

FAIL



Test and Inspection Report in Accordance with CSA B620

Facility Name:	Total Inspection Services Inc.	Work Order Number:	6065
Address:	7018 Stanley Drive PO Box 974 Dawson Creek BC V1G 4H9	Date:	AUG 1 2025
Telephone:	250-784-7966	Transport Canada	
Tank Owner:	SWAMP DONKEY OILFIELD SERVICES	Facility Registration #:	25-0847
Address:	PO BOX 2394	331 Construction:	N/A
	DAWSON CREEK BC V1G-4T8	Tank TCRN/MDIN:	14230
Telephone:	250-782-6700	Unit #:	252

Tank Serial #:	15-14742	Tank Spec:	TC/DOT 407
Manufacturer:	TREMCAR	Mfr. Date:	JAN 2015
Special Service:	N/A	Lined:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
MAWP or Design Pressure:	25 PSI	Insulated:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Min Shell thickness:	3.277 MM	Min Head Thickness:	3.277 MM

Cert. Date: SEPT 2017 Assembler: TREMCAR

Gauge Calibration Checked: Yes ☒ No ☐ Gauge #: D1

Capacity: ☐ Total US gals ☒ Total Litres ☐ Total Imp gals

Compartments: 1. 44000 2. 3. 4.

TEST PERFORMED ☒ V - shall signify external inspection ☒ K - shall signify leakage test

EXTERNAL VISUAL INSPECTION "V"

	Complies	Reject	N/A	Complies on Retest
Data plate, present and legible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shell & Heads, corrosion, abrasion, dents, overlay patches, leaks etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural members, outriggers, cross members, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping and valves for leakage, damage, corrosion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remote closures, emergency shut off decals, thermal devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoses for defects, identification and test dates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaskets on full opening rear heads for damage or cuts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tank attachments to frame or running gear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladders, walkways, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fill covers, manways and closure devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relief valves and vents (replace or test if tank in service where lading corrosive to relieve device)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Accident damage protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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LEAKAGE TEST "K"

Test Pressure: 20 PSI (80% of MAWP Min.) Test Medium: WATER Hold Time: 5 MINS

Item Tested			Item Tested		
	Pass	Fail		Pass	Fail
Compartment # 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Compartment # 1 Piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Compartment # 2	<input type="checkbox"/>	<input type="checkbox"/>	Compartment # 2 Piping	<input type="checkbox"/>	<input type="checkbox"/>
Compartment # 3	<input type="checkbox"/>	<input type="checkbox"/>	Compartment # 3 Piping	<input type="checkbox"/>	<input type="checkbox"/>
Compartment # 4	<input type="checkbox"/>	<input type="checkbox"/>	Compartment # 4 Piping	<input type="checkbox"/>	<input type="checkbox"/>

Defects found, location and corrective action (use additional sheets if necessary)

AIR VENT VALVE LEAKING

Defects corrected and released ☐ Yes ☐ No
 Tank successfully retested after repair ☐ Yes ☐ No

Tank Disposition: ☐ Returned to service as no defects or damage was discovered
☐ Returned to service after retest
☒ Removed from service

Tank Marking: 08 25 VK 847 Month, year and service symbol (MMYY XXXXXX 000) after all defects are corrected.

Tank markings applied ☐ Yes ☒ No

Tank Tester Name: Brennan Grant Signature:  Date: AUG 1 2025