

Test and Inspection Report in Accordance with CSA B620

Facility Name: Load Em Up Contracting Ltd

Address 1078 Eastern Street

Prince George, BC

Telephone (250) 562-8355

Facility Registration No.

25- 0968

Tank Owner

BOREAL WEST FORESTRY LTD

Address

PO BOX 57
10-MILE HOUSE B.C. V0R2K0

Telephone

OWNERS SERIAL No.:

MANUFACTURE NORTHERN ALUMINUM

MFR DATE 06/07 MATERIAL 5454-H32

COMP. CAPACITY 1 4650 IGA 2 4650 IGD 3 4650 IGD

4 4650 IGA 5 4650 IGL

CERTIFICATION DATE 06/07

SERIAL No. 14423013

TANK SPEC TC406

ASSEMBLER NORTHERN ALUM

MDIN

MAWP

5051

DESIGN PRESSURE

5051

MINIMUM ALLOWABLE THICKNESS - SHELL

.188145

HEAD

.236145

TANK LINED

NO

SPECIAL SERVICES

NO

TESTS PERFORMED

"V" ☒

"I" ☒

"K" ☒

"P" ☒

"U.C" ☒

"T" ☐

EXTERNAL VISUAL INSPECTION "V" B620 (7.2.1)

Item inspected	QC Man Ref.	Complies	Reject	Retest Complies
Data plate, present and legible	12.1.3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shell & Heads, corrosion abrasion dents overlay patches leaks etc	12.1.4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Structural members, outriggers, crossmembers etc	12.1.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Piping and valves for leakage, damage, corrosion	12.1.7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Remote closures, thermal devices	12.1.7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hoses for defects, identification and test dates	12.1.8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tank attachments to frame or running gear	12.1.9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ladders, walkways etc	12.1.10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fill covers, manways and closure devices	12.1.11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Relief valves and vents (replace or test if tank in service where lading corrosive to relief device)	12.1.12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident damage protection	12.1.13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector

Signature

Date

LEAKAGE TEST "K" B620 (7.2.5)

Test Pressure 2.6 psi (80% of MAWP Min.) Test Medium Air

Time tested

	Compt 1		Compt 2		Compt 3		Compt 4		Compt 5	
	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
Gauges Calibrated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All components in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All seams checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All gaskets checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ISC valve seat checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External valve seats checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipe connections checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Tester

Signature

Date

Test and Inspection Report in Accordance with CSA B620

INTERNAL VISUAL INSPECTION "I" B620 (7.2.2)

Item Inspected	QC Man Ref.	Complies	Reject	Retest Complies
Interior surface, corrosion, distortion overlay patches, cracking etc	12.2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior welds for defects, cracking etc	12.2.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal supports and attachments	12.2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal valves, piping and vents for leakage, damage, etc	12.2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector _____ Signature _____ Date _____

Note: Rejection Criteria for Visual Inspections

- Any of the following conditions shall cause the tank to be rejected
- Less than minimum material thickness under any cut, dig or gouge
- Any dent with a depth greater than 1/2" where it includes a weld
- Any dent with a depth 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 or any source of leakage
- Any repairs made using overlay patches
- Defective, unidentified or out of test Hose Assemblies

PRESSURE TEST "P" B620 (7.2.7)

Test Pressure (Tank) 5psi (Refer to Table 7.4 of CSA B620-2020 for appropriate test pressure)

Test Pressure (Piping) 2.5psi (80% Tank MAWP) Test Medium Air

Time tested: 2.50-5m, 3.0psi-5m, 3.5psi-5m, 4.0psi-5m, 4.5psi-5m, 5.0psi-10m.

