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WABASH MFG. INC.
9312-110A ST
WESTLOCK, AB
T79 2M4
780-349-4282

PURGE REPORT

Warning: Wabash Mfg. Inc. will not be liable in any way regarding our Purge Report.

Company Name: Ricks Oilfield

Work Order #: SV-26434

Customer PO #: _____

Serial #: 10951

Unit #: T168L

Date: 2026 / 10 / 05
YY / MM / DD

Residue

Is there residue of material in tank? Y ☒ N ☐
What is the residue? oxy

Hoses

Are there any hoses with this unit? Y ☒ N ☐
Are the hoses to be with the unit? Y ☒ N ☐

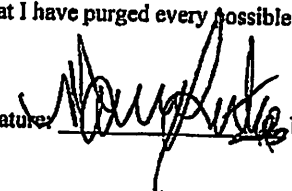
Additional Information

Is the unit "HOT"? Y ☐ N ☒
Is the identification plate(s) legible? Y ☒ N ☐
Is the outside of the unit dirty? Y ☐ N ☒

Internal Wash

Was this unit internally washed? Y ☐ N ☒

By signing my name below, I am stating that I have purged every possible orifice, in, on, or around the above stated unit.

Name: Maury Litke Signature:  Position: Inspector

YOU ARE REQUIRED TO ASK IF YOU ARE NOT SURE ABOUT ANYTHING

L26-1

Wabash Mfg. Inc.

9312-110A Street
Westlock, AB T7P 2M4
780-349-4282

Sniffer Test Report

Company Name: RICK'S

Work Order #: SR-26431

Unit # T168-L

Serial #: 10951

Date: 2026/12/07
YY / MM / DD

WARNING: WABASH MFG. INC. WILL NOT BE LIABLE IN ANY WAY REGARDING OUR SNIFF REPORT

RESIDUE

Is there a residue of any material in tank? ☐ Yes ☒ No

Is it over two inches at any given spot? ☐ Yes ☒ No

What is the residue? _____

Who is to remove it? _____

Date of Removal: ____ / ____ / ____
YY / MM / DD

Time of Removal: ____ am ____ pm

HOSES

Are there any hoses with this tank or tractor? ☐ Yes ☒ No

If yes, how many? _____

Are the hoses hot? (If yes, see reverse side for details) ☐ Yes ☒ No

Do the hoses need to be steamed? ☐ Yes ☒ No

Do the hoses need to be vented? ☐ Yes ☒ No

Are the hoses to be left on tank or truck? ☐ Yes ☒ No

If not, where will they be left? _____

ADDITIONAL INFORMATION

Is this tank or truck tractor "HOT"? (See reverse side for details) ☐ Yes ☒ No

Is the identification plate(s) legible? ☒ Yes ☐ No

Is the outside of this tank or tractor dirty? ☐ Yes ☐ No

Are there any toolboxes or cabinets? ☒ Yes ☐ No

COMMENTS:

First Sniff

Time: 8:00
☐ am ☐ pm

By signing my name below, I am stating that I have sniffed every possible orifice in, on or around the above stated tank or tractor and I have accurately written in the reading and/or I have checked off the N/A box (s) on the reverse side of this report.

Name: FREDIE Signature: _____ Position: TESTER

Second Sniff

Time: ____
☐ am ☐ pm

By signing my name below, I am stating that I have sniffed every possible orifice in, on or around the above stated tank or tractor and I have accurately written in the reading and/or I have checked off the N/A box (s) on the reverse side of this report.

Name: _____ Signature: _____ Position: _____

Third Sniff

Time: ____
☐ am ☐ pm

By signing my name below, I am stating that I have sniffed every possible orifice in, on or around the above stated tank or tractor and I have accurately written in the reading and/or I have checked off the N/A box (s) on the reverse side of this report.

Name: _____ Signature: _____ Position: _____

Fourth Sniff

Time: ____
☐ am ☐ pm

By signing my name below, I am stating that I have sniffed every possible orifice in, on or around the above stated tank or tractor and I have accurately written in the reading and/or I have checked off the N/A box (s) on the reverse side of this report.

Name: _____ Signature: _____ Position: _____

YOU ARE REQUIRED TO ASK IF YOU ARE NOT SURE ABOUT ANYTHING.

IMPORTANT

Failing to ensure that all orifices sniff clean prior to issuing a green tag can result in hot work being done on a hot tank causing explosions, bodily injury and/or death.

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LOCATION		First Sniff				Second Sniff				Third Sniff				Fourth Sniff			
		CO	H2S	O2	LEL	CO	H2S	O2	LEL	CO	H2S	O2	LEL	CO	H2S	O2	LEL
☒ VOIDS	☒ N/A																
Location:																	
Location:																	
Location:																	
Location:																	
☒ BARREL	☒ N/A	0	0	20.0	0												
Comp 1:																	
Comp 2:																	
Comp 3:																	
Comp 4:																	
☒ PIPING	☒ N/A																
External Bottom Plumbing		0	0	20.0	0												
Comp 1:																	
Comp 2:																	
Comp 3:																	
Comp 4:																	
☒ INTERNAL PLUMBING	☒ N/A																
Curb Side		0	0	20.0	0												
Drivers Side		0	0	20.0	0												
Thru Line (Super B Lead)		0	0	20.0	0												
Pump																	
Plumbing																	
Pup Line (Body Job)																	
☒ TROUGH	☒ N/A																
Curb Side:																	
Drivers Side:																	
☒ VENT LINES	☒ N/A																
Curb Side:		0	0	20.0	0												
Drivers Side:		0	0	20.0	0												
☒ OTHER	☒ N/A																
Cabinet:																	
Hoses:																	

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Nov



WABASH MFG. INC.
9312-110A ST
WESTLOCK, AB
T79 2M4
780-349-4282

PURGE REPORT

Warning: Wabash Mfg. Inc. will not be liable in any way regarding our Purge Report.

