

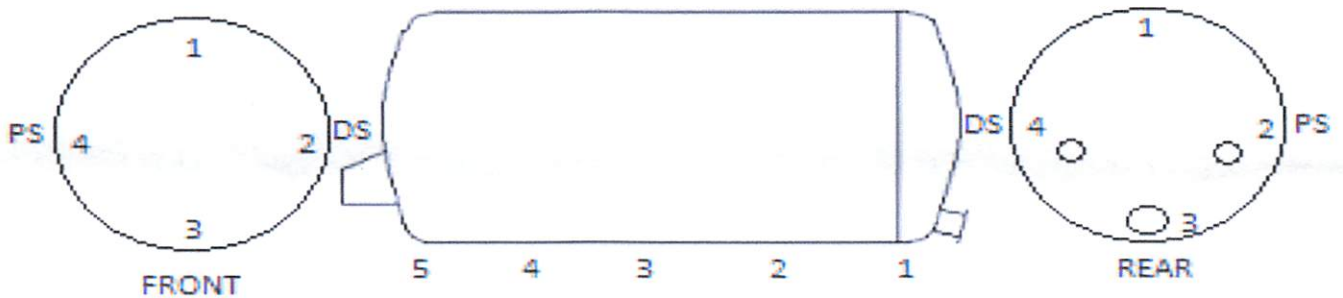
Z31-1

S.H.I.F.T.

V-S.H.I.F.T. INC.
110-50416 RR245
Leduc County, AB
T4X 0P5
780-777-7102

Date: <u>OCTOBER 1 2025</u>	Tank Owner: <u>2170144 AB LTD</u>	
Work Order: _____	Address: _____	
Facility #: <u>25-1043</u>	Unit # <u>WCA</u>	
Test Performed: <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> I <input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> K <input checked="" type="checkbox"/> V <input type="checkbox"/> U/C	Phone #: <u>780-815-0284</u>	
Tank Serial #: <u>48990908</u>	Certification Date: <u>04/17/09</u>	Shell Material: <u>SA36</u>
Manu./Assembler: <u>CUSTOM VAC</u>	MDIN/TCRN/CRN: <u>CV-78-SS-1+9</u>	Head Material: <u>SA516-70</u>
Tank Spec: <u>407</u>	Design Pressure/MAWP: <u>30 PSI</u>	Mfd. Shell Thickness: <u>6.35</u>
Special Services: <u>N/A</u>	NB NO: <u>N/A</u>	Min. Shell Thickness: <u>4.65</u>
Manufacture Date: <u>2009</u>	Capacity: <u>16802</u>	Mfd. Head Thickness: <u>7.9</u>
Lined: <u>NO</u>	Insulated: <u>NO</u>	Min. Head Thickness: <u>5.61</u>

Ultrasonic Thickness Test



Measurements taken every 6' starting at rear of tank at numbered intervals in 4 positions. Front and rear measurements as numbered. Note other areas of excess wear and measurements taken.

	1 (REAR)	2 (6')	3 (12')	4 (18')	5 (24')	6 (30')	7 (36')	8 (42')	9 (48')	10 (36')
FRONT HEAD	7.2	7.1	7.0	7.1						
REAR HEAD	7.1	7.1	7.0	7.1						
SHELL POSITION 1	5.7	5.6	5.5	5.6						
SHELL POSITION 2	5.7	5.6	5.6	5.6						
SHELL POSITION 3	5.6	5.6	5.6	5.6						
SHELL POSITION 4	5.6	5.6	5.5	2.6						
OTHER: _____										
OTHER: _____										
OTHER: _____										

Inspector's Name: RYAN EAMON Signature: *Ryan Eamon* Date: 10/01/25
Signature of Owner/owner Representative: *[Signature]* Date: 10/01/25



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Date: OCTOBER 1 2025
Work Order: _____
Facility #: 25-1043
Test Performed: ☒ T ☒ I ☒ P ☒ K ☒ V ☐ U/C