	Compt 1		Compt 2		Compt 3		Compt 4		Compt 5	
	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
Gauges Calibrated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure protection in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relief valves removed and tested or replaced	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All closures in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All seams checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Gaskets checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ISC valve seat checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External valve seats checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipe connections checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relief devices returned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Tester _____ Signature _____ Date _____

Test and Inspection Report in Accordance with CSA B620

UPPER COUPLER INSPECTION "U/C" B620 (7.2.4)

Upper coupler removed from tank and inspected (including tank areas above)

Upper coupler inspected in place

Complies

☐
☐

Reject

☐
☐

Retest
Complies

☐
☐

Inspector _____

Signature _____

Date _____

THICKNESS TEST "T" B620 (7.2.6)

Thickness Tester Calibrated in accordance with instructions provided by the manufacturer of the testing device

YES

☐

NO

☐

FRONT

	12:00	3:00	6:00	9:00	HEAD
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
					HEAD
	12:00	3:00	6:00	9:00	

REAR



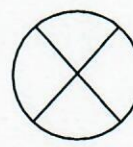
MANWAY



SUMP

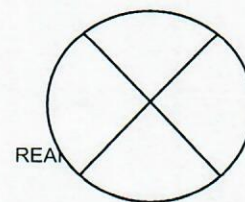
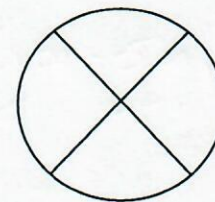


NOZZLE



NOZZLE

FRONT HEAD



REAR

Tank Tester _____

Signature _____

Date _____

PRESSURE RELIEF DEVICE (B620)

	COMP #1	COMP #2	COMP #3	COMP #4	COMP #5
TYPE	MANWAY HATCH LID	MANWAY HATCH LID	MANWAY HATCH LID	MANWAY HATCH LID	
SET PSI	3.63	3.63	3.63	3.63	
OPEN PSI	3.63	3.2	3.3	3.63	
RESEAT PSI	3.3	2.5	3.	3.35	
TEST DISPOSITION (P)PASSED AND REINSTALLED (X)REPAIRED AND REINSTALLED (R) REPLACED	P	X	X	P	

	COMP #1	COMP #2	COMP #3	COMP #4	COMP #5
TYPE					
SET PSI					
OPEN PSI					
RESEAT PSI					
TEST DISPOSITION (P)PASSED AND REINSTALLED (X)REPAIRED AND REINSTALLED (R) REPLACED					

No defects or damage was discovers? YES_____ NO_____

12.1.5 INSIDE RIGHT SIDE CABINET CRACK ON
WELD AT FRONT. STARTING TO TRAVEL UP JILL.

12.1.11 COMPARTMENT #2 HATCH LID FAILED TESTING REPLACED SEAL AND
RETESTED IN SPEC.
COMPARTMENT #3 HATCH LID FAILED TESTING. SET TENSION ON
LID AND RETESTED IN SPEC.
COMPARTMENT #3 HAND WHEEL SEAT LEAKING. REPLACED AS REQUIRED.

12.1.8 HOSE REEL HOSE FAILED ON VISUAL + CONTINUITY TESTS.
HOSE REMOVED FROM HOSE REEL. AS REQUIRED.

Tank successfully retested after weld repair	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Written repair weld inspection report attached	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input type="checkbox"/>
TANK DISPOSITION	Removed from Service <input type="checkbox"/>					
	Safety Mark (Specification Indication) removed YES <input type="checkbox"/> NO <input type="checkbox"/>					
	Returned to Service <input type="checkbox"/>					
Tank markings applied (QC Manual Reference Section 13)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		

SECTION 12 - INSPECTION AND TESTING
12.6 Hose Test Report B620 (7.2.10.4)

Facility Name:	Load' Em Up Contracting Ltd		
Address	1078 Eastern Street		
	Prince George, BC		
Telephone	(250) 562-8355	Facility Registration No.	25-0968
Hose Owner			
Address			
Telephone			

HOSE ID# 72-1

TEST DATE PERFORMED Apr 19/25

DESCRIPTION SIZE, LENGTH 1 1/2 x 100'
FUEL DELIVERY HOSE HAWP 75 PSI

Repair ☐ New ☐ Annual ☒

TEST PRESSURE 90 psi

PASS

FAIL

☐☒

VISUAL INSPECTION, KINKS, FLAT SPOTS HAWP MARKING
FITTINGS.

TEST TO 90 PSI (120%) HAWP HOLD 5 MIN

☐☐

VISUAL INSPECTION UNDER PRESSURE- BULGING, LEAKAGE

☐☐

CONTINUITY TEST

☐☒

HOSE RETAGGED AND PUT BACK INTO SERVICE

YES

☐

NO

☒

Tank Tester HUGH ASKE

Signature [Signature]

Date Apr 10/25