

Test and Inspection Report in Accordance with CSA B620

Facility Name:	Liquids In Motion Ltd.	TEST DATE	<u>6/3/26</u>
Address	243058 A Twp 475A Millet, AB		<i>L28-2 Jun</i>
Telephone	(780) 985 3393	Facility Registration No.	25- 1276
Tank Owner	<u>Liquids In Motion</u>		
Address	<u>243058 A TWP 475A Millet AB</u>		LIM 9
Telephone	<u>780-387-7424</u>		

OWNERS SERIAL No.: 108FB 7211X1FOB2549 CERT DATE. 7/00
 MANUFACTURE Brenner SERIAL No. _____
 MFR DATE 7/00 MATERIAL 316 L 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 _____ Date 6/3/26

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 _____ Date 6/3/26

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)

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

Inspector Name _____ Signature _____ Date _____

LEAKAGE TEST "K" (QC Manual Reference 12.3)

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

Item	Comp Pass	1 Fail	Comp Pass	2 Fail	Comp Pass	3 Fail	Comp Pass	4 Fail	Comp Pass	5 Fail
Gauges Calibrated	✓	—	—	—	—	—	—	—	—	—
All components in place	✓	—	—	—	—	—	—	—	—	—
All seams checked	✓	—	—	—	—	—	—	—	—	—
All gaskets checked	✓	—	—	—	—	—	—	—	—	—
ISC valve seat checked	✓	—	—	—	—	—	—	—	—	—
External valve seats checked	✓	—	—	—	—	—	—	—	—	—
Pipe connections checked	✓	—	—	—	—	—	—	—	—	—

Tank Tester Jeff Harrish Signature [Signature] Date 6/3/26

PRESSURE TEST "P" (QC Manual Reference 12.4)

Test Pressure (Tank) _____ (Refer to Table 7.3 of CSA B620-2003 for appropriate test pressure)
 Test Pressure (Piping) _____ (80% Tank MAWP) Test Medium _____

Item	Comp Pass	1 Fail	Comp Pass	2 Fail	Comp Pass	3 Fail	Comp Pass	4 Fail	Comp Pass	5 Fail
Gauges Calibrated	—	—	—	—	—	—	—	—	—	—
Pressure protection in place	—	—	—	—	—	—	—	—	—	—
Relief valves removed and tested	—	—	—	—	—	—	—	—	—	—
All closures in place	—	—	—	—	—	—	—	—	—	—
All seams checked	—	—	—	—	—	—	—	—	—	—
All gaskets checked	—	—	—	—	—	—	—	—	—	—
ISC valve seat checked	—	—	—	—	—	—	—	—	—	—
External valve seats checked	—	—	—	—	—	—	—	—	—	—
Pipe connections checked	—	—	—	—	—	—	—	—	—	—
Relief devices returned	—	—	—	—	—	—	—	—	—	—

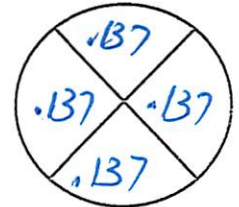
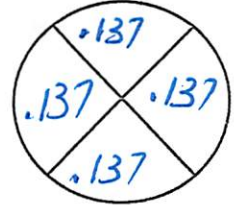
Tank Tester _____ Signature _____ Date _____

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

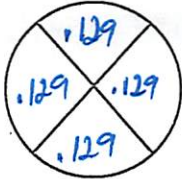
FRONT					
	12:00	3:00	6:00	9:00	HEAD
1	.129	.129	.129	.129	1
2	.129	.129	.129	.129	2
3	.129	.129	.129	.129	3
4	.129	.129	.129	.129	4
5	.129	.129	.129	.129	5
6	.129	.129	.129	.129	6
7	.129	.129	.129	.129	7
8	.129	.129	.129	.129	8
9					9
10					10
11					11
	12:00	3:00	6:00	9:00	HEAD

FRONT HEAD



REAR

REAR HEAD



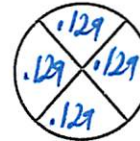
MANWAY



SUMP



NOZZLE



NOZZLE

Tank Tester Name Jeff Harrish

Signature [Handwritten Signature]

Date 6/3/26

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