TOTAL INSPECTION SERVICES INC.
CUSTOM VALVE SOLUTIONS

Test and Inspection Report in Accordance with CSA B620

Facility Name:	Total Inspection Services Inc.	Work Order Number:	5715
Address:	7018 Stanley Drive PO Box 974	Date:	APRIL 27 2025
	Dawson Creek BC V1G 4H9	Transport Canada	
Telephone:	250-784-7966	Facility Registration #:	25-0847
Tank Owner:	TROYER VENTURES LTD	331 Construction:	N/A
Address:	9303-85 AVE	Tank TCRN/MDIN:	N/A
	FORT ST JOHN BC V1J-5Z3	Unit #:	114T
Telephone:	250-785-5332		

Tank Serial #: 4125
Manufacturer: TREMCAR
Special Service: N/A
MAWP or Design Pressure: 25 PSI
Tank Spec: N/A
Mfr. Date: 07/2004
Lined: Yes ☐ No ☒
Insulated: Yes ☐ No ☒
Min Shell thickness: .180
Min Head Thickness: .217
Cert. Date: 07/2004
Assembler: TREMCAR
Gauge Calibration Checked: Yes ☒ No ☐
Gauge #: D1
Capacity: ☐ Total US gals ☒ Total Litres ☐ Total Imp gals
Compartments: 1. 30000 2. 3. 4.

TEST PERFORMED ☒V – shall signify external inspection ☒K – shall signify leakage test

EXTERNAL VISUAL INSPECTION "V"

	Complies	Reject	N/A	Complies on Retest
Data plate, present and legible	☒	☐	☐	☐
Shell & Heads, corrosion, abrasion, dents, overlay patches, leaks etc.	☒	☐	☐	☐
Structural members, outriggers, cross members, etc.	☒	☐	☐	☐
Piping and valves for leakage, damage, corrosion	☒	☐	☐	☐
Remote closures, emergency shut off decals, thermal devices	☒	☐	☐	☐
Hoses for defects, identification and test dates	☒	☐	☐	☐
Gaskets on full opening rear heads for damage or cuts	☐	☐	☒	☐
Tank attachments to frame or running gear	☒	☐	☐	☐
Ladders, walkways, etc.	☒	☐	☐	☐
Fill covers, manways and closure devices	☒	☐	☐	☐
Relief valves and vents (replace or test if tank in service where lading corrosive to relieve device)	☐	☒	☐	☒

Accident damage protection	☒	☐	☐	☐

LEAKAGE TEST "K"

Test Pressure: 20 PSI *(80% of MAWP Min.)* Test Medium: WATER Hold Time: 5 MIN

Item Tested	Pass	Fail	Complies on Retest	Item Tested	Pass	Fail	Complies on Retest
Compartment # 1	☒	☐	☐	Compartment # 1 Piping	☒	☐	☐
Compartment # 2	☐	☐	☐	Compartment # 2 Piping	☐	☐	☐
Compartment # 3	☐	☐	☐	Compartment # 3 Piping	☐	☐	☐
Compartment # 4	☐	☐	☐	Compartment # 4 Piping	☐	☐	☐

Defects found, location and corrective action *(use additional sheets if necessary)*

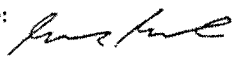
VENT MOUNT BROKE
