO
☒ ☐

Verified Name Matthew Graham

Signature

Feb 5 2025