Tank Owner: 2170144 AB LTD

Address: _____

Unit # 404

Phone #: 780-815-0284

Tank Serial #: 48990908
Manu./Assembler: CUSTOM VAC

Certification Date: 04/17/09
MDIN/TCRN/CRN: CV-78-SS-1+9

Shell Material: SA36
Head Material: SA516-70

Tank Spec: 407

Design Pressure/MAWP: 30 PSI

Mfd. Shell Thickness: 6.35

Special Services: N/A

NB NO: N/A

Min. Shell Thickness: 4.65

Manufacture Date: 2009

Capacity: 16802

Mfd. Head Thickness: 7.9

Lined: NO

Insulated: NO

Min. Head Thickness: 5.61

Pressure Test

	Pass	Fail	Corrected	N/A
1. Ensure all tank valves have no leakage.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Inspect gaskets and seals for leakage.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Inspect welded areas and areas of high stress.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Pressure tested, no leakage.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Heating system tested.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Inspect flue for signs of leakage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Test Pressure: 45 PSI Hold Time: 10 MIN Test Medium: WATER

Corrected Actions:

- _____
- _____
- _____
- _____
- _____

Tank Disposition:

Pass Return to Service ☒

Fail Remove from Service ☐

Inspector's Name: RYAN EAMON

Signature: _____

Date: 10/01/25

Signature of Owner/owner Representative: _____

Date: 10/01/25

Inspections & Tests Report in Accordance with CSA B620 & 49 CFR Part 180



V-S.H.I.F.T. INC.
110-50416 RR245
Leduc County, AB
T4X 0P5
780-777-7102

Date: OCTOBER 1 2025
Work Order: _____
Facility #: 25-1043
Test Performed: ☒ T ☒ I ☒ P ☒ K ☒ V ☐ U/C

Tank Owner: 2170144 AB LTD

Address: _____

Unit # 407

Phone #: 780-815-0284

Tank Serial #: 48990908
Manu./Assembler: CUSTOM VAC

Certification Date: 04/17/09
MDIN/TCRN/CRN: CV-78-SS-1+9

Shell Material: SA36
Head Material: SA516-70

Tank Spec: 407

Design Pressure/MAWP: 30 PSI

Mfd. Shell Thickness: 6.35

Special Services: N/A

NB NO: N/A

Min. Shell Thickness: 4.65

Manufacture Date: 2009

Capacity: 16802

Mfd. Head Thickness: 7.9

Lined: NO

Insulated: NO

Min. Head Thickness: 5.61

Leakage Test


	Pass	Fail	Corrected	N/A
1. Ensure all tank valves have no leakage.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Inspect gaskets and seals for leakage.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Inspect welded areas and areas of high stress.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Pressure tested, no leakage.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Test Pressure (80% of MAWP): 24 PSI Hold Time: 10 MIN Test Medium: WATER

Corrected Actions:

- _____
- _____
- _____
- _____
- _____

Tank Disposition: Pass Return to Service ☒ Fail Remove from Service ☐

Inspector's Name: RYAN EAMON Signature:  Date: 10/01/25

Signature of Owner/owner Representative:  Date: 10/01/25

Inspections & Tests Report in Accordance with CSA B620 & 49 CFR Part 180



V-S.H.I.F.T. INC.
110-50416 RR245
Leduc County, AB
T4X 0P5
780-777-7102

Date: OCTOBER 1 2025
Work Order: _____
Facility #: 25-1043
Test Performed: ☒ T ☒ I ☒ P ☒ K ☒ V ☐ U/C

Tank Owner: 2170144 AB LTD
Address: _____
Unit # 209
Phone #: 780-815-0284

Tank Serial #: 48990908
Manu./Assembler: CUSTOM VAC
Tank Spec: 407
Special Services: N/A
Manufacture Date: 2009
Lined: NO

