

J26-21
MAY

Exhibit 1. Date November 3, 2021. Rev 0
Inspection and Test Report in accordance with CSA B620 7.2. Page 1 of 6

Name and address of Inspection and Test Facility: Rogue Pressure Testing 32126 RR 5.5 Sundre AB T0M 1X0 TC-1273		Name Owner/Carrier: Neway Oilfield Services		
		Address: Rocky Mountain House Alberta		
		Telephone No.: 403-844-2700		
Tank Spec DOT 407 AL	Mfr. Certification Date Month/Year 07/2013	Assembler Certification Date Month/Year 07/2013	Last M5: 05/2023	
TC 331 51, MC 330 QT <input type="checkbox"/> NQT <input type="checkbox"/> PWHT After Mfr <input type="checkbox"/>				
Special Service Corrosive <input type="checkbox"/> LPG <input type="checkbox"/> NH3 <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Other _____				
Lined <input type="checkbox"/> Insulated and Jacketed <input type="checkbox"/> Lining Type _____				
Owner Unit No 318	Tank Mfr Serial No. VIN 5HTDL4930E5L26867	Tank Mfr Date Month/Year 07/2013	Tank Manufacturer Heil	Assembler Heil
Tank Design Pressure kPa <input type="checkbox"/> PSI <input type="checkbox"/>	Original Tank Test Pressure kPa <input type="checkbox"/> PSI <input checked="" type="checkbox"/>		MDIN	
Tank MAWP kPa <input type="checkbox"/> PSI <input checked="" type="checkbox"/>	Re-test Pressure kPa <input type="checkbox"/> PSI <input type="checkbox"/>		TCRN	
Tank Vol. Cap Liters <input type="checkbox"/> USG <input checked="" type="checkbox"/>				
Comp 1 12200 _____ Comp 2 _____ Comp 3 _____				
Comp 4 _____ Comp 5 _____ Comp 6 _____				
Exposed Surface Area SQ.M <input type="checkbox"/> SQ.FT <input checked="" type="checkbox"/>				
Comp 1 1126 _____ Comp 2 _____ Comp 3 _____				
Comp 4 _____ Comp 5 _____ Comp 6 _____				
Shell Manufactured Thickness MM <input type="checkbox"/> INCHES <input checked="" type="checkbox"/>				
Top .250 _____ Sides .250 _____ Bottom .250 _____ Heads Mfd. Thk. .250 _____				
Shell Minimum Thickness MM <input type="checkbox"/> INCHES <input checked="" type="checkbox"/>				
Top .232 _____ Sides .232 _____ Bottom .232 _____ Heads Min Thk .328 _____				
Shell Mat.Spec/Grade 5454-H32 _____ Heads Mat. Spec/Grade 5454-0 _____ Weld Material 5356 _____				

Types of inspections and tests performed.

External Inspection Leakage Test Internal Inspection Upper Coupler Area Inspection Thickness Test
 Pressure Test

Legible pictures of the MIP and the ASME Nameplates are attached to this Inspection Test and Repair Report

