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TANK TESTING INSPECTION SHEET

T05-3

TCRN/CRN#
REG NO. 25-323

Date: Sept 19/2024

Decal Information: 09/2024 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-21

Tank S/N 151346

Tank Manufacturer Dragon Product

Date Mfg: 03/2019

Transport Canada Specification: DOT 407

VIN # 1UNST4935LS151346

Certification Date: 05/2019

MDIN 839-1

Assembler Dragon Products

Work Required: 1) External Inspection ☒

4) Thickness Test ☐

2) Internal Inspection ☐

5) Leakage Test ☒

3) Lining Inspection ☐

6) Pressure Test ☐

1) External Inspection = V

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

- a) Corroded Areas – if yes a thickness test required
c) Defects in Welds/Laminations
e) Other defects i.e.: gaskets, packing, seals
f) Manhole Covers – Tightening devices operative
h) Proper functions of: Vent Line Valves
Emergency devices
Excess flow valves

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

- b) Bad Dents
d) Defects in Valves – if yes explain -
g) Insulated
Loading/unloading valves
Self-closing stop valves
Remote closure devices

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

Comments:

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

- j) Legible tank specification plate

Comments:

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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legible test markings

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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- k) All major appurtenances & attachments in good conditions

Cross members ☒
Fifth wheel upper coupler ☒

Rear Bumper Height
Fenders
Tie down bolts

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

Comments:

- l) Multi compartment tanks

Evidence of leakage from void
Number of compartments

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	

Drain is open in void

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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- m) Reclosing pressure relief

Free from corrosion

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Relief Valve Tested
Free from damage
Relief valve replaced

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

Comments:

- n) Full opening rear head

Gasket replaced

<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Gasket free of cuts, cracks

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

o) Hoses inspected
Hose pressure tested

Comments:

<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Test Pressure

INSPECTOR David Carrothers

SIGNATURE

David Carrothers

DATE Sept 19/24

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

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

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	Actual
Thickness	Thickness

Mfg	Actual
Thickness	Thickness

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

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 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	25 psi	
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

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	25 psi	
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

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			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			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 Sept 19/24

6a) Pressure Test – First Compartment = P

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

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"/>

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"/>

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
Test Medium _____

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"/>

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"/>

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
Test Medium _____

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"/>

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"/>

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
Test Medium _____

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"/>

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"/>

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 09/2025 1yr INTERNAL 09/2028 5yrs
LEAKAGE 09/2025 1yr HYDRO 09/2028 5yrs
THICKNESS 09/2025 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 Committee

Sept 19/2024