

CSA B620 CHECKLIST/INSPECTION & TEST REPORT

Unit 42

CSA B620 TANK TESTING FORMS

E30-2
MAY

Skky Industrial Inc.
Bay #2
2200 South Highway Dr SE
Redcliff, AB T0J 2P0
Phone: 403-866-4074
Transport Canada TC 25- 1155

TESTS PERFORMED: "V" "I" "K" "P" "T" "U/C" "L" "W/F"

Job Order No. Owner's Unit Number
 Owner's Name:
 Owner's Address:
 Owner's Address: Owner's Telephone:
 Original Tank Manufacturer
 Original Tank Assembler

expires July 30/26

VIN:

Type of Special Service if applicable (dedicated service, corrosive service, etc.)

Tank Specification	<input type="text" value="407"/>	Tank Serial Number	<input type="text" value="20811206"/>	MAWP	<input type="text" value="35 psi"/>
Design Pressure	<input type="text" value="172 KPA"/>	Test Pressure	<input type="text" value="27 KPA"/>	Retest Pressure	<input type="text" value="N/A"/>
Shell Matl Spec.	<input type="text" value="SA 36"/>	Head Matl Spec.	<input type="text" value="SA516-70"/>	Weld Matl	<input type="text" value="EM 12 K"/>
Mfd. Shell Thk.	<input type="text" value="6.4 MM"/>	Mfd. Head Thk.	<input type="text" value="7.9 MM"/>	Exposed Surface Area	<input type="text" value="N/A"/>
Min. Shell Thk.	<input type="text" value="5.03 MM"/>	Min. Head Thk.	<input type="text" value="5.18 MM"/>	Max Payload	<input type="text" value="8263"/>
Capacity	<input type="text" value="10,329 LITRE"/>	Max. Load. Rate	<input type="text" value="N/A"/>	Max. Unload. Rate	<input type="text" value="N/A"/>
Heating Sys Press.	<input type="text" value="N/A"/>	Heating Sys Temp.	<input type="text" value="N/A"/>	Max. Lading Density	<input type="text" value="1 KG / L"/>
Lining Matl	<input type="text" value="HFPEL 15 500"/>	Insulated?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Design Temp. Range	<input type="text" value="-29 + 097°C"/>
TCRN	<input type="text" value="MDIN CV725519"/>	MDIN	<input type="text"/>	NB Number	<input type="text" value="N/A"/>
Manufacture Date	<input type="text" value="December 2006"/>	Original Test Date	<input type="text" value="December 2006"/>	Original Certification Date	<input type="text" value="December 2006"/>

FIELDS BELOW PERTAIN TO TC331, MC330, MC 331, TC51, CTC51, DOT51

MDMT	<input type="text"/>	QT Marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NQT Marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
MAWP (External)	<input type="text"/>	HT Marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	PHT Marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Record All Other ASME Nameplate or ASME Tank Markings not already recorded

Were repairs performed: Yes No N/A
 Describe Repairs:
 ➤ PRESSURE RELIEF VALVE BENCH TESTED

Was Stress Relief Performed After Repair? Yes No N/A
 Was the Stress Relief Complete or Local? Complete Local N/A

