



Test and Inspection Report In Accordance with CSA B620

Facility Name:	Total Inspection Services Inc.	Work Order Number:	6107
Address:	7018 Stanley Drive PO Box 974 Dawson Creek BC V1G 4H9	Date:	AUG 21 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
Telephone:	250-782-6700	Tank TCRN/MDIN:	13000
	DAWSON CREEK BC V1G-4T8	Unit #:	259

Tank Serial #: CF30559
 Manufacturer: LAZER INOX
 Special Service: N/A
 MAWP or Design Pressure: 172 KPA

Tank Spec: TC 407
 Mfr. Date: 04/2012
 Lined: Yes ☐ No ☒
 Insulated: Yes ☐ No ☒

Min Shell thickness: 3.28 MM
 Min Head Thickness: 4.03 MM

Cert. Date: 04/2012
 Assembler: LAZER INOX

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

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

Compartments: 1. 30000 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 checked="" type="checkbox"/>	<input 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: 137.6 KPA (80% of MAWP Min.) Test Medium: WATER Hold Time: 5 MINS

Item Tested			Item Tested		
Pass	Fail	Complies on Retest	Pass	Fail	Complies on Retest
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)

Defects corrected and released
Tank successfully retested after repair

☐ Yes ☐ No
☐ 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 21 2025