Ref	External Inspection. Appendix 1 - 1.0 and CSA B620 7.2.1	Pass	Fail	Corrected	NA
1	Metal identification plate, tank markings: Inspect to ensure plate is secured, entries legible - no paint or corrosion. Ensuring that specification markings and all other required markings on the tank are present and legible.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Without removing insulation or jacketing, inspect tank for corroded areas, dents, distortions, defects in welds, and any other condition, including leakage, that indicates weakness in the tank that might render it unsafe for transportation. Corroded or abraded areas shall be thickness tested and documented. Overlay patches are prohibited. Insulated tanks – Outer Jacket. Condition of attachments, dents, digs, scrapes, perforations, loose sheeting, cracks and distortion.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Inspect structural supports, crossmembers, outriggers, pads, tank frame, reinforcement rings, major appurtenances and attachments, connecting structures, and those elements of the upper coupler (fifth wheel) assembly that can be inspected without dismantling that assembly, are not damaged or corroded so as to affect safe operation of the vehicle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Inspect piping, valves and gaskets for operation, leakage, corrosion. Ensure proper functioning of all valves, vents, pressure and emergency devices, including self-closing stop valves, excess-flow valves, and remote closure devices – ensuring that they are free of corrosion, distortion or any other condition or damage that would prevent their normal operation. Ensure all bottom outlet valves have shear sections or accident damage protection Ensure that fusible links, and fusible elements are present and operative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Inspect all ladders, catwalks, platforms and fall protection devices for damage, defects in welds, ensuring their safe operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Inspect manway covers, all closure devices, caps, nipples and plugs for leaks, tightness and operation. Check all gaskets for leaks. Inspect all bolts and nuts on any flanged connections or blank flange – ensure all bolts, nuts are in place and properly secured	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	All vacuum and reclosing pressure-relief devices shall be externally inspected for any corrosion or damage that could prevent their safe operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	For tanks in corrosive service, all vacuum and reclosing pressure-relief devices shall be removed for inspection and shall be bench tested to ensure that they open at the required set-to-discharge pressure for the tank's MAWP and reseal at not less than 90% of that pressure or at the reseal pressure prescribed for the tank specification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	Inspect accident damage protection devices – condition of welds, damage, distortion, corrosion abrasion and any other condition that might render the tank unsafe for transportation or cause the tank to be out of compliance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	TC/MC 331-Inspect the internal self-closing valve in the liquid discharge opening for leakage through the valve. Off-truck emergency shutdown system shall be inspected to ensure that the system will stop the flow of product from the tank or shall stop motive power to the tank transfer pump.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	Full opening rear heads – the gaskets shall be inspected for cuts cracks or splits and replaced if cuts cracks, or splits exceed 0.5".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Inspect hose assemblies mounted on or accompanying the tank to ensure that they do not display any defects. Inspect hose assemblies to ensure that the required markings are legible, and that the markings indicate that the hose assemblies are pressure tested within the prescribed period. Complete Hose Assembly Inspection and Test Report Exhibit 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Tank marking: Date (month and year), Symbol (V), Facility Registration Number applied after all defects corrected, inspected, and tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No Defects Found Defects Found Defects Corrected, Inspected and Tested - Pass .

Mitch Kehler

Name of Tank Inspector



Signature of Tank Inspector

07/03/2025

Date Inspection Completed

Ref	Leakage Test Appendix 1 - 2.0 and CSA B620 7.2.5	Pass	Fail	Corrected	NA
14	Product piping and all associated valves and accessories shall be in place and operative. Each valve and closure shall be tested in sequence. With internal valve closed and external valve open inspect for signs of leakage, and no pressure drop.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Product piping and all associated valves and accessories shall be in place and operative. Each valve and closure shall be tested in sequence. With external valve closed and internal valve open inspect for signs of leakage, and no pressure drop.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Vacuum test tank valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17	Tank marking: Date (month and year), Symbol (K), Facility Registration Number applied after all defects corrected, inspected and tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Comp	Design/MAWP	Test Pressure	Pass	Fail	Corrected
1	30 PSI	25 PSI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Time Leakage Test Held 5 min. Test Medium: Air Water Other _____

No Defects Found Defects Found Defects Corrected, Inspected and Tested - Pass .