Aug. 7/25
Form A27

CSA B620 CHECKLIST/INSPECTION & TEST REPORT

EXTERNAL VISUAL INSPECTION

Item Inspected	Fail	Corrected	Pass	N/A	Defects: Location, Nature, Severity, Describe Nature of Repair
Inspect the metal identification plate for legibility and presence of tank original test date and original certification date. Inspect the existing inspection markings on the tank.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Inspect tank, shell and heads and attachments for corroded and abraded areas, dents, distortions, defects in welds, signs of leakage. Note: Corroded or abraded areas shall be thickness tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Inspect piping, condition of valves, gaskets, check for signs of leakage.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ensure devices for tightening manhole covers are operative and covers are leak tight.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ensure proper functioning of all valves, vents, pressure relief devices, emergency devices including self closing stop valves, excess flow valves, remote closure devices, ensure free of corrosion, distortion, leakage or any condition that would prevent normal operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ensure all bolts, nuts are in place and tight when verified by hand.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Inspect all major appurtenances, attachments and connecting structures for damage, corrosion, cracks as to affect safe operation of the vehicle.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Upper Coupler: Without removing upper coupler assembly inspect coupler plate & kingpin for corrosion, abrasion, damage, warpage, cracks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Multi compartment tanks: Inspect void drains for signs of leakage, ensure void drains are operable and unplugged or uncapped.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
On tanks transporting lading corrosive to the pressure relief device: All reclosing pressure relief devices shall be replaced or bench tested. Complete and attach Record of Pressure Relief Device (PRD) Inspection/Test/Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
TC 306 tanks, TC 306 Crude tanks, and TC 312 tanks with a test pressure of 241 kPa (35 psi) or less shall be equipped with a manhole assembly that is marked as being in compliant with §178.345-5 of 49 CFR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
The internal self-closing stop valve and off-truck emergency shutdown system tested in accordance with the Off Truck Emergency Shutdown Procedure and complete the Off Truck Emergency Shutdown form separately and attach the form in the work package with this form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
For nurse tanks, the emergency discharge control system function tested, and the remotely activated valve tested for leakage through the valve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual Inspection of hose assemblies mounted on or accompanying the tank for damage to the hose cover that exposes the reinforcement; kinked, flattened, or permanently deformed wire braid; soft spots when not under pressure, bulging under pressure, or loose outer covering; damaged, slipping, or excessively worn hose couplings; loose or missing bolts or fastenings on bolted hose coupling assemblies; and deteriorated legibility or absence of the serial or identification number and HAWP; legible markings of last pressure test and inspection indicating that hose been pressure tested and inspected annually. Note: If hose assemblies are pressure tested in-house, then additionally complete Hose Inspection & Test Form.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tank markings were applied as per CSA B620.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Tank Disposition: Pass Return to Service Fail Remove from Service No defects or damage were discovered during this inspection

KYLE RESCH

Name of Tank Inspector

Date of External Visual Inspection

Day 30 Month JULY Year 2025

Signature of Tank Inspector

This External Visual Inspection is conducted in accordance with and meets the requirements of CSA B620.

CSA B620 CHECKLIST/INSPECTION & TEST REPORT

LEAK TEST

Item Inspected	Fail	Corrected	Pass	N/A	Defects: Location, Nature, Severity. Describe Nature of Repair
Ensured that tank closures, piping, valves and gaskets are in good condition and do not leak within the piping or to the exterior. Venting devices set to relieve at less than the test pressure were removed or rendered inoperative during the test. Piping and all associated valves and accessories were in place and operative. Leak test pressure was as required in CSA B620. Leak test solution was used to locate leaks when air or gas used as the test medium. Precautions were taken to prevent over pressurization of the tank. Test Pressure: 28 PSI Test Medium: WATER Test Hold Time: 5 MINUTES Type of Leak Test Solution Used: Soap / Water Solution / Gas Monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
All tanks, piping and accessories maintained the leak test pressure for at least 5 minutes when isolated from the pressure source.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
All valves and closures were tested in sequence. Discharge Valve: Ensured discharge was closed, opened tank valve and inspected for leakage past discharge valve. All tanks, piping and accessories maintained the leak test pressure for at least 5 minutes when isolated from the pressure source.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
All valves and closures were tested in sequence. Tank valve: Ensured tank valve was closed, opened discharge valve and inspected for leakage past tank valve. All tanks, piping and accessories maintained the leak test pressure for at least 5 minutes when isolated from the pressure source.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
For tanks with internal or external self-closing valves. Inspected valve operators. Cycled and tested the valve closure using the remote valve operator. All tanks, piping and accessories maintained the leak test pressure for at least 5 minutes when isolated from the pressure source.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
For the case of a TC 406 that is double walled or constructed for secondary containment, a 2 PSI pressure differential on the secondary containment space was maintained for at least 10 minutes when isolated from the pressure source.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
All tanks, piping and accessories maintained the leak test pressure for at least 5 minutes when isolated from the pressure source.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tank markings were applied as per CSA B620.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Tank Disposition: Pass Return to Service Fail Remove from Service No defects or damage were discovered during this inspection

KYLE RESCH

Name of Leak Tester

Date of Leak Test

Day 30	Month JULY	Year 2025
--------	------------	-----------

This Leak test is conducted in accordance with and meets the requirements of CSA B620.

