



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

F60-4  
NBV

### PURGE REPORT

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

Company Name: Peter Kiewit

Work Order #: SV-26395

Customer PO #: \_\_\_\_\_

Serial #: 11U911

Unit #: \_\_\_\_\_

Date: 2026 / 09 / 15

YY / MM / DD

#### Residue

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

What is the residue? WATER

#### 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 ☐

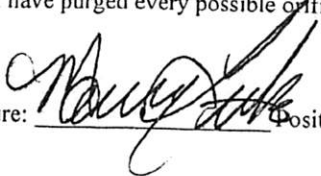
Is the outside of the unit dirty? Y ☐ N ☒

#### 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

F60-4  
NOV

# Wabash Mfg. Inc.

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

## Sniffer Test Report

Company Name: DETROIT KIEWIT

Work Order #: SL-26396

Unit #: 154527

Serial #:

Date: 2026109115  
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: 7:25  
☒ 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: FREDERICK 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.

# 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 |
| <input checked="" type="checkbox"/> VOIDS             | <input checked="" type="checkbox"/> N/A |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| Location:                                             |                                         |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| Location:                                             |                                         |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| Location:                                             |                                         |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| <input checked="" type="checkbox"/> BARREL            | <input checked="" type="checkbox"/> N/A |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| Comp 1:                                               |                                         |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| Comp 2:                                               |                                         |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| Comp 3:                                               |                                         |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| Comp 4:                                               |                                         |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| <input checked="" type="checkbox"/> PIPING            | <input checked="" type="checkbox"/> N/A |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| External Bottom Plumbing                              |                                         |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| Comp 1                                                |                                         |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| Comp 2:                                               |                                         |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| Comp 3:                                               |                                         |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| Comp 4:                                               |                                         |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| <input checked="" type="checkbox"/> INTERNAL PLUMBING | <input checked="" type="checkbox"/> N/A |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| Curb Side                                             |                                         |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| Drivers Side                                          |                                         |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| Thru Line (Super B Lead)                              |                                         |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| Pump                                                  |                                         |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| Plumbing                                              |                                         |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| Pup Line (Body Job)                                   |                                         |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| <input checked="" type="checkbox"/> TROUGH            | <input checked="" type="checkbox"/> N/A |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| Curb Side:                                            |                                         |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| Drivers Side:                                         |                                         |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| <input checked="" type="checkbox"/> VENT LINES        | <input checked="" type="checkbox"/> N/A |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| Curb Side:                                            |                                         |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| Drivers Side                                          |                                         |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| <input checked="" type="checkbox"/> OTHER             | <input checked="" type="checkbox"/> N/A |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| Cabinet:                                              |                                         |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |
| Hoses:                                                |                                         |     |    |     |              |     |    |     |             |     |    |     |              |     |    |     |