Mitch Kehler
 Name of Tank Tester


 Signature of Tank Tester

07/03/2025
 Date Leakage Test Completed

Ref	Internal Inspection Appendix 1 - 3.0 and CSA B620 7.2.2	Pass	Fail	Corrected	NA
18	When the tank is not equipped with a manway or inspection opening, or the tank precludes an internal inspection due to lining, the tank shall be pressure tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19	Inspect entire interior surface of shell and heads for signs of corrosion, abrasion, pitting, dents or cracks. Overly patches are prohibited. Corroded or abraded areas shall be thickness tested and documented. Inspect non elastomeric linings and coatings in accordance with the lining manufacturers procedures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	If the tank is coated an inspection shall conform with the procedures and equipment specified by the coating manufacturer or installer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21	Inspect all welded connections of tank shell and heads and all structural supports: inspect for corrosion, abrasion, dents, digs, gouges, distortions, defects in welds and other conditions that might render the tank unsafe for transportation. Check areas around baffle openings for sign of distortion or cracks. Corroded or abraded areas shall be thickness tested and documented.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Inspect all piping, valves, vents, fittings and gaskets for corrosion, abrasion, and defects in welds, leakage and other conditions that may render the tank unsafe for transportation. Corroded or abraded areas shall be thickness tested and documented.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Tank marking: Date (month and year), Symbol (I), Facility Registration Number applied after all defects corrected, inspected and tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No Defects Found Defects Found Defects Corrected, Inspected and Tested - Pass .

Name of Tank Inspector

Signature of Tank Inspector

Date Leak Test Completed

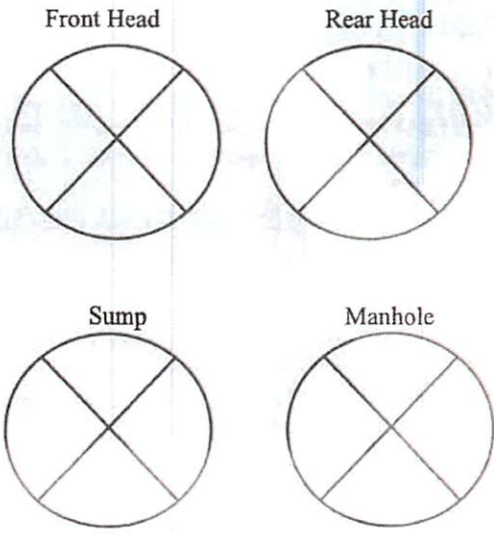
Ref	Upper Coupler Area Inspection Appendix 1 - 6.0 and CSA B620 7.2.4	Pass	Fail	Corrected	NA
24	For tanks in corrosive service, once in each 2-year period and in conjunction with the External Visual Inspection, the upper coupler or turntable assembly, and the areas covered by the upper coupler or turntable assembly shall be inspected for corroded and abraded areas, dents, distortions, defects in welds, and any other condition that might render the tank unsafe for transportation. The upper coupler or turntable assembly must be removed for this inspection. Corroded and abraded areas shall be thickness tested and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Once in each 5-year period and in conjunction with the Pressure Test, the upper coupler assembly and areas covered by the upper coupler or turntable assembly shall be inspected for corroded or abraded areas, cracks, dents, distortions, defects in welds, and any other condition that may render the tank unsafe for use in transportation. The upper coupler or turntable assembly shall be removed for this inspection. Corroded and abraded areas shall be thickness tested and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Tank marking: Date (month and year), Symbol (UC), Facility Registration Number applied after all defects corrected, inspected, and tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No Defects Found Defects Found Defects Corrected, Inspected and Tested - Pass .

Name of Tank Inspector _____ Signature of Tank Inspector _____ Date Upper Coupler Inspection Completed _____

Ref	Thickness Test Appendix 1 - 5.0 CSA B620 7.2.6	Pass	Fail	Corrected	NA
27	The shell and head thickness of all unlined tanks used for materials corrosive to the tank shell or heads must be tested at 2-year intervals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Tank marking: Date (month and year), Symbol (T), Facility Registration Number applied after all defects corrected, inspected, and tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	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	



No Defects Found Defects Found Defects Corrected, Inspected and Tested - Pass .

