

Compartment:		Device Type:		Set to Discharge:		PSIG/in Hg
Device Opened:		PSIG/in Hg	Reseated:		PSIG/in Hg	
Disposition:	<input type="checkbox"/> Reinstalled	<input type="checkbox"/> Installed New Relief	<input type="checkbox"/> Repaired		<input type="checkbox"/> Replaced	

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

CENTER VALVE LEAKING
LH VALVE LEAKING
CAMLOCK ON TOP OF TANK LEAKING

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: 05 25 VIKP 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: MAY 15 2025

Compartment # 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment # 4 Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**PRESSURE TEST "P"**

Test Pressure (Tank): 40 PSI (Refer to Table 7.3 of CSA B620 (latest Edition, latest Addenda) for appropriate test pressure.

Test Pressure (Piping): 20 PSI (80% Tank Test) Test Medium: WATER Hold Time: 10 MIN

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

RELIEF DEVICE TEST RESULTS		<input checked="" type="checkbox"/> Applicable		<input type="checkbox"/> Not Applicable		
Compartment:	ONE	Device Type:	GIRARD	Set to Discharge:	30 PSI	PSIG/in Hg
Device Opened:	31 PSI	PSIG/in Hg	Reseated:	29 PSI	PSIG/in Hg	
Disposition:	<input checked="" type="checkbox"/> Reinstalled	<input type="checkbox"/> Installed New Relief	<input type="checkbox"/> Repaired		<input type="checkbox"/> Replaced	
Compartment:		Device Type:		Set to Discharge:		PSIG/in Hg
Device Opened:		PSIG/in Hg	Reseated:		PSIG/in Hg	
Disposition:	<input type="checkbox"/> Reinstalled	<input type="checkbox"/> Installed New Relief	<input type="checkbox"/> Repaired		<input type="checkbox"/> Replaced	
Compartment:		Device Type:		Set to Discharge:		PSIG/in Hg
Device Opened:		PSIG/in Hg	Reseated:		PSIG/in Hg	
Disposition:	<input type="checkbox"/> Reinstalled	<input type="checkbox"/> Installed New Relief	<input type="checkbox"/> Repaired		<input type="checkbox"/> Replaced	

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

**INTERNAL VISUAL INSPECTION "I"**

	Complies	Reject	N/A	Complies on Retest
Interior surface, corrosion, distortion, overlay patches, cracking etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior welds for defects, cracking, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal supports and attachments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal valves, piping and vents for leakage, damage, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 repairs made using overlay patches.
- Defective, unidentified or out of test Hose Assemblies.

**LEAKAGE TEST "K"**

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

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



**Test and Inspection Report in Accordance with CSA B620**

Facility Name:	Total Inspection Services Inc.	Work Order Number:	5822
Address:	7018 Stanley Drive PO Box 974 Dawson Creek BC V1G 4H9	Date:	MAY 15 2025
Telephone:	250-784-7966	Transport Canada Facility Registration #:	25-0847
Tank Owner:	NVT LOGISTICS	Tank TCRN/MDIN:	Z-02-632-02-07
Address:	8624-68 ST FORT ST JOHN BC V1J0B4	Unit #:	CV001
Telephone:	1-250-785-5435		

Tank Serial #:	09-02105	Tank Spec:	TC 407
Manufacturer:	VACUUM INDUSTRIAL PRODUCTS	Mfr. Date:	04/01/09
Special Service:	CORROSIVE	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:	5.4 MM	Min Head Thickness:	5.3 MM
Cert. Date:	SEPT 10/09	Assembler:	VACUUM INDUSTRIAL PRODUCTS
Gauge Calibration Checked:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Gauge #:	D1
Capacity:	<input type="checkbox"/> Total US gals <input checked="" type="checkbox"/> Total Litres <input type="checkbox"/> Total Imp gals		
Compartments:	1. 10430 2. 3. 4.		

