



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

L 26-3-LEAD
NOV

PURGE REPORT

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

Company Name: Ricks Oilfield

Work Order #: SV-26427

Customer PO #: _____

Serial #: 10593

Unit #: T171L

Date: 2026 / 09 / 21
YY / MM / DD

Residue

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

What is the residue? Oil

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 ☐

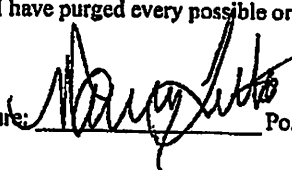
Is the outside of the unit dirty? Y ☐ N ☒

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

L26-3

Wabash Mfg. Inc.9312-110A Street
Westlock, AB T7P 2M4
780-349-4282**Sniffer Test Report**

Company Name:

RICKS

Work Order #:

SL-26427

Unit #

T1712

Serial #:

10593

Date:

2026/10/01

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

What is the residue? _____

Who is to remove it? _____

Date of Removal: ____ / ____ / ____
YY / MM / DDTime 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 ☒ NoDo the hoses need to be steamed? ☐ Yes ☒ NoDo the hoses need to be vented? ☐ Yes ☒ NoAre the hoses to be left on tank or truck? ☐ Yes ☒ No

If not, where will they be left? _____

ADDITIONAL INFORMATIONIs this tank or truck tractor "HOT"? (See reverse side for details) ☐ Yes ☒ NoIs the identification plate(s) legible? ☒ Yes ☐ NoIs the outside of this tank or tractor dirty? ☐ Yes ☒ NoAre there any toolboxes or cabinets? ☒ Yes ☐ No**COMMENTS:****First Sniff**Time: 1:30
☐ 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: FRED DICE Signature: _____ Position: TESTER

Second SniffTime: ____
☐ 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 SniffTime: ____
☐ 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 SniffTime: ____
☐ 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.

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.

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	20.9	0												
Comp 1:																	
Comp 2:																	
Comp 3:																	
Comp 4:																	
☒ PIPING	☒ N/A																
External Bottom Plumbing		0	0	20.9	0												
Comp 1:																	
Comp 2:																	
Comp 3:																	
Comp 4:																	
☒ INTERNAL PLUMBING	☒ N/A																
Curb Side		0	0	20.9	0												
Drivers Side		0	0	20.9	0												
Thru Line (Super B Lead)		0	0	20.9	0												
Pump																	
Plumbing																	
Pup Line (Body Job)																	
☒ TROUGH	☒ N/A																
Curb Side:																	
Drivers Side:																	
☒ VENT LINES	☒ N/A																
Curb Side:																	
Drivers Side:		0	0	20.9	0												
☒ OTHER	☒ N/A																
Cabinet:																	
Hoses:																	

L 26-4-Pup
NOV



WABASH MFG. INC.
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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-26412

Customer PO #: _____

Serial #: 10954

Unit #: T171P

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

Residue

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

What is the residue? Oil

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 ☐

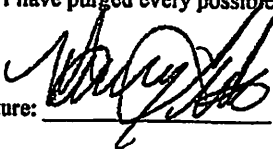
Is the outside of the unit dirty? Y ☐ N ☒

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

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L26-4

Wabash Mfg. Inc.

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

Sniffer Test Report

Company Name: Pick's

Work Order #: Sir-26412

Unit # T171

Serial #: 10954

Date: 2026109121
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: 2:45
☐ 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: FACIE Signature: _____ Position: TL5122

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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☒ VOIDS	☒ N/A																
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☒ TROUGH	☒ N/A																
Curb Side:																	
Drivers Side:																	
☒ VENT LINES	☒ N/A																
Curb Side:																	
Drivers Side:		0	0	20.9	0												
☒ OTHER	☒ N/A																
Cabinet:																	
Hoses:																	