Name of Tank Tester _____ Signature of Tank Tester _____ Date Thickness Test Completed _____

Ref	Pressure Test Appendix 1 - 4.0 and CSA B620 7.2.7	Pass	Fail	Corrected	NA
29	Prior to performing the Pressure Test, the External Visual Inspection and Internal Visual Inspection shall be completed satisfactorily, All closures except PRD and vents set to operate at or below test pressure shall be rendered inoperative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Heating System Hydrostatic Pressure Test. Completed prior to tank pressure test. Tank shall be empty and at atmospheric pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	In conjunction with the Pressure Test all self-closing pressure relief devices shall be removed and tested or replaced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Tank Pressure Test When isolated from the pressure supply, the test pressure shall be retained for minimum 10 minutes, and a visual inspection of all external surfaces reveals no leaks, deformation and bulging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Piping Pressure Test – test at 80% of tank MAWP When isolated from the pressure supply, the test pressure shall be retained for minimum 10 minutes, and a visual inspection of all external surfaces reveals no leaks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Tank marking: Date (month and year), Symbol (P), and Facility Registration Number applied after all defects corrected, inspected and tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Comp	Design/MAWP	Test Pressure	Pass	Fail	Corrected
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Time Pressure Test Held _____ minutes. Tank Pressure Test Method: Hydrostatic

Additional Tank Markings applied after all defects corrected inspected and tested:
 NQT (Not Quenched and Tempered) QT (Quenched and Tempered) WF

No Defects Found Defects Found Defects Corrected, Inspected and Tested - Pass .

Name of Tank Tester

Signature of Tank Tester

Date Pressure Test Completed



Inspection and Test Report in accordance with CSA B620. Page 6 of 6.

Describe all defects; nature, severity, location, method of repair and corrective action taken.

Ref Item #	Deficiencies
K14	Rear sump belly valve seized - Unseized - Retested - Passed

Tank Disposition Statement: Tank Returned to Service Tank Removed from Service

Next inspection due: 07/2026 VK

Certificate of inspection

We certify that the statements in this report are correct and that said unit has been inspected and retested in accordance with Alberta Regulations, B620-20, and DOT Regulations (as Required)

HOSE ASSEMBLY TEST & INSPECTION REPORT IN ACCORDANCE WITH CSA B620

FACILITY Name: Rogue Pressure Testing
Rogue ADDRESS: Box 0 Site 1 RR #2 Sundre Alberta
TELEPHONE: (403)-636-0858 (587)-444-9494

HOSE OWNER: TELEPHONE #:
ADDRESS: UNIT #:
HOSE SERIAL NO. HOSE TYPE:

CRITERIA INSPECTED

EXPOSED REINFORCEMENT, KINKED, FLATTENED	<input checked="" type="checkbox"/> COMPLIES <input type="checkbox"/> REJECT	PERMANENTLY DEFORMED WIRE BRAID	<input checked="" type="checkbox"/> COMPLIES <input type="checkbox"/> REJECT
SOFT SPOTS, BULGING OR LOOSE OUTER COVERING	<input checked="" type="checkbox"/> COMPLIES <input type="checkbox"/> REJECT	DAMAGED, SLIPPING OR EXCESSIVELY WORN HOSE COUPLINGS	<input checked="" type="checkbox"/> COMPLIES <input type="checkbox"/> REJECT
LOOSE/MISSING BOLTS OR FASTENINGS ON BOLTED HOSE	<input checked="" type="checkbox"/> COMPLIES <input type="checkbox"/> REJECT	COUPLING ASSEMBLIES DETERIORATED LEGIBILITY, ABSENCE OF SERIAL/ID	<input checked="" type="checkbox"/> COMPLIES <input type="checkbox"/> REJECT

HOSE PRESSURE TEST - MINIMUM 5 MINUTE TEST

HOSE I/D : MAWP:
TEST PRESSURE : TEST MEDIUM:
FINAL RESULT PASS FAIL

DESCRIPTION OF DEFECTS + REPAIR METHODS

RETEST AFTER REPAIR YES NO N/A

SERVICE DISPOSITION REMOVED RETURNED

TEST MARK APPLIED YES NO

TESTER NAME:

SIGNATURE: 

DATE: