

## TANK TESTING INSPECTION SHEET

K08-3

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

Date: Jan 17/2026 Decal Information: 01/2026 V.K.I.P.T 323

Owner of Tank: Jacc's Oilfield Services Ltd. Phone # 780-515-1513  
 Address: Box 5157 Drayton Valley, AB T7A 1R3 Unit # 7  
 Tank S/N CVVAC2-118-01-12 Tank Manufacturer Custom Vac Services  
 Date Mfg: 08/2012 Transport Canada Specification: TC 407/412  
 VIN # 5KKPALDR2CPBN5801 Certification Date: 09/2012 MDIN Z-05-437-22-11  
 Assembler Custom Vac Services  
 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 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  
 Cross members ☒ ☐ Rear Bumper Height ☒ ☐  
 Fifth wheel upper coupler ☒ ☐ Fenders ☒ ☐  
 Tie down bolts ☒ ☐

Comments:

l) Multi compartment tanks ☐ ☒  
 Evidence of leakage from void ☐ ☒  
 Number of compartments ☐ ☒

m) Reclosing pressure relief ☒ ☐  
 Free from corrosion ☒ ☐  
 Drain is open in void ☐ ☒  
 Relief Valve Tested ☒ ☐  
 Free from damage ☒ ☐  
 Relief valve replaced ☐ ☒

Comments:

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

Comments:

o) Hoses inspected ☐ ☒  
 Hose pressure tested ☐ ☒  
 Test Pressure \_\_\_\_\_

Comments: No hoses at time of test

INSPECTOR David Carrothers SIGNATURE David Carrothers DATE 01/17/2026

2) **Internal Test: I**

	YES	NO		YES	NO
a) Corroded Areas	<input checked="" type="checkbox"/>	<input 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) Cracks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Broken Baffles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	f) Lined	<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"/>	Lining Test required	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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INSPECTOR David Carrothers SIGNATURE David Carrothers DATE 01/17/2026

3) **Coating Inspection**

	YES	NO	
a) Visual signs of degraded coating	<input type="checkbox"/>	<input type="checkbox"/>	
b) Thickness test required	<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	7.9	7.6	b) Shell Side/Top	7.9	7.9
c) Shell bottom	7.9	6.8	d) Around discharge openings	7.9	7.9
e) Near a Baffle	7.9	7.9	f) Near a Fifth Wheel	N/A	
g) Near Nominal liquid level lines	7.9	7.9	h) On shell to shell joints	7.9	7.9

Minimum Allowable Thickness according to specification plate or table  
8.x & 8.5 or 10% less than nominal thickness \_\_\_\_\_ Head 7.3 Shell 5.6

Comments: Unlined Tank

INSPECTOR David Carrothers SIGNATURE David Carrothers DATE 01/17/2026

**5a) Leakage Test – First Compartment – K**

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

Test held for 5-10 mins

**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 _____	(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 _____	(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 _____	(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 David CarrothersSIGNATURE David CarrothersDATE 01/17/2026

## 6a) Pressure Test – First Compartment = P

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Re-Test	<input type="checkbox"/>	<input checked="" 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	275kpa	

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 10-15 mins, PRV was bench tested

## 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 _____			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 _____			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 _____			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 David Carrothers SIGNATURE David Carrothers DATE 1/17/2026

No Defects or Damages

NEXT TEST: EXTERNAL 07/2026 6mons INTERNAL 01/2027 1yr  
 LEAKAGE 01/2027 1yr HYDRO 01/2028 2yrs  
 THICKNESS 01/2028 2yrs 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 Carrothers

Jan 17/2026

# TANK TESTING INSPECTION SHEET

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E-mail: [sales@tbwl.ca](mailto:sales@tbwl.ca)

TCRN/CRN# \_\_\_\_\_  
REG NO. 25-323

Date: July 4/2025 Decal Information: 07/2025 V 323

Owner of Tank: Jacc's Oilfield Services Ltd. Phone # 780-515-1513  
Address: Box 5157 Drayton Valley, AB T7A 1R3 Unit # 7  
Tank S/N CVVAC2-118-01-12 Tank Manufacturer Custom Vac Services  
Date Mfg: 08/2012 Transport Canada Specification: TC 407/412  
VIN # 5KKPALDR2CPBN5801 Certification Date: 09/2012 MDIN Z-05-437-22-11  
Assembler Custom Vac Services

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 -	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) Manhole Covers – Tightening devices operative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	g) Insulated	<input checked="" type="checkbox"/>	<input 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fenders	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fifth wheel upper coupler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tie down bolts	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments

l) Multi compartment tanks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drain is open in void	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Evidence of leakage from void	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Number of compartments	1					
m) Reclosing pressure relief	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Relief Valve Tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Free from corrosion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Free from damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			Relief valve replaced	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Comments: PRV was visually inspected

n) Full opening rear head	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gasket free of cuts, cracks	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gasket replaced	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

Comments:

o) Hoses inspected	<input type="checkbox"/>	N/A	Test Pressure	
Hose pressure tested	<input type="checkbox"/>	<input type="checkbox"/>		

Comments: Not required, Vac hoses

INSPECTOR David Carrothers

SIGNATURE

*David Carrothers*

DATE July 4/2025

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**

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

**Mfg Thickness    Actual Thickness**

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

**Mfg Thickness    Actual Thickness**

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 \_\_\_\_\_