

GS28-5 (LEAD)



Facility Name:	Thomas-K Welding and Fabricating	Facility Registration Number	25-1387
Facility Address:	611 Railway Avenue Midale Saskatchewan S0C 1S0	Customer Address	Andres Group 125 Railway Ave Windthorst SK
Telephone Number:	1 (306) 421 8593	Telephone Number:	1 (306) 736-3454

## Cover Page

Company Unit Number	834	Certification Date	June 2003
Manufacturer	Lazer Inox	Manufacture Date	June 2002
Assembler	Lazer Inox	TCRN or MDIN	NA
Serial Number	2L9TC43193D079234	Tank Specification	<input checked="" type="checkbox"/> DOT <input type="checkbox"/> TC 407
MAWP / Design Pressure	25 <input checked="" type="checkbox"/> PSI <input type="checkbox"/> KPA	Material	ER316L Stainless
Compartment Capacity	1) 27 500 2) _____ 3) _____ 4) _____ 5) _____ 6) _____		<input type="checkbox"/> US Gallons <input checked="" type="checkbox"/> Liters
Exterior Insulation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Interior Lining	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____
Minimum Thickness Of Head	3.300	Minimum Thickness Of Shell	3.280
Corrosive Service	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Inches <input checked="" type="checkbox"/> Millimeters

Test and or Inspection Performed ☒ (V) Visual ☒ (K) Leakage ☒ (I) Internal ☒ (P) Pressure  
☒ (UC) Upper Coupler ☐ (L) Lining ☐ Pressure Relief Valve  
☐ Hoses Date of completion Dec 10 2024

## Defects Found &amp; Correction

Cracks in rear frame. Cracks were welded  
Internal transfer line pipes damaged. Pipes were replaced  
Brackets on rear head pipe missing. New brackets were installed

\*\*Data Plates in poor condition but still legible\*\*

☐ No defects found

Tank Successfully Retested After Repairs ☒ Yes ☐ No  
 Tank Disposition ☒ Returned To Service ☐ Removed From Service ☐ Specification Removed  
 Tank Marking Applied On Front Driver side ☒ Yes ☐ No  
 Tank Markings Applied (QC Section 13)

<input type="checkbox"/> V			1387
<input checked="" type="checkbox"/> VK	12	24	1387
<input checked="" type="checkbox"/> I P	12	24	1387
<input checked="" type="checkbox"/> UC	12	24	1387
<input type="checkbox"/> L			1387



Company Unit Number	834	Certification Date	June 2003
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MAWP / Design Pressure	25 <input checked="" type="checkbox"/> PSI <input type="checkbox"/> KPA	Material	ER316L Stainless
Compartment Capacity	1) 27 500 2) 3) 4) 5) 6)		<input type="checkbox"/> US Gallons <input checked="" type="checkbox"/> Liters

#### (V) External Visual

The frequency for External Visual inspection shall be as indicated in Table 7.2 Clause 7 of CSA B620. In addition this inspection shall be conducted when any of the conditions in Clause 7.1.1 of CSA B620 exist.

ITEM INSPECTED	COMPLIES	REJECT	RETEST
<input checked="" type="radio"/> Data plate placards and safety decals present, info complete and legible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Exterior surface area including heads for signs of corrosion, abrasion, gouges, dents, or repairs made using overlay patches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Surface of all welds for signs of defects or cracks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="radio"/> Void drains are unplugged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Structural members, outriggers, crossmembers etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> All valves and vents for proper operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> All gaskets for indication of leaking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Piping and valves for leakage, damage or corrosion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Inspect and function all valve operating systems and remote closures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Crash or shear protection and thermal means of closing outlet valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Hoses for defects, identification tags and test dates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Gasket on full opening rear head (vacuum unit only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Tank attachment to frame or running gear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Ladders, walkways etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Fill covers, manways and closure devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Relief valves and vents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Accident damage protection (rear bumper, rollover protection and piping guards)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Unit equipped with one or more dry chemical fire extinguishers (total of 40BC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: EXERT FROM CSA B620:20

#### 7.2.1.8 Rejection criteria for external inspection

In addition to any other criteria in Clause 7.2.1, tanks shall be rejected when any of the following defects are found during an external inspection:

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

Tank Inspector: Thomas K Oman

Signature: 

Date: Dec 10 2024



Company Unit Number	834	Certification Date	June 2003
Manufacturer	Lazer Inox	Manufacture Date	June 2002
Assembler	Lazer Inox	TCRN or MDIN	NA
Serial Number	219TC43193D079234	Tank Specification	<input checked="" type="checkbox"/> DOT <input type="checkbox"/> TC 407
MAWP / Design Pressure	25 <input checked="" type="checkbox"/> PSI <input type="checkbox"/> KPA	Material	ER316L Stainless
Compartment Capacity	1) 27 500 2) 3) 4) 5) 6)		<input type="checkbox"/> US Gallons <input checked="" type="checkbox"/> Liters

