

TANK TESTING INSPECTION SHEET

Copy
T05-17

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TCRN/CRN# _____
REG NO. 25-323

Date: July 14/2025 **Decal Information:** 07/2025 V.K 323

Owner of Tank: Fluid Pro Oilfield Services Ltd **Phone #** (780) 778-4380
Address: 3669 30th St, Whitecourt, Ab T7S 0E4 **Unit #** T-1066A
Tank S/N 18796 **Tank Manufacturer** Tremcar Inc
Date Mfg: 03/2018 **Transport Canada Specification:** TC 407
VIN # 1T9BA9J37KS588001 **Certification Date:** 03/2018 **MDIN** 18796
Assembler Tremcar Inc
Work Required: 1) External Inspection ☒ 2) Internal Inspection ☐ 3) Lining Inspection ☐
4) Thickness Test ☐ 5) Leakage Test ☒ 6) Pressure Test ☐

1) External Inspection = V

Conditions that indicate weakness that might render the tank unsafe for transportation:

	YES	NO		YES	NO
a) Corroded Areas – if yes a thickness test required	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b) Bad Dents	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Defects in Welds/Laminations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	d) Defects in Valves – if yes explain -	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Other defects i.e.: gaskets, packing, seals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	g) Insulated	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) Manhole Covers – Tightening devices operative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Loading/unloading valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Proper functions of: Vent Line Valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Self-closing stop valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Remote closure devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Excess flow valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Comments:

i) Bolts or nuts on any flanged connection or blank flange are in place and tight ☒ ☐

Comments:

j) Legible tank specification plate ☒ ☐ legible test markings ☒ ☐

Comments:

k) All major appurtenances & attachments in good conditions ☒ ☐ Rear Bumper Height ☒ ☐
Cross members ☒ ☐ Fenders ☒ ☐
Fifth wheel upper coupler ☒ ☐ Tie down bolts ☒ ☐

Comments:

l) Multi compartment tanks ☐ ☒ Drain is open in void ☐ ☒
Evidence of leakage from void ☐ ☒ ☐ ☒
Number of compartments ☐ ☒ ☐ ☒

m) Reclosing pressure relief ☒ ☐ Relief Valve Tested ☒ ☐
Free from corrosion ☒ ☐ Free from damage ☒ ☐
Relief valve replaced ☐ ☒

Comments:

n) Full opening rear head ☐ ☒ Gasket free of cuts, cracks ☐ ☐
Gasket replaced ☐ ☒

Comments:

o) Hoses inspected ☐ ☒ Test Pressure _____
Hose pressure tested ☐ ☒

Comments: Not required, Tested by others

INSPECTOR David Carrothers

SIGNATURE

David Carrothers

DATE July 14/2025

2) **Internal Test: I**

- a) Corroded Areas
- c) Defects in welds/laminations
- e) Broken Baffles

YES

☐
☐
☐

NO

☐
☐
☐

- b) Bad Dents
- d) Cracks
- f) Lined

YES

☐
☐
☐

NO

☐
☐
☐

Other defects: Explain or elaborate on one above:

Thickness Test required

☐
☐

Lining Test required

☐
☐

INSPECTOR _____ SIGNATURE _____ DATE _____

3) **Coating Inspection**

- a) Visual signs of degraded coating
- b) Thickness test required

YES

☐
☐

NO

☐
☐

c) Coating type: _____

Comments

INSPECTOR _____ SIGNATURE _____ DATE _____

4) **Thickness Test = T**

- a) Head Thickness
- c) Shell bottom
- e) Near a Baffle
- g) Near Nominal liquid level lines

Mfg Thickness Actual Thickness

- b) Shell Side/Top
- d) Around discharge openings
- f) Near a Fifth Wheel
- h) On shell to shell joints

Mfg Thickness Actual Thickness

Minimum Allowable Thickness according to specification plate or table 8.x & 8.5 or 10% less than nominal thickness _____

Head _____ Shell _____

Comments:

