

T03-8
BLUE-MAR

TEST & INSPECTIONS REPORT IN ACCORDANCE WITH CSA B620/49CFR

FACILITY INFORMATION

DC Tank Inspections Inc. 27 Inglis Crescent Red Deer, AB T4R 3H3 Phone: (403) 597-3226 Email: dctank@telus.net TDG Registration #: 25-660 CT-13320	Test Date: <u>February 11, 2026</u> Unit #: <u>S10</u> Job #: <u>21859</u> Next Inspection Date: <u>FEB 2027 - VK</u>
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TANK OWNER INFORMATION

Company Name: <u>Lahrman Construction</u>	Phone: _____
Street Address: <u>3413 52 Ave</u>	Cell: _____
City & Postal Code: <u>Lacombe, AB</u>	Fax: _____

TANK DATA

Tank Spec: <u>TC 406 MS</u>	TCRN/MDIN Reg #: <u>MDIN-406-MS-03-EL</u>
Manufacturer: <u>Hamms</u>	Prov. Reg. #: _____
Assembler : <u>Hamms</u>	Manufacture Date: <u>Feb 2009</u>
Tank Serial #: <u>4MST2062M91804553</u>	Original Test Date: <u>Feb 2009</u>
Truck Serial #: <u>1FVHC5CV58HAB7603</u>	Certification Date: <u>Feb 2009</u>
Design Pressure/ MAWP: <u>3.0 psi</u>	Modification Date: _____
Surface Area: _____	Last Press. Test Date: <u>April 2024</u>
PSV Set Pressure: <u>3.63 psi</u>	Water Capacity: <u>1 comp - 4045 Lt</u>
PSV Capacity: <u>494,084 SCFH @ 6.25 psi</u>	Tank Material: Shell: <u>A36-A1011</u> Head: <u>A1011</u>
Req. PSV Capacity: _____	Material Thickness: Shell Min T: <u>.134</u> Head Min FH: <u>.134</u>
Tank Constructed of: <input type="checkbox"/> QT <input type="checkbox"/> NQT <input checked="" type="checkbox"/> Other <u>MS</u>	Shell Min B: <u>.134</u> Head Min RH: <u>.134</u>
Tank Stress Relieved: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

TEST PERFORMED

"V"
 "K"
 "I"
 "P"
 "U/C"
 "T"
 "L"
 "V/R"

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EXTERNAL VISUAL INSPECTION "V" <input type="checkbox"/> N/A (this inspection is not applicable)				
Item Inspected	QC Manual	N/A	Complies	Reject
Data plate, present and legible	12.1.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shell & Heads, corrosion, abrasion, dents, overlay, patches, leaks	12.1.4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Structural members, outriggers, cross members, etc.	12.1.5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Piping and valves for leakage, damage, corrosion	12.1.7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Remote closures, thermal devices	12.1.7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tank attachments to frame or running gear	12.1.8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hoses for defects, identification and test dates	12.1.9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ladders, walkways, etc.	12.1.10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fill covers, manways and closure devices	12.1.11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Relief valves and vents (replace or test if tank in service where lading corrosive to relief device)	12.1.12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bumpers or devices correct height & width	12.1.13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accident damage protection	12.1.14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gaskets on full opening rear heads for damage or cuts	12.1.15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placard – 4 sides		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note: Rejection Criteria for External Inspections

Tanks shall be rejected when any of the following defects are found during an external inspection:

- a) Less than the minimum thickness remaining under a cut, dig, or gouge;
- b) Any dent with a depth of more than 12.7mm (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
- g) Repairs made to liquid-retaining components using overlay patches

INTERNAL VISUAL INSPECTION "I" <input checked="" type="checkbox"/> N/A (this inspection is not applicable)			
Item Inspected	QC Manual	Complies	Reject
Interior surface, corrosion, distortion, overlay patches, cracking	12.2.2	<input type="checkbox"/>	<input type="checkbox"/>
Interior welds for defects, cracking, etc.	12.2.3	<input type="checkbox"/>	<input type="checkbox"/>
Internal supports and attachments	12.2.4	<input type="checkbox"/>	<input type="checkbox"/>
Internal valves, piping and vents for leakage, damage, etc.	12.2.4	<input type="checkbox"/>	<input type="checkbox"/>
Vessel wiped down & clean prior to exiting		<input type="checkbox"/>	<input type="checkbox"/>

