

GR14-1

G&D Tank Testing and Repair
 Box 247 Rocky Rapids, AB
 1-780-898-0962
 TC Canada Reg. # TC-25-1247



HIGHWAY TANK LEAKAGE "K" INSPECTION REPORT

Account#	35	NEXT REQUIRED INSPECTION	May-26
OWNER	Rocket Roy Trucking Ltd.	UNIT#	203
ADDRESS	DRAYTON VALLEY, AB	MFG'S SERIAL#	71-31142
DATE	May 16/25	DATE OF MFG	11-2006
TELEPHONE	780-542-2661	TANK SPECIFICATION	TC 407
TANK MFG	Jasper Tank Ltd.	COMPART/CAPACITY	15,899 L
MEDIUM	Pneumatic's.	MAWP	25 P.S.I.
VISCOSITY		1 80% OF MAWP	20 P.S.I.
TANK ASSEMBLER	Jasper Tank Ltd.	TCRN/MDIN	JTP7803

Areas of Inspection	Pass		
	Yes	No	N/A
Venting that relieves at less than test pressure closed or inoperative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hose tested to 75 psi or 120% of marked MAWP which ever is greater	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Piping are in place and operative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valves are in place and operative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No leakage detected after pressure maintained for 5 minutes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector: Greg Mulligan
 Repair performed:

Disposition Statement: Return To Service

Defects observed:

Comments:

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HIGHWAY TANK LEAKAGE "K" INSPECTION REPORT

Account#	35	NEXT REQUIRED INSPECTION	May-26
OWNER	Rocket Roy Trucking Ltd.	UNIT#	203P
ADDRESS	DRAYTON VALLEY, AB	MFG'S SERIAL#	F1-44585
DATE	May 16/25	DATE OF MFG	09-2014
TELEPHONE	780-542-2661	TANK SPECIFICATION	TC 407
TANK MFG	Polar Tank Trailer LLC	COMPART/CAPACITY	21,955 L
MEDIUM	Pneumatic's.	MAWP	25 P.S.I.
VISCOSITY		1 80% OF MAWP	20 P.S.I.
TANK ASSEMBLER	Polar Tank Trailer LLC	TCRN/MDIN	F1-44585

Areas of Inspection	Pass		
	Yes	No	N/A
Venting that relieves at less than test pressure closed or inoperative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hose tested to 75 psi or 120% of marked MAWP which ever is greater	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Piping are in place and operative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valves are in place and operative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No leakage detected after pressure maintained for 5 minutes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector: Greg Mulligan

Disposition Statement: Return To Service

Repair performed:

Defects observed:

Comments:

TANK TESTING INSPECTION SHEET

Ted Beath Welding Ltd.
Box 6628, Drayton Valley, Alberta
T7A 1S1 PH: 780-542-5593
Fax: 780-621-0180
E-mail: sales@tbwl.ca

TCRN/CRN# _____
REG NO. 25-323

Date: February 15, 2023 Decal Information: 02/2023 VKIP 323

Owner of Tank: Rocket Roy Trucking Phone # (780) 542-0238
Address: Box 5254 Drayton Valley AB Unit # 203
Tank S/N 71-31142 Tank Manufacturer Jasper Tank
Date Mfg: 12/2006 Transport Canada Specification: TC 407
VIN # 1NKDL40X37R930976 Certification Date: 12/2006 MDIN JTP 7803
Assembler Jasper Tank

Work Required: 1) External Inspection ☒ 2) Internal Inspection ☒ 3) Lining Inspection ☐
4) Thickness Test ☐ 5) Leakage Test ☒ 6) Pressure Test ☒

1) External Inspection = V

Conditions that indicate weakness that might render the tank unsafe for transportation:

	YES	NO		YES	NO
a) Corroded Areas – if yes a thickness test required	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b) Bad Dents	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Defects in Welds/Laminations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	d) Defects in Valves – if yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Other defects i.e.: gaskets, packing, seals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	explain -		
f) Manhole Covers – Tightening devices operative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	g) Insulated	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h) Proper functions of: Vent Line Valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Loading/unloading valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Self-closing stop valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Excess flow valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Remote closure devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments: _____

+

i) Bolts or nuts on any flanged connection or blank flange are in place and tight ☒ ☐

Comments: _____

j) Legible tank specification plate ☒ ☐ legible test markings ☒ ☐

Comments: _____

k) All major appurtenances & attachments in good conditions Rear Bumper Height Good
Cross members ☒ ☐ Fenders ☒ ☐
Fifth wheel upper coupler ☐ ☐ Tie down bolts ☒ ☐

Comments: _____

l) Multi compartment tanks ☐ ☒ Drain is open in void ☒ ☐
Evidence of leakage from void ☒ ☐ N/A ☐ ☐
Number of compartments 1

m) Reclosing pressure relief ☒ ☐ Relief Valve Tested ☒ ☐
Free from corrosion ☒ ☐ Free from damage ☒ ☐
Relief valve replaced ☐ ☒

Comments: _____

n) Full opening rear head ☒ ☐ Gasket free of cuts, cracks ☒ ☐
Gasket replaced N/A ☐ ☐

Comments: _____

o) Hoses inspected ☐ ☒ Test Pressure _____
Hose pressure tested ☐ ☒

Comments: Hoses Tested by others

INSPECTOR Jason Simpson

SIGNATURE

Jason Simpson

DATE 02/15/2023

2) **Internal Test: I**

- a) Corroded Areas
 c) Defects in welds/laminations
 e) Broken Baffles

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

- b) Bad Dents
 d) Cracks
 f) Lined

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other defects: Explain or elaborate on one above: _____