#### (L) Leakage

The leakage test shall ensure the tank closures, piping, valves, and gaskets are in good condition and do not leak within the piping or to the exterior. The leakage test shall be performed in conjunction with the external inspection (see Clause 7.2.1.1) in accordance with the following:

(a) The test pressure shall be no less than 80% of the tank design pressure or MAWP, whichever is less

☒ Test Pressure (80% Of MAWP Minimum) 20 ☒ PSI ☐ KPA ☒ Test Medium Used: Compressed Air  
☒ Test Hold Time 5 Minutes

ITEM INSPECTED	COMPARTMENT 1	COMPARTMENT 2
<input checked="" type="radio"/> Required pressure verified <input checked="" type="radio"/> Required Test equipment installed <input checked="" type="radio"/> Compartment reached test pressure  <input checked="" type="radio"/> Inspect all tank and plumbing welds for signs of leakage <input checked="" type="radio"/> Inspect all gaskets, blinds, manhole covers and valve seats <input checked="" type="radio"/> Internal valve function and seal <input checked="" type="radio"/> Discharge valve function and seal <input checked="" type="radio"/> Tank and plumbing held for 5 minutes with 0 PSI drop <input checked="" type="radio"/> Tank safely vented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>COMPLIES REJECT RETEST</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <b>COMPLIES REJECT RETEST</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>TC/DOT 406 Requirement</b> <input checked="" type="radio"/> PRV removed from fill lid, replaced with plug <input checked="" type="radio"/> PRV condition and function <input checked="" type="radio"/> PRV reinstalled on fill lid	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: EXERT FROM CSA B620:20

#### 7.2.5.1 Leakage test

(e) One of the following shall be used as the test medium:

- (i) the normal lading of the tank;
- (ii) a less hazardous lading of equal or less viscosity;
- (iii) water;
- (iv) inert gas;
- (v) air; or
- (vi) vacuum.

**Note:** When using air as a test medium, the tester should be aware of the need for proper purging and ensure that there is no possibility of creating a mixture of product and air within the explosive limits of the product.

(f) When air or other gas is used as the test medium,

- (i) a soapy water mixture or other material that will foam or bubble to indicate the presence of leaks shall be used to locate leaks; or
- (ii) another method that is at least as sensitive as the method specified in Item (f)(i) shall be used to locate leaks

Tank Inspector: Thomas K Oman

Signature:

Date: Dec 10 2024



9528-4 (PUP)

Company Unit Number	835	Certification Date	June 2003
Manufacturer	Lazer Inox	Manufacture Date	June 2002
Assembler	Lazer Inox	TCRN or MDIN	NA
Serial Number	219TC32163D079235	Tank Specification	<input checked="" type="checkbox"/> DOT <input type="checkbox"/> TC 407
MAWP / Design Pressure	25 <input checked="" type="checkbox"/> PSI <input type="checkbox"/> KPA	Material	ER316L Stainless
Compartment Capacity	1) 27 500 2) 3) 4) 5) 6)		<input type="checkbox"/> US Gallons <input checked="" type="checkbox"/> Liters

**(I) Internal**

The Internal requires a confined space permit approved by a supervisor prior to any tank entry and must be attached with the inspection report document

**CONFINED SPACE**

- |   |   |
|---|---|
| <input checked="" type="radio"/> Tank interior atmosphere verified with bump tested monitor for suitable atmosphere | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <input checked="" type="radio"/> Confined space entry permit completed and approved by supervisor                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <input checked="" type="radio"/> Permit is clearly displayed on closest point of tank access                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

**SUPERVISOR**

Thomas K Oman

Sign

**ITEM INSPECTED**

- ☒ Inspect tanks shell, heads and baffles for cracks, corroded areas, dents or distortion
- ☒ Inspect piping for corrosion and loose couplings
- ☒ All gaskets for signs of leakage
- ☒ All welds for defect, cracks or corrosion
- ☒ Any other condition that could render the tank unsafe for transport service
- ☒ Internal lining for defects

**COMPARTMENT 1**

COMPLIES REJECT RETEST

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COMPARTMENT 2**☒ Not Applicable

COMPLIES REJECT RETEST

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

NOTE: EXERT FROM CSA B620:20

**7.2.2.2 Rejection criteria for internal inspections**

In addition to any other criteria in Clause 7.2.2.1, tanks shall be rejected when any of the following defects are found during the internal 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

Tank Inspector: Thomas K Oman

Signature:

Date: Dec 10 2024



Company Unit Number 835 Certification Date June 2003  
 Manufacturer Lazer Inox Manufacture Date June 2002  
 Assembler Lazer Inox TCRN or MDIN NA  
 Serial Number 2L9TC32163D079235 Tank Specification ☒ DOT ☐ TC 407  
 MAWP / Design Pressure 25 ☒ PSI ☐ KPA Material ER316L Stainless  
 Compartment Capacity 1) 27 500 2)  3)  ☐ US Gallons  
 4)  5)  6)  ☒ Liters

### (P) Pressure

Prior to conducting a pressure test, the tank shall have passed an external visual inspection, a leakage test and an internal inspection for any sign that can render the test unsafe under test pressure