Certification Date: 04/17/09
MDIN/TCRN/CRN: CV-78-SS-1+9
Design Pressure/MAWP: 30 PSI
NB NO: N/A
Capacity: 16802
Insulated: NO

Shell Material: SA36
Head Material: SA516-70
Mfd. Shell Thickness: 6.35
Min. Shell Thickness: 4.65
Mfd. Head Thickness: 7.9
Min. Head Thickness: 5.61

Internal Visual Inspections

	Pass	Fail	Corrected	N/A
1. Inspect internal surface for corrosion, distortion overlaying Patches, abraded areas and cracking etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Inspect internal welds for defects, cracking etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Inspect internal supports, attachments, baffles and sandpipe for defects and cracking.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Inspect internal seals gaskets for defects or signs of leakage.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Corrected Actions:

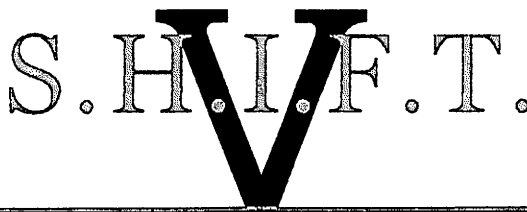
1. _____
2. _____
3. _____
4. _____
5. _____

Tank Disposition: Pass Return to Service ☒ Fail Remove from Service ☐

Inspector's Name: RYAN EAMON Signature: Date: 10/01/25

Signature of Owner/owner Representative: Date: 10/01/25

Inspections & Tests Report in Accordance with CSA B620 & 49 CFR Part 180



V-S.H.I.F.T. INC.
110-50416 RR245
Leduc County, AB
T4X 0P5
780-777-7102

Date: OCTOBER 1 2025
Work Order: _____
Facility #: 25-1043
Test Performed: ☒ T ☒ I ☒ P ☒ K ☒ V ☐ U/C

Tank Owner: 2170144 AB LTD
Address: _____
Unit # 401
Phone #: 780-815-0284

Tank Serial #: 48990908
Manu./Assembler: CUSTOM VAC
Tank Spec: 407
Special Services: N/A
Manufacture Date: 2009
Lined: NO

Certification Date: 04/17/09
MDIN/TCRN/CRN: CV-78-SS-1+9
Design Pressure/MAWP: 30 PSI
NB NO: N/A
Capacity: 16802
Insulated: NO

Shell Material: SA36
Head Material: SA516-70
Mfd. Shell Thickness: 6.35
Min. Shell Thickness: 4.65
Mfd. Head Thickness: 7.9
Min. Head Thickness: 5.61

External Visual Inspections

	Pass	Fail	Corrected	N/A
1. Data plate, present and legible.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Inspect valves for proper function, leakage, corrosion and fusible link.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ensure emergency shut off functions and closes valves.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Inspect shells & heads for corrosion, dents, overlay patches, abraded areas and signs of leakage.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Inspect structural members, appurtenances, and attachments for signs of defects or corrosion.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Inspect relief valves and vents (replace or test if tank is service where lading is corrosive to relief device).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Inspect gaskets on full openings rear heads for damages or cuts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Inspect all areas of sealing, gaskets, floats etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Inspect hoses for defects, identification, and tests dates. (yearly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Inspect the upper coupler area for signs of defect or abrasion, tanks in corrosive service remove coupler assembly & inspect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Ensure devices for tightening covers, manways, and closure devices are operational.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. On multi-compartment tanks inspect void drains for signs of leakage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Ensure proper operation of all remote closure devices, excess flow valves and self closing stop valves.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Periodic test and inspection decals applied	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. No defects or damages were discovered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Corrected Actions:

- _____
- _____
- _____

Tank Disposition: Pass Return to Service ☒ Fail Remove from Service ☐

Inspector's Name: RYAN EAMON Signature: Ryan Eamon Date: 10/01/25
Signature of Owner/owner Representative: [Signature] Date: 10/01/25