INSPECTOR _____ SIGNATURE _____ DATE _____

5a) Leakage Test – First Compartment – K

Original Test	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Re-Test	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Any Venting devices blocked or removed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Leakage	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Test Pressure 20 psi (80% of M.A.W.P.)			MAWP	172 kpa	
Product piping with all valves & accessories	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input checked="" type="checkbox"/>
In place & operative	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Test pressure held for 5 minutes	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Test Medium Water/Air

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

Test held for 5-10 mins

5b) Leakage Test – Second Compartment – K

Original Test	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Re-Test	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any Venting devices blocked or removed	<input type="checkbox"/>	<input type="checkbox"/>	Leakage	<input type="checkbox"/>	<input type="checkbox"/>
Test Pressure (80% of M.A.W.P.)			MAWP		
Product piping with all valves & accessories	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
In place & operative	<input type="checkbox"/>	<input type="checkbox"/>			
Test pressure held for 5 minutes	<input type="checkbox"/>	<input type="checkbox"/>			

Test Medium _____

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

5c) Leakage Test – Third Compartment – K

Original Test	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Re-Test	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any Venting devices blocked or removed	<input type="checkbox"/>	<input type="checkbox"/>	Leakage	<input type="checkbox"/>	<input type="checkbox"/>
Test Pressure (80% of M.A.W.P.)			MAWP		
Product piping with all valves & accessories	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
In place & operative	<input type="checkbox"/>	<input type="checkbox"/>			
Test pressure held for 5 minutes	<input type="checkbox"/>	<input type="checkbox"/>			

Test Medium _____

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

5d) Leakage Test – Fourth Compartment – K

Original Test	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Re-Test	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any Venting devices blocked or removed	<input type="checkbox"/>	<input type="checkbox"/>	Leakage	<input type="checkbox"/>	<input type="checkbox"/>
Test Pressure (80% of M.A.W.P.)			MAWP		
Product piping with all valves & accessories	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
In place & operative	<input type="checkbox"/>	<input type="checkbox"/>			
Test pressure held for 5 minutes	<input type="checkbox"/>	<input type="checkbox"/>			

Test Medium _____

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

INSPECTOR David Carrothers

SIGNATURE David Carrothers

DATE July 14/2025

6a) Pressure Test – First Compartment = P

Original Test
Pressure Relief device Tested
Leakage
Test Head held for 10 minutes

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Re-Test
Pressure relief device replaced
Distortion

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Test Medium _____

Test Pressure _____

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

6b) Pressure Test – Second Compartment = P

Original Test
Pressure relief device Tested
Leakage
Test Head held for 10 minutes

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Re-Test
Pressure relief device replaced
Distortion

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Test Medium _____

Test Pressure _____

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

6c) Pressure Test – Third Compartment = P

Original Test
Pressure relief device Tested
Leakage
Test Head held for 10 minutes

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Re-Test
Pressure relief device replaced
Distortion

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Test Medium _____

Test Pressure _____

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

6d) Pressure Test – Fourth Compartment = P

Original Test
Pressure relief device Tested
Leakage
Test Head held for 10 minutes

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Re-Test
Pressure relief device replaced
Distortion

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Test Medium _____

Test Pressure _____

Comments: ie. If defects were found, how were they discovered, their location, nature of severity of each defect & how were they repaired. If necessary, draw a picture on the back of this page.

INSPECTOR _____ SIGNATURE _____ DATE _____

No Defects or Damages _____

NEXT TEST: EXTERNAL 07/2026 1yr INTERNAL 07/2027 5yrs
LEAKAGE 07/2026 1yr HYDRO 07/2027 5yrs
THICKNESS 07/2026 2yrs LINING N/A

REMOVED FROM SERVICE ☐ RETURNED TO SERVICE ☒ Sour Service ☐ Acid Service ☐

NOTES: _____

Has met all requirements to the best of my knowledge and returned to service

David Cornette

July 14/2025