☒ Required Test Pressure As Indicated On Data Plate or 150% Of MAWP 37.5 ☒ PSI ☐ KPA  
☒ HYDROSTATIC TEST ☐ PNEUMATIC TEST ☒ Test Hold Time 15 Minutes

#### TEST EQUIPMENT

- ☒ Pressure gauges are calibrated
- ☒ Pressure protection in place
- ☒ Pressurization line and gage installed at top of tank
- ☒ PRV is removed and open port is blanked
- ☒ Tank reached test pressure

#### ITEM INSPECTED

- ☒ Inspect exterior of tank for signs of leakage, defects or distortion
- ☒ Inspect all welds for signs of leakage
- ☒ Inspect all gaskets for signs of leakage
- ☒ Inspect drain holes at bottom of reinforcement rings for drips
- ☒ Pneumatic tank valve seams checked
- ☒ Test pressure held for 10 minutes with no drop in pressure
- ☒ Inspect plumbing for signs of leakage
- ☒ Test Pneumatic tank valve seal
- ☒ Test plumbing manual valve seal

#### COMPARTMENT 1

- ☒ Yes ☐ No
- ☒ Yes ☐ No
- ☒ Yes ☐ No
- ☒ Yes ☐ No
- ☒ Yes ☐ No

#### COMPLIES REJECT RETEST

- |                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### COMPARTMENT 2

- ☒ Not Applicable
- ☐ Yes ☐ No
- ☐ Yes ☐ No
- ☐ Yes ☐ No
- ☐ Yes ☐ No
- ☐ Yes ☐ No

#### COMPLIES REJECT RETEST

- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: EXERT FROM CSA B620:20

#### 7.2.7.7 Hydrostatic test

The hydrostatic test shall be conducted as follows:

- (a) The tank, including its domes, shall be completely filled with water, or other liquid having similar properties, at a temperature not exceeding 38 C (100 F).
- (b) During the test, precautions shall be taken to prevent over pressurization of the tank.
- (c) Pressure shall be gauged at the top of the tank.
- (d) Tank test pressure shall be established in accordance with Table 7.3.
- (e) All piping and accessories shall be pressure tested at not less than 80% of the tank's MAWP

Tank Inspector: Thomas K Oman

Signature: 

Date: Dec 10 2024



Company Unit Number 835 Certification Date June 2003  
Manufacturer Lazer Inox Manufacture Date June 2002  
Assembler Lazer Inox TCRN or MDIN NA  
Serial Number 2L9TC32163D079235 Tank Specification ☒ DOT ☐ TC 407  
MAWP / Design Pressure 25 ☒ PSI ☐ KPA Material ER316L Stainless  
Compartment Capacity 1) 27 500 2)          3)          ☐ US Gallons  
4)          5)          6)          ☒ Liters

#### Upper Coupler

*The upper coupler inspection shall be inspected in accordance with Table 7.2 and/ or at the time of a pressure test*

- ☒ Upper coupler removed from tank sub frame ☒ Yes ☐ No  
☒ Upper coupler equipped with grade 8 hardware ☒ Yes ☐ No

#### ITEM INSPECTED

- ☒ Inspect for any downward bows more than 1/4" within 19" from king pin  
☒ Inspect for any downward bows more than 1/16" within 19" from king pin  
☒ Inspect for corroded or abraded areas, dents or distortions  
☒ Inspect welds for corrosion, defects or cracks  
☒ Ensure Kingpin is not bent, broken, cracked deformed or loose  
☒ Kingpin is not worn more than 1/8"  
☒ Upper coupler reinstalled with grade 8 bolts and locknuts

COMPLIES REJECT RETEST

COMPLIES	REJECT	RETEST
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Inspector: Thomas K Oman

Signature: 

Date: Dec 10 2025

#### (UC) Upper Coupler Area

*The upper coupler area inspection shall be inspected in accordance with Table 7.2 and/ or at the time of a pressure test*

- ☒ Upper coupler removed from tank sub frame ☒ Yes ☐ No

#### ITEM INSPECTED

- ☒ Inspect area for corrosion, abrasion, dents or distortion  
☒ Inspect welds for corrosion, defects or cracks  
☒ mounting frame rails are free of corrosion, distortion or cracks  
☒ Inspect bolt holes for distortion or cracks

COMPLIES REJECT RETEST

COMPLIES	REJECT	RETEST
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: EXERT FROM CSA B620:20

#### 7.2.4 Upper coupler area inspection

Areas covered by the upper coupler (i.e., King pin plate) or turntable assembly shall be inspected for corroded or abraded areas, cracks, dents, distortions, defects in welds, and any other condition that might render the tank unsafe for use in transportation. The upper coupler assembly shall be removed for this inspection. A turntable assembly need not be removed if the areas of the tank where it is attached are clearly visible for inspection. Following the inspection, a written report shall be completed by the inspection facility in accordance with Clause 7.3

Tank Inspector: Thomas K Oman

Signature: 

Date: Dec 10 2024