Company Name: Ricks Oilfield

Work Order #: SV-26435

Customer PO #: _____

Serial #: 10952

Unit #: T168P

Date: 2026 / 10 / 07
YY / MM / DD

Residue

Is there residue of material in tank? Y ☒ N ☐

What is the residue? oxy

Hoses

Are there any hoses with this unit? Y ☒ N ☐

Are the hoses to be with the unit? Y ☒ N ☐

Additional Information

Is the unit "HOT"? Y ☐ N ☒

Is the identification plate(s) legible? Y ☒ N ☐

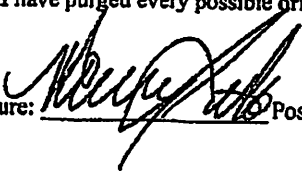
Is the outside of the unit dirty? Y ☐ N ☒

Internal Wash

Was this unit internally washed? Y ☐ N ☒

By signing my name below, I am stating that I have purged every possible orifice, in, on, or around the above stated unit.

Name: Maury Litke

Signature: 

Position: inspector

YOU ARE REQUIRED TO ASK IF YOU ARE NOT SURE ABOUT ANYTHING

L26-2

Wabash Mfg. Inc.

9312-110A Street
Westlock, AB T7P 2M4
780-349-4282

Sniffer Test Report

Company Name: Pick's

Work Order #: 50-26435

Unit # T1681P

Serial #: 10952

Date: 202610 / 07
YY / MM / DD

WARNING: WABASH MFG. INC. WILL NOT BE LIABLE IN ANY WAY REGARDING OUR SNIFF REPORT

RESIDUE

Is there a residue of any material in tank? ☐ Yes ☒ No

Is it over two inches at any given spot? ☐ Yes ☒ No

What is the residue? _____

Who is to remove it? _____

Date of Removal: ____ / ____ / ____
YY / MM / DD

Time of Removal: ____ am ____ pm

HOSES

Are there any hoses with this tank or tractor? ☐ Yes ☒ No

If yes, how many? _____

Are the hoses hot? [If yes, see reverse side for details] ☐ Yes ☒ No

Do the hoses need to be steamed? ☐ Yes ☒ No

Do the hoses need to be vented? ☐ Yes ☒ No

Are the hoses to be left on tank or truck? ☐ Yes ☒ No

If not, where will they be left? _____

ADDITIONAL INFORMATION

Is this tank or truck tractor "HOT"? (See reverse side for details) ☐ Yes ☒ No

Is the identification plate(s) legible? ☐ Yes ☒ No

Is the outside of this tank or tractor dirty? ☐ Yes ☒ No

Are there any toolboxes or cabinets? ☐ Yes ☒ No

COMMENTS:

First Sniff

Time: 8:10
☐ am ☒ pm

By signing my name below, I am stating that I have sniffed every possible orifice in, on or around the above stated tank or tractor and I have accurately written in the reading and/or I have checked off the N/A box (s) on the reverse side of this report.

Name: FRANKIE Signature: _____ Position: TESTER

Second Sniff

Time: ____
☐ am ☐ pm

By signing my name below, I am stating that I have sniffed every possible orifice in, on or around the above stated tank or tractor and I have accurately written in the reading and/or I have checked off the N/A box (s) on the reverse side of this report.

Name: _____ Signature: _____ Position: _____

Third Sniff

Time: ____
☐ am ☐ pm

By signing my name below, I am stating that I have sniffed every possible orifice in, on or around the above stated tank or tractor and I have accurately written in the reading and/or I have checked off the N/A box (s) on the reverse side of this report.

Name: _____ Signature: _____ Position: _____

Fourth Sniff

Time: ____
☐ am ☐ pm

By signing my name below, I am stating that I have sniffed every possible orifice in, on or around the above stated tank or tractor and I have accurately written in the reading and/or I have checked off the N/A box (s) on the reverse side of this report.

Name: _____ Signature: _____ Position: _____

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LOCATION		First Sniff				Second Sniff				Third Sniff				Fourth Sniff			
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☐ VOIDS	☐ N/A																
Location:																	
Location:																	
Location:																	
Location:																	
☐ BARREL	☐ N/A	0	0	20.9	0												
Comp 1:																	
Comp 2:																	
Comp 3:																	
Comp 4:																	
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External Bottom Plumbing		0	0	20.9	0												
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Curb Side		0	0	20.9	0												
Drivers Side		0	0	20.9	0												
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Plumbing																	
Pup Line (Body Job)																	
☐ TROUGH	☐ N/A																
Curb Side:																	
Drivers Side:																	
☐ VENT LINES	☐ N/A																
Curb Side:		0	0	20.9	0												
Drivers Side:		0	0	20.9	0												
☐ OTHER	☐ N/A																
Cabinet:																	
Hoses:																	