

Test and Inspection Report in Accordance with CSA B620

Facility Name: TREMCAR WEST INC.
 Address: 1750 Aurum Road
 Edmonton, AB
 T6S 0A4
 Telephone (780) 371-1579

Facility Registration No. 25. 1024



Tank Owner: Oculus Transport Ltd
 Address: 8606- 115 Street
 Fort Saskatchewan, AB
 Telephone: 780-912-4409

JOB #:	87001	VIN #:	2W9GM5U04K2013042	MANUFACTURER:	MAXFIELD
UNIT No:	PV12-17	SERIAL #:	41901A	ASSEMBLER:	MAXFIELD
TANK SPEC:	TC 331	TCRN/MDIN:	Z-02-458-81-18	MAWP:	250 PSI
MANUFACTURE DATE:	05/2019	EXPOSED SURF.AREA:	106.22 M ²	DESIGN PRESSURE:	
ORIGINAL TEST DATE:	05/2019	DESIGN TEMP RANGE:		TEST PRESSURE:	504 PSI
CERTIFICATION DATE:	05/2019	DENSITY OF LADING:	0.623 KG/L		
HEAD MAT'L:	SA517-B	WELD MAT'L:	E11018-M/F11P8-EG-G	SHELL MAT'L:	SA517-B
MIN. THICKNESS TOP/SIDES:	10.72 MM	MIN.THICKNESS BOTTOM:	10.72 MM	MIN.THICKNESS HEAD:	5.71 MM
COMPARTMENT: CAPACITY:	COMP. # 1: 60,598 L	COMP. # 2: L	COMP. # 3: L	COMP. # 4: L	COMP. # 5: L

TC/MC331 ADDITIONAL REQUIREMENTS:

INCLUDE PICTURE OF METAL IDENTIFICATION PLATE WITH INSPECTION REPORTS

STRESS RELIEVED AFTER: QT NQT
 MANUFACTURE YES NO
 REPAIR YES NO N/A
 IF SO: LOCAL COMPLETE

DOUBLE WALLED TANK: YES NO LINED TANK: YES NO
 INSULATED TANK: YES NO CORROSIVE SERVICE: YES NO

TESTS PERFORMED "V" "I" "K" "P" "U/C" "T" "L" "S"
 (Reports Attached)

HOSES TESTED YES (Report attached) NO

Description of defects found and methods used to repair:

Repair Base System - Replace Blowdown Line DBS - C15 Vapour - sprayfill
Replace Worn ID Decals at Manifold
Service Ball Valve on crossover Line Front to Rear Liquid
Replace Air Actuator Kit on Rear Liquid internal Valve
Remove - clean ReSeal PRV at Top of Vessel Both PRV

No Defects Found

Tank successfully retested after repair: YES NO N/A
 Written repair report attached: YES NO N/A

TANK DISPOSITION:

Removed from Service:
 Returned to Service:

Tank markings applied (QC Manual Reference Section 13): YES NO

External Visual Inspection Report in Accordance with CSA B620



JOB #:	87001	VIN #:	2W9GM5U04K2013042	MANUFACTURER:	MAXFIELD
UNIT No:	PV12-17	SERIAL #:	41901A	ASSEMBLER:	MAXFIELD
TANK SPEC:	TC 331	TCRN/MDIN:	Z-02-458-81-18	MAWP:	250 PSI
MANUFACTURE DATE:	05/2019	EXPOSED SURF.AREA:	106.22 M ²	DESIGN PRESSURE:	
ORIGINAL TEST DATE:	05/2019	DESIGN TEMP RANGE:		TEST PRESSURE:	504 PSI
CERTIFICATION DATE:	05/2019	DENSITY OF LADING:	0.623 KG/L		
HEAD MAT'L:	SA517-B	WELD MAT'L:	E11018-M/F11P8-EG-G	SHELL MAT'L:	SA517-B
MIN. THICKNESS TOP/SIDES:	10.72 MM	MIN. THICKNESS BOTTOM:	10.72 MM	MIN. THICKNESS HEAD:	5.71 MM
COMPARTMENT: CAPACITY:	COMP. # 1: 60,598 L	COMP. # 2: L	COMP. # 3: L	COMP. # 4: L	COMP. # 5: L

External Visual Inspection "V" (QC Manual Reference 12.1)

Item inspected:	Pass	Fail	Repair	N/A
<ul style="list-style-type: none"> Data plate, present info complete and legible Structural members, outriggers, cross members, etc. Surfaces of all welds for signs of defects or cracks Void drains are unplugged Exterior surface area including heads for signs of corrosion, abrasion, gouges, dents or repairs made using overlay patches 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> Valves and vents for proper operation All gaskets for indications of leaking Piping and valves for leakage, damage, corrosion Inspect the function of all valve operating systems and remote closures Thermal means of closing bottom outlet valves Hoses for defects, identification and test dates 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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"/> <input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> Gaskets on full opening rear heads Tank attachments to frame or running gear Ladders, walkways, etc. Fill covers, manways and closure devices Accident damage protection (rear bumper, rollover protection, and piping guards) Relief valves and vents (replace or test if tank in service where lading corrosive to relief device) 	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> Tanks shall be rejected for less than minimum thickness remaining under a cut, dig or gouge Tanks shall be rejected for any dent with a depth of more than 0.5" at a weld Tanks shall be rejected for any source of leakage Tanks shall be rejected for use of overlay patches on liquid-retaining components of metal tanks Tanks shall be rejected for any weld defect, including a crack, pinhole, or incomplete fusion of the weld 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <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"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
TC/MC331 additional requirements: <ul style="list-style-type: none"> Check all PPV's in place and re-seal rain caps Tank gauging device condition and function All hose attachments identified liquid or vapor outlet Check operation of thermal gauge Function of emergency discharge control system. If emergency discharge control system is a hose, liquid outlets marked "connect to passive emergency shut down system only" 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <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 checked="" type="checkbox"/>

