

Test and Inspection Report in Accordance with CSA B620

Facility Name:	Liquids In Motion Ltd.	TEST DATE	<u>6/4/26</u>
Address	<u>243058 A Twp 475A</u> <u>Millet, AB</u>		<u>L28-1</u> <u>JUN</u>
Telephone	(780) 985 3393	Facility Registration No.	25- 1276
Tank Owner	<u>Liquids In Motion</u>		
Address	<u>243058 A Twp 475A</u> <u>Millet AB</u>		
Telephone	<u>780-387-7424</u>		<u>LIM 80</u>

OWNERS SERIAL No.: 2TSL43273B000671 CERT DATE: 03/03
 MANUFACTURE Tremcar SERIAL No. 3612
 MFR DATE 03/03 MATERIAL 316L TANK SPEC DOT407
 COMP. CAPACITY 1 7200 IG/L 2 _____ IG/L 3 _____ IG/L
 4 _____ IG/L 5 _____ IG/L

TESTS PERFORMED "V" "I" "K" "P" "T" "U/C"

EXTERNAL VISUAL INSPECTION "V"

Item inspected	QC Man Ref.	Complies	Reject	Retest Complies
Data plate, present and legible	12.1.3	<input checked="" type="checkbox"/>	_____	_____
Shell & Heads, corrosion abrasion dents overlay patches leaks etc	12.1.4	<input checked="" type="checkbox"/>	_____	_____
Structural members, outriggers, crossmembers etc	12.1.5	<input checked="" type="checkbox"/>	_____	_____
Piping and valves for leakage, damage, corrosion	12.1.7	<input checked="" type="checkbox"/>	_____	_____
Remote closures, thermal devices	12.1.7	<input checked="" type="checkbox"/>	_____	_____
Gaskets on full opening rear heads for damage or cuts	12.1.7	<u>NA</u>	_____	_____
Hoses for defects, identification and test dates	12.1.9	<u>NA</u>	_____	_____
Tank attachments to frame or running gear	12.1.8	<input checked="" type="checkbox"/>	_____	_____
Ladders, walkways etc	12.1.10	<input checked="" type="checkbox"/>	_____	_____
Fill covers, manways and closure devices	12.1.11	<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"/>	_____	_____
Accident damage protection	12.1.13	<input checked="" type="checkbox"/>	_____	_____

Inspector Jeff Harrish Signature [Signature] Date 6/4/26

INTERNAL VISUAL INSPECTION "I"

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

Inspector Jeff Harrish Signature [Signature] Date 6/4/26

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

UPPER COUPLER INSPECTION "U/C" (QC Manual Reference 12.1.5 and 12.1.6)

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

Upper coupler inspected in place
 Inspector Name Jeff Harrish Signature [Signature] Date 6/4/26

LEAKAGE TEST "K" (QC Manual Reference 12.3)

Test Pressure 20 PSI (80% of MAWP Min.) Test Medium Water / Air

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

Tank Tester Jeff Harris Signature [Signature] Date 6/4/26

PRESSURE TEST "P" (QC Manual Reference 12.4)

Test Pressure (Tank) 45 PSI (Refer to Table 7.3 of CSA B620-2003 for appropriate test pressure)
 Test Pressure (Piping) 20 PSI (80% Tank MAWP) Test Medium Water / Air

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

Tank Tester Jeff Harris Signature [Signature] Date 6/4/26

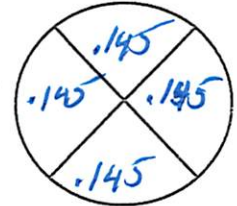
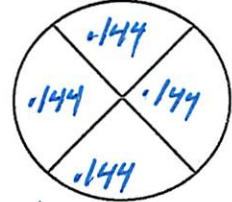
Test and Inspection Report in Accordance with CSA B620

THICKNESS TEST "T" (QC Manual Reference 12.5)

Thickness Tester Calibrated in accordance with instructions provided by the manufacturer of the testing device
 YES NO

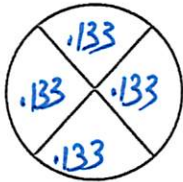
FRONT					
	12:00	3:00	6:00	9:00	HEAD
1	.133	.133	.133	.133	1
2	.133	.133	.133	.133	2
3	.133	.133	.133	.133	3
4	.133	.133	.133	.133	4
5	.133	.133	.133	.133	5
6	.133	.133	.133	.133	6
7	.133	.133	.133	.133	7
8	.133	.133	.133	.133	8
9					9
10					10
11					11
	12:00	3:00	6:00	9:00	HEAD

FRONT HEAD

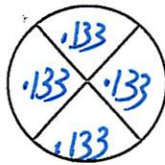


REAR

REAR HEAD



MANWAY



SUMP



NOZZLE



NOZZLE

Tank Tester Name Jeff Harris Signature [Signature] Date 6/4/26

Description of defects found and methods used to repair

Used pressure gauge P7 to perform tests.

No Defects Found

Tank successfully retested after repair YES NO N/A

Written repair weld inspection report attached YES NO N/A

TANK DISPOSITION Removed from Service

Safety Mark (Specification Indication) removed YES NO

Returned to Service

Tank markings applied (QC Manual Reference Section 15) YES NO