**TEST PERFORMED**    V – shall signify external inspection    I – shall signify internal inspection  
K – shall signify leakage test    P – shall signify pressure 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



FACILITY # 0575

INTERNAL/EXTERNAL VISUAL INSPECTION AND TEST TO DOT 49 CFR SECTION 180 CSA/B-620-20

WO: PT3645

EXTERNAL VISUAL:

RETEST DATE:

LEAKAGE TEST:

DATE INSPECTED: NOVEMBER 25, 2025 UNIT: CV001 MFG SERIAL #: 09-02105

TANK MFG: VACUUM IND.

MFG DATE: 2009

CAPACITY: 10,430 L

COMPARTMENTS: 1

MATERIAL: SA-36

ASSEMBLER: CAMEX 25-392 MFG SHELL THK: 5.4 MM MFG HEAD THK: 5.3 MM

TANK SPECIFICATION: TC 407 TRUCK/TRAILER VIN: INKDX4EX89R941438 AXLES: 4

CERTIFICATION DATE: SEPTEMBER 10, 2009 ORIGINAL TEST DATE: 04/01/2009

TCRN / MDIN: Z-02-632-02-07 - 7218D.001

MAXIMUM PRODUCT LOAD: 10,430 KGS

LOADING LIMITS: 806 L/MIN

UNLOADING LIMITS: 904 L/MIN

REGISTERED INSPECTOR: JONATHAN GRASS

OWNER: NVT LOGISTICS LTD.

ADDRESS: 8624 68TH STREET

FORT ST. JOHN, BC V1J 0B4

TELEPHONE: 250-785-5435

INSPECTED BY: Maccabee Tank Ltd. 8824-101 Street, Fort St. John B.C. V1J 5K5 TEL: 250-785-8642 FAX: 250-785-5579

DEDICATED CORROSIVE SERVICE: YES  NO  INSULATED: YES  NO  LINED: YES  NO  BOTH: YES  NO

FAIL RETEST PASS N/A

ITEM:

COMMENTS:

EXTERNAL VISUAL (V)

- Was tank steamed out
Data plate and required markings
Shell/heads/welds; length of weld
Manhole hardware and gaskets
Tightening manhole covers
E.S.D. devices, vents, valves, and remote closures
Hardware
Tank appurtenances & supporting structures, pads, bolsters, tie-downs, and protective devices
Jacketing to inner vessel
Pressure relief device
Gaskets on full opening rear head
Corroded or abraded areas
Accompanying or mounted hoses
VOIDS
INTERNAL SELF-CLOSING VALVES

TESTED AND CERTIFIED HOSES

PRD MAKE: FORT VALE PRD PRESSURE:  VACUUM:  BOTH:  PRD REINSTALLED:  REPAIRED:  REPLACED: 
P.R.V. TANK SET PRESSURE: COMP 1 206.8 COMP 2 COMP 3 COMP 4 COMP 5 PSI  KPA 
P.R.V. VACUUM TANK SET PRESSURE COMP 1 N/A COMP 2 COMP 3 COMP 4 COMP 5 PSI  KPA

SPECIFY MAWP/DESIGN PRESSURE FROM SPECIFICATION PLATE: 172 PSI  KPA

LEAKAGE TEST (K)

- Pressure not less than 80%
Pressure test and hold
Piping, valves, accessories
Test medium WATER:  AIR: 
Test pressure maintained 5 min
All leaks
Report is completed [7.2.1.7]

IF LADING CORROSION TO TANK BENCH TEST IS SPECIFY MAWP/DESIGN PRESSURE FROM SPECIFICATION PLATE: PSI  KPA 
MANDATORY COMPLETE THE FOLLOWING: SPECIFY LEAKAGE TEST PRESSURE (MIN 80% OF ABOVE): PSI  KPA

OTHER:

Form box containing inspection results: A cargo tank returned to service, Marking applied, B cargo tank with drawn from service, Registered inspector signature and date (NOV. 25, 2025), and specification (11/25/V).

DEFECTS FOUND: YES  NO  PIPE/HOSE TESTED AGREED BY CUSTOMER: YES  NO  PRESSURE GAUGE CERT. IN FILE: YES  NO  PICTURE OF DATA PLATE IN FILE: YES  NO