Thickness Test required

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Lining Test required

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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INSPECTOR Jason Simpson

SIGNATURE

Jason Simpson

DATE 02/15/2023

3) **Coating Inspection**

- a) Visual signs of degraded coating
 b) Thickness test required

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

c) Coating type: _____

Comments _____

INSPECTOR _____

SIGNATURE _____

DATE _____

4) **Thickness Test = T**

- a) Head Thickness
 c) Shell bottom
 e) Near a Baffle
 g) Near Nominal liquid level lines

Mfg Thickness	Actual Thickness
<u>N/A</u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

- b) Shell Side/Top
 d) Around discharge openings
 f) Near a Fifth Wheel
 h) On shell to shell joints

Mfg Thickness	Actual Thickness
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

Minimum Allowable Thickness according to specification plate or table
 8.x & 8.5 or 10% less than nominal thickness _____

Head _____ Shell _____

Comments: _____

INSPECTOR _____

SIGNATURE _____

DATE _____

5a) Leakage Test – First Compartment – K

Original Test	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Re-Test	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Any Venting devices blocked or removed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Leakage	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Test Pressure 20 PSI (80% of M.A.W.P.)			MAWP	172 kpa	
Product piping with all valves & accessories	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input checked="" type="checkbox"/>
In place & operative	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Test pressure held for 5 minutes	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Test Medium air/water

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

5b) Leakage Test – Second Compartment – K

Original Test	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Re-Test	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any Venting devices blocked or removed	<input type="checkbox"/>	<input type="checkbox"/>	Leakage	<input type="checkbox"/>	<input type="checkbox"/>
Test Pressure <u>N/A</u> (80% of M.A.W.P.)			MAWP		
Product piping with all valves & accessories	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
In place & operative	<input type="checkbox"/>	<input type="checkbox"/>			
Test pressure held for 5 minutes	<input type="checkbox"/>	<input type="checkbox"/>			

Test Medium _____

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

5c) Leakage Test – Third Compartment – K

Original Test	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Re-Test	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any Venting devices blocked or removed	<input type="checkbox"/>	<input type="checkbox"/>	Leakage	<input type="checkbox"/>	<input type="checkbox"/>
Test Pressure <u>N/A</u> (80% of M.A.W.P.)			MAWP		
Product piping with all valves & accessories	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
In place & operative	<input type="checkbox"/>	<input type="checkbox"/>			
Test pressure held for 5 minutes	<input type="checkbox"/>	<input type="checkbox"/>			

Test Medium _____

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

5d) Leakage Test – Fourth Compartment – K

Original Test	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Re-Test	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any Venting devices blocked or removed	<input type="checkbox"/>	<input type="checkbox"/>	Leakage	<input type="checkbox"/>	<input type="checkbox"/>
Test Pressure <u>N/A</u> (80% of M.A.W.P.)			MAWP		
Product piping with all valves & accessories	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
In place & operative	<input type="checkbox"/>	<input type="checkbox"/>			
Test pressure held for 5 minutes	<input type="checkbox"/>	<input type="checkbox"/>			

Test Medium _____

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

INSPECTOR Jason SimpsonSIGNATURE DATE 02/15/2023

6a) Pressure Test – First Compartment = P

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Re-Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pressure Relief device Tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pressure relief device replaced	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Leakage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Distortion	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Test Head held for 10 minutes	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Test Medium <u>Water</u>			Test Pressure	40 PSI	

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

6b) Pressure Test - Second Compartment = P

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input type="checkbox"/>	Re-Test	<input type="checkbox"/>	<input type="checkbox"/>
Pressure relief device Tested	<input type="checkbox"/>	<input type="checkbox"/>	Pressure relief device replaced	<input type="checkbox"/>	<input type="checkbox"/>
Leakage	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
Test Head held for 10 minutes	<input type="checkbox"/>	<input type="checkbox"/>			
Test Medium <u>N/A</u>			Test Pressure		

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

6c) Pressure Test – Third Compartment = P

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input type="checkbox"/>	Re-Test	<input type="checkbox"/>	<input type="checkbox"/>
Pressure relief device Tested	<input type="checkbox"/>	<input type="checkbox"/>	Pressure relief device replaced	<input type="checkbox"/>	<input type="checkbox"/>
Leakage	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
Test Head held for 10 minutes	<input type="checkbox"/>	<input type="checkbox"/>			
Test Medium <u>N/A</u>			Test Pressure		

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

6d) Pressure Test – Fourth Compartment = P

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input type="checkbox"/>	Re-Test	<input type="checkbox"/>	<input type="checkbox"/>
Pressure relief device Tested	<input type="checkbox"/>	<input type="checkbox"/>	Pressure relief device replaced	<input type="checkbox"/>	<input type="checkbox"/>
Leakage	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
Test Head held for 10 minutes	<input type="checkbox"/>	<input type="checkbox"/>			
Test Medium <u>N/A</u>			Test Pressure		

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

INSPECTOR _____ SIGNATURE _____ DATE _____

No Defects or Damages

NEXT TEST: EXTERNAL 02/2024 INTERNAL 02/2028

LEAKAGE 02/2024 HYDRO 02/2028

THICKNESS n/a LINING n/a

REMOVED FROM SERVICE ☐ RETURNED TO SERVICE ☒ Sour Service ☐ Acid Service ☐

NOTES: _____