TANK LINING Lined Insulated Both N/A

SPECIAL SERVICE OF THE TANK Dedicated Service Special Service N/A

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LINING INSPECTION "L"		<input checked="" type="checkbox"/> N/A (this inspection is not applicable)	
QC Manual Reference 12.6			
Lining Type: Elastomeric	<input type="checkbox"/> Yes	Type: _____	<input type="checkbox"/> No
Visual Inspection of Liner	<input type="checkbox"/> Complies	<input type="checkbox"/> Reject	
Calibration of Spark Tester	<input type="checkbox"/> Complies	<input type="checkbox"/> Reject	
Spark Test of Lining	<input type="checkbox"/> Complies	<input type="checkbox"/> Reject	
Lining Type: Other	<input type="checkbox"/> Yes	Type: _____	<input type="checkbox"/> No
Visual Inspection of Liner	<input type="checkbox"/> Complies	<input type="checkbox"/> Reject	
If defects found: tank shell inspected in area of defect: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

THICKNESS TEST "T"		<input checked="" type="checkbox"/> N/A (this inspection is not applicable)	
QC Manual Reference 12.5			
Last test conducted on	Date:	_____	
Material Specification	Shell:	Head:	_____
Min. in-service thickness required	Shell T: _____	Head FH: _____	
	B: _____	RH: _____	
Min. thickness measured	Shell T: _____	Head FH: _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	B: _____	RH: _____	
Organization conducting test	DC Tank Inspections Inc.		
Report complete and on file	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

PRESSURE TEST "P" <input type="checkbox"/>	LEAK TEST "K" <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> N/A (this inspection is not applicable)	<input type="checkbox"/> N/A (this inspection is not applicable)	
<i>Refer to table 7.3 of current B620 for appropriate test pressure</i>		
QC Manual Reference 12.4	QC Manual Reference 12.3	
Test pressure tank _____	Leak test pressure <u>2.6 PSI</u> (80% MAWP Min)	
Test pressure piping _____ (80% MAWP Min)	Test medium <u>PRODUCT / AIR</u>	
Test medium _____	Test duration <u>5</u> Minutes	
Test duration _____ Minutes		
Compartment #1: <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	ISC Valve: <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	Piping: <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Compartment #2: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Compartment #3: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Compartment #4: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Compartment #5: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
If failed, see defects and method of repair		

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DEFECTS & METHOD OF REPAIR <input type="checkbox"/> No repairs required			
Defective Equipment	Defect	Reg #	Method of Repair
Fuel Hose	Rough Shape	25-660	Owner will be replacing the hose
		25-660	
		25-660	
		25-660	
		25-660	
		25-660	
		25-660	

Stress relieved after repair Yes Full Local No N/A

Equipment has been repaired, retested and is recertified to return to service:
 Inspector Signature: Darin O'Connell Date: Feb 11, 2026

UPPER COUPLER INSPECTIONS "U/C" <input checked="" type="checkbox"/> N/A (this inspection is not applicable)	
QC Manual Reference 12.1.5 & 12.1.6	
Upper coupler removed from tank and inspected (including tank areas)	<input type="checkbox"/> N/A <input type="checkbox"/> Complies <input type="checkbox"/> Reject
Upper coupler inspected in place (no markings)	<input type="checkbox"/> N/A <input type="checkbox"/> Complies <input type="checkbox"/> Reject

COMMENTS
Fuel delivery reel hose was not passed on the inspection for Feb 11 / 2026

Tank Disposition	<input checked="" type="checkbox"/> Returned to service	<input type="checkbox"/> Removed from service
Tank Markings Applied QC Manual Reference Section 13	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Cargo Tank	<input checked="" type="checkbox"/> Meets requirements of specification identified on this report	
	<input type="checkbox"/> Fails to meet requirements of specification identified on this report	

Acknowledgement & Acceptance of Inspection Report

Owner / Operator	Signature	Date
<i>The tank fittings, valves, piping and protective devices comply with regulations of the current B620/49CFR at the time of inspection.</i>		
Darin O'Connell	<u>Darin O'Connell</u>	Feb 11, 2026
Inspector	Signature	Date