

TANK TESTING INSPECTION SHEET

GT34-2

Ted Beath Welding Ltd.
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TCRN/CRN# _____
REG NO. 25-323

Date: Nov 18/2025 Decal Information: 11/2025 V.K. 323

Owner of Tank: Jacc's Oilfield Services Ltd. Phone # 780-515-1513
Address: Box 5157 Drayton Valley, AB T7A 1R3 Unit # T-37
Tank S/N 5HTDL4237F5J27388 Tank Manufacturer Heil Trailer
Date Mfg: 08/2014 Transport Canada Specification: DOT 407
VIN # 5HTDL4237F5J27388 Certification Date: 08/2014 MDIN _____
Assembler Heil Trailer

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 checked="" type="checkbox"/>	<input type="checkbox"/>
e) Other defects i.e.: gaskets, packing, seals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	explain - Manual valves on front manifold		
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: Replaced manual valves on front manifold

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

Cross members ☒ ☐
Fifth wheel upper coupler ☒ ☐

Rear Bumper Height
Fenders
Tie down bolts

Good
☒ ☐
☒ ☐

Comments

l) Multi compartment tanks

Evidence of leakage from void
Number of compartments

☐ ☒
☐ N/A ☐
1

Drain is open in void

☐ N/A ☐

m) Reclosing pressure relief

Free from corrosion

☒ ☐

Relief Valve Tested
Free from damage
Relief valve replaced

☒ ☐
☒ ☐
☐ ☒

Comments:

n) Full opening rear head

Gasket replaced

☐ N/A ☐
☐ ☐

Gasket free of cuts, cracks

☐ ☐

Comments:

o) Hoses inspected

Hose pressure tested

☐ N/A ☐
☐ ☐

Test Pressure

Comments:

Not required, Tested by others

INSPECTOR David Carrothers

SIGNATURE *David Carrothers*

DATE 11/18/2025

2) **Internal Test: I**

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

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

- b) Bad Dents
d) Cracks
f) Lined

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

Other defects: Explain or elaborate on one above:

Thickness Test required

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

<input type="checkbox"/>	<input type="checkbox"/>
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INSPECTOR _____ SIGNATURE _____ DATE _____

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**

Mfg Thickness *Actual Thickness*

Mfg Thickness *Actual Thickness*

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

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

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

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Re-Test	<input checked="" type="checkbox"/>	<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 28 psi (80% of M.A.W.P.)			MAWP	35 psi	
Product piping with all valves & accessories			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 Water/Air

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.

Test held for 5-10 mins

5b) Leakage Test – Second Compartment – K

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input type="checkbox"/>	Re-Test	<input type="checkbox"/>	<input type="checkbox"/>
Any Venting devices blocked or removed	<input type="checkbox"/>	<input type="checkbox"/>	Leakage	<input type="checkbox"/>	<input type="checkbox"/>
Test Pressure (80% of M.A.W.P.)			MAWP		
Product piping with all valves & accessories			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

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input type="checkbox"/>	Re-Test	<input type="checkbox"/>	<input type="checkbox"/>
Any Venting devices blocked or removed	<input type="checkbox"/>	<input type="checkbox"/>	Leakage	<input type="checkbox"/>	<input type="checkbox"/>
Test Pressure (80% of M.A.W.P.)			MAWP		
Product piping with all valves & accessories			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

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input type="checkbox"/>	Re-Test	<input type="checkbox"/>	<input type="checkbox"/>
Any Venting devices blocked or removed	<input type="checkbox"/>	<input type="checkbox"/>	Leakage	<input type="checkbox"/>	<input type="checkbox"/>
Test Pressure (80% of M.A.W.P.)			MAWP		
Product piping with all valves & accessories			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 David Carrothers

SIGNATURE

David CarrothersDATE 11/18/2025

6a) Pressure Test – First Compartment = P

Original Test	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Re-Test	YES <input type="checkbox"/>	NO <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 _____			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.

6b) Pressure Test - Second Compartment = P

Original Test	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Re-Test	YES <input type="checkbox"/>	NO <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 _____			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

Original Test	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Re-Test	YES <input type="checkbox"/>	NO <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 _____			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

Original Test	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Re-Test	YES <input type="checkbox"/>	NO <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 _____			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** 11/2026 1yr **INTERNAL** 11/2029 5yrs
 LEAKAGE 11/2026 1yr **HYDRO** 11/2029 5yrs
 THICKNESS N/A **LINING** N/A

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

NOTES: _____

Has met all requirements to the best of my knowledge and returned to service

David Corvett

Nov 18/2025