Signature of Leak Tester

CSA B620 CHECKLIST/INSPECTION & TEST REPORT

UPPER COUPLER INSPECTION

Item Inspected	Fail	Corrected	Pass	N/A	Defects: Location, Nature, Severity. Describe Nature of Repair
Upper coupler or turntable assembly has been removed and all areas normally hidden have been inspected for corroded or abraded areas, cracks, dents, distortions, defects in welds, and any other condition that might render the tank unsafe for transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tank markings were applied as per CSA B620.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Tank Disposition: Pass Return to Service Fail Remove from Service No defects or damage were discovered during this inspection

Name of Upper Coupler Area Inspector _____

Signature of Upper Coupler Area Inspector _____

Date of upper coupler area inspection

Day	Month	Year
-----	-------	------

This upper coupler area inspection is conducted in accordance with and meets the requirements of CSA B620.

INTERNAL INSPECTION

Item Inspected	Fail	Corrected	Pass	N/A	Defects: Location, Nature, Severity. Describe Nature of Repair
Inspection of interior of tank shell and heads and baffles for cracks, corroded areas, dents, distortion, defects in welds, defects in piping, and any other condition, including leakage, that might render the tank unsafe for transportation service.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Thickness testing of corroded or abraded areas of the interior tank wall. Completed a thickness test form separately and in addition to this form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Performance of lining inspection for tanks that are lined. Completed a lining inspection form separately and in addition to this form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Tank markings were applied as per CSA B620.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Tank Disposition: Pass Return to Service Fail Remove from Service No defects or damage were discovered during this inspection

KYLE RESCH _____

Name of Tank Inspector

Signature of Tank Inspector _____

Date of Internal Visual Inspection

Day 30	Month JULY	Year 2025
--------	------------	-----------

This Internal Visual Inspection is conducted in accordance with and meets the requirements of CSA B620.

CSA B620 CHECKLIST/INSPECTION & TEST REPORT

PRESSURE TEST

Item Inspected	Fail	Corrected	Pass	N/A	Defects: Location, Nature, Severity, Describe Nature of Repair
Tank heating system pressure tested at 1.5 X the heating system MAWP, and pressure maintained for 5 minutes when isolated from the source. Test Pressure: Test Medium: Test Hold Time:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Refrigerating or heating coils for carbon dioxide or nitrous oxide were tested: Externally to the same test pressure as the tank Internally to twice the working pressure of the heating or refrigeration system, or the test pressure of the tank, whichever is greater. Test Pressure: EXT: INT: Test Medium: EXT: INT: Test Hold Time: EXT: INT:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
All reclosing pressure relief devices have been: <input type="checkbox"/> Replaced, OR, <input checked="" type="checkbox"/> Bench tested Complete and attach Record of Record of Pressure Relief Device (PRD) Inspection/Test/Replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
All piping and accessories pressure tested at not less than 80% of tank MAWP. When isolated from the pressure supply, pressure was retained for at least 10 minutes and a visual examination of all external surfaces reveals no defects, leakage or deformation. Test Pressure Used: 28 PSI Test Hold Time: 10 MINUTES Test Medium Used: WATER	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tank pressure tested at pressure set out for the tank specification in CSA B620. When isolated from the pressure supply, pressure was retained for at least 10 minutes and, if hydrostatic testing, a visual examination of all external surfaces reveals no defects, leakage or deformation. For pneumatic testing the system was checked for leaks while maintaining a safe standoff distance from the tank. (the leak test solution application to follow.) Test Pressure Used: 52 PSI Test Hold Time: 10 MINUTES Test Medium Used: WATER	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
For pneumatic testing, with test pressure reduced to MAWP, tank was inspected for leaks by coating all joints under pressure with leak test solution. Leak Test Solution Used:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Maximum test pressure for tanks with design pressure or MAWP of 25 PSIG or less did not exceed the test pressure in CSA B620 by more than 1/2 PSI during the test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Maximum test pressure for tanks with design pressure or MAWP greater than 25 PSIG did not exceed the test pressure in CSA B620 by more than 2% during the test.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tank markings were applied as per CSA B620.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Tank Disposition: Pass Return to Service Fail Remove from Service No defects or damage were discovered during this inspection

KYLE RESCH

Name of Pressure Tester

Signature of Pressure Tester

Date of Pressure Test

Day 30 Month JULY Year 2025

This pressure test is conducted in accordance with and meets the requirements of CSA B620.