

External Visual Inspection Report

FM14-2

Facility Name: Central Towing and Recovery Ltd.
 Address: 4704 40th Avenue Lloydminster SK S9V 0Y3
 Telephone: (780) 205-0390
 TC Registration: 25-0966

Tank Owner Southern SpurAddress PO Box 535Lashburn SKTelephone 780-872-1222Owner Serial Number: 1232Tank Serial Number SHIDL423XDSJ28048Tank Manufacturer HeilTank Specification 402Tank MAWP 35psl

Inspection Item	Inspected	Pass	Fail	Comments
Without removing insulation or jacketing, checking for corroded areas, dents, distortions, defects in welds, defects in piping, and any other condition, including leakage, that indicates weakness in the tank that might render it unsafe for transportation;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure that devices for tightening manhole covers are operative and that the covers are leak tight;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure the proper functioning of all valves, vents, and emergency devices, including self-closing stop valves, excess-flow valves, and thermal and remote closure devices, and ensuring that they are free of corrosion, distortion, or any other damage that would prevent their normal operation;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure that all bolts or nuts on any flanged connection or blank flange are in place and properly tightened;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensuring that specification metal identification plate, and other markings on the tank are legible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure that all 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. For tanks in corrosive service remove upper coupler assembly and inspect areas covered by the upper coupler for corrosion, abrasion, defects in welds - Upper coupler removed once in each 2-year period	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For multi-compartment vehicles, the void drain shall be uncapped or unplugged. If there is no evidence of leakage from the drain or void space, the external inspection requirements for the tank wall in that void space shall be deemed to be satisfied.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Corroded or abraded areas of the tank wall shall be thickness tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All reclosing pressure-relief valves shall be externally inspected for any corrosion or damage that could prevent their safe operation. For tanks in corrosive service the pressure relief devices shall be either replaced or tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The gaskets on any full opening rear head shall be visually inspected for cuts, cracks, or splits; and replaced if cuts, cracks, or splits that are likely to cause leakage, or are of a depth of 12.7 mm (0.5 in) or more, are found.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TC 331. The internal self-closing valve and off-truck emergency shutdown system shall be tested for function reliability at 150 ft. and be incapable of reopening the ISC valve after emergency activation. The ISC valve shall be leak tight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hose Assemblies accompanying the tank or connected to the tank - visual inspection and pressure test. Complete inspection and test report Exhibit 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Tanks shall be rejected when any of the following defect are found during an external inspection

- (a) less than the minimum thickness remaining under a cut, dig, or gouge;
- (b) any dent with a depth of more than 12.7 mm (0.5 in) where it includes a weld;
- (c) any dent with a depth of greater than 10% of the length of the dent;
- (d) any weld defect, including a crack, pinhole, or incomplete fusion of the weld;
- (e) any structural defect;
- (f) any source of leakage; or
- (g) repairs made to liquid-retaining components using overlay patches

Section:

Leak Test Report

Facility Name: Central Towing and Recovery Ltd.
 Address: 4704 40th Avenue Lloydminster SK. S9V 0Y3
 Telephone: (780) 205-0300
 TC Registration: 25-0966

Tank Owner Southern SpurAddress Po Box 535Lashburn SKTelephone 780-872-1222Owner Serial Number: 4232Tank Serial Number SHDL423XD5525098Tank Manufacturer HeikTank Specification 407Tank MAWP 35psi

Item Tested	Pass	Fail	Corrected	NA
The leakage test shall ensure that the tank weld seams and weld joints, tank closures, piping, valves, and gaskets are in good condition and do not leak within the piping or to the exterior.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any venting devices set to relieve at less than the test pressure shall be removed or rendered inoperative.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product piping and all associated valves and accessories shall be in place and operative.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each valve and closure shall be tested in sequence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Leak Test Pressure 525 psi Length of Time Leak Test Held 10 min. Test Medium: Air ☒ Water ☐ Other _____

Pressure Test Report

Facility Name: Central Towing and Recovery Ltd.
 Address: 4704 40th Avenue Lloydminster SK. S9V 0Y3
 Telephone: (780) 205-0300
 TC Registration: 25-0966

Tank Owner Southern Spur
 Address Po Box 535
Lashburn SK Telephone 780-872-1222
 Owner Serial Number: 1232 Tank Serial Number 5H1DL423XD5J25098
 Tank Manufacturer Hall trailer Tank Specification 407 Tank MAWP 35psi

Item Tested	Pass	Fail	Corrected	NA
Prior to performing the Pressure Test, the External Visual Inspection and Internal Visual Inspection shall be completed satisfactorily	<input checked="" 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 tested or replaced.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In conjunction with the Pressure Test areas covered by the upper coupler shall be inspected. The upper coupler must be removed for this inspection. Remove upper coupler and inspect areas covered by the upper coupler for corrosion, abrasion, defects in welds.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Except for tanks with double bulk heads, ensure adjacent compartments and voids are empty and at atmospheric pressure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All piping and accessories shall be pressure tested at not less than 80% of the tank's MAWP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank shall have successfully completed the test if (a) when isolated from the pressure supply, the test pressure is retained for at least 10 min; and (b) a visual examination of all external surfaces reveals no defects, leakage, or deformation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank marking: Date (month and year), Symbol (P), Facility Registration Number applied after all defects corrected, inspected and tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Pressure 52.5 psi Length of Time Leak Test Held 10 min. Test Medium: Air ☒ Water ☐ Other _____

Pressure Test Type: Hydrostatic ☐ Pneumatic ☒ Number of Tank Compartments Successfully Pressure Tested 1

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

Tank Heating System Pressure Tested ☐ NA ☐ Heating System Pressure Test Pass ☐ Fail ☐ Corrected ☐

Tank Heating System Test pressure _____ Length of Time Leak Test Held _____ min

Heating systems employing flues for heating the lading tested to ensure against lading leakage into the flues or the atmosphere

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