Tank Inspector Trainee: Darren McEllen Signature: [Signature] Date: July 15/25

Tank Inspector: Jorey Dudka Signature: [Signature] Date: July 15/25



Leakage Test Report in Accordance with CSA B620

JOB #:	87001	VIN #:	2W9GM5U04K2013042	MANUFACTURER:	MAXFIELD
UNIT No:	PV12-17	SERIAL #:	41901A	ASSEMBLER:	MAXFIELD
TANK SPEC:	TC 331	TCRN/MDIN:	Z-02-458-81-18	MAWP:	250 PSI
MANUFACTURE DATE:	05/2019	EXPOSED SURF. AREA:	106.22 M ²	DESIGN PRESSURE:	
ORIGINAL TEST DATE:	05/2019	DESIGN TEMP RANGE:		TEST PRESSURE:	504 PSI
CERTIFICATION DATE:	05/2019	DENSITY OF LADING:	0.623 KG/L		
HEAD MAT'L:	SA517-B	WELD MAT'L:	E11018-M/F11P8-EG-G	SHELL MAT'L:	SA517-B
MIN. THICKNESS TOP/SIDES:	10.72 MM	MIN. THICKNESS BOTTOM:	10.72 MM	MIN. THICKNESS HEAD:	5.71 MM
COMPARTMENT: CAPACITY:	COMP. # 1: 60,598 L	COMP. # 2: L	COMP. # 3: L	COMP. # 4: L	COMP. # 5: L

Leakage Test "K" (QC Manual Reference 12.4)

Test Pressure 92 psi (80% of MAWP Min.) Test Medium Air Hold Time 10 min

Test pressure for TC/MC331: 60PSI

Item inspected:	Pass	Fail	Retest	N/A
▪ All components in place	<input checked="" 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"/>
▪ All gaskets checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ External valve seats checked in sequence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Pipe connection checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Check tank gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Check dust caps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TC/MC331 additional requirements:				
▪ ISC valve seat checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ ISC Excess flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Check hose blowdown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Check ACME fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Tester Trainee: Darren McEllen Signature: [Signature] Date: July 15-25

Tank Tester: Jordy Dudler Signature: [Signature] Date: July 15/25



Hose Assembly Test and Inspection Report in Accordance with CSA B620

JOB #:	87001	VIN #:	2W9GM5U04K2013042	MANUFACTURER:	MAXFIELD
UNIT No:	PV12-17	SERIAL #:	41901A	ASSEMBLER:	MAXFIELD
TANK SPEC:	TC 331	TCRN/MDIN:	Z-02-458-81-18	MAWP:	250 PSI
MANUFACTURE DATE:	05/2019	EXPOSED SURF.AREA:	106.22 M ²	DESIGN PRESSURE:	
ORIGINAL TEST DATE:	05/2019	DESIGN TEMP RANGE:		TEST PRESSURE:	504 PSI
CERTIFICATION DATE:	05/2019	DENSITY OF LADING:	0.623 KG/L		
HEAD MAT'L:	SA517-B	WELD MAT'L:	E11018-M/F11P8-EG-G	SHELL MAT'L:	SA517-B
MIN. THICKNESS TOP/SIDES:	10.72 MM	MIN. THICKNESS BOTTOM:	10.72 MM	MIN. THICKNESS HEAD:	5.71 MM

Hose ID: #1 HAWP: 350 PSI Test Pressure: 420 PSI Test Medium: H₂O

Item inspected	Pass	Fail	Retest	N/A
Exposed reinforcement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kinked, flattened, or permanently deformed wire braid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft spots when not under pressure/bulging under pressure/loose outer covering	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damaged, slipping, or excessively worn hose couplings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loose or missing bolts or fastenings on bolted hose coupling assemblies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deteriorated legibility or absence of serial or ID number or HAWP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical continuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tester SHAYNE MINAULT Signature [Signature] Date July 14, 2025

Hose ID: #2 HAWP: 350 PSI Test Pressure: 420 PSI Test Medium: H₂O

Item inspected	Pass	Fail	Retest	N/A
Exposed reinforcement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kinked, flattened, or permanently deformed wire braid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft spots when not under pressure/bulging under pressure/loose outer covering	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damaged, slipping, or excessively worn hose couplings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loose or missing bolts or fastenings on bolted hose coupling assemblies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deteriorated legibility or absence of serial or ID number or HAWP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical continuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tester SHAYNE MINAULT Signature [Signature] Date July 14, 2025

Hose ID: _____ HAWP: _____ Test Pressure: _____ Test Medium: _____

Item inspected	Pass	Fail	Retest	N/A
Exposed reinforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kinked, flattened, or permanently deformed wire braid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft spots when not under pressure/bulging under pressure/loose outer covering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damaged, slipping, or excessively worn hose couplings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loose or missing bolts or fastenings on bolted hose coupling assemblies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deteriorated legibility or absence of serial or ID number or HAWP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical continuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tester _____ Signature _____ Date _____