

## TANK TESTING INSPECTION SHEET

TOS-18

Ted Beath Welding Ltd.  
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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  
Address: 3669 30th St, Whitecourt, Ab T7S 0E4

Phone # (780) 778-4380  
Unit # T-1066B

Tank S/N 18797

Tank Manufacturer Tremcar Inc

Date Mfg: 03/2018

Transport Canada Specification: TC 407

VIN # 1T9BA9A2XKS588002

Certification Date: 03/2018

MDIN 18797

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

Cross members ☒ ☐

Fifth wheel upper coupler ☒ ☐

Rear Bumper Height

Fenders

Tie down bolts

Good

☒ ☐

☒ ☐

Comments

l) Multi compartment tanks

Evidence of leakage from void

Number of compartments

m) Reclosing pressure relief

Free from corrosion ☒ ☐

Drain is open in void ☐ N/A ☐

Relief Valve Tested ☒ ☐

Free from damage ☒ ☐

Relief valve replaced ☐ ☒

Comments:

n) Full opening rear head

Gasket replaced ☐ ☐

Gasket free of cuts, cracks ☐ ☐

Comments:

o) Hoses inspected

Hose pressure tested ☐ ☐

Test Pressure ☐ ☐

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

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

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

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
- Comments \_\_\_\_\_

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

c) Coating type: \_\_\_\_\_

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

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input type="checkbox"/>	Re-Test	<input type="checkbox"/>	<input 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			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

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input type="checkbox"/>	Re-Test	<input type="checkbox"/>	<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			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

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input type="checkbox"/>	Re-Test	<input type="checkbox"/>	<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			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

	YES	NO		YES	NO
Original Test	<input type="checkbox"/>	<input type="checkbox"/>	Re-Test	<input type="checkbox"/>	<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			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	YES	NO	Re-Test	YES	NO
Pressure relief device Tested	<input type="checkbox"/>	<input type="checkbox"/>	Pressure relief device replaced	<input type="checkbox"/>	<input type="checkbox"/>
Leakage	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
Test Head held for 10 minutes	<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	YES	NO	Re-Test	YES	NO
Pressure relief device Tested	<input type="checkbox"/>	<input type="checkbox"/>	Pressure relief device replaced	<input type="checkbox"/>	<input type="checkbox"/>
Leakage	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
Test Head held for 10 minutes	<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	YES	NO	Re-Test	YES	NO
Pressure relief device Tested	<input type="checkbox"/>	<input type="checkbox"/>	Pressure relief device replaced	<input type="checkbox"/>	<input type="checkbox"/>
Leakage	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
Test Head held for 10 minutes	<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	YES	NO	Re-Test	YES	NO
Pressure relief device Tested	<input type="checkbox"/>	<input type="checkbox"/>	Pressure relief device replaced	<input type="checkbox"/>	<input type="checkbox"/>
Leakage	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>
Test Head held for 10 minutes	<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 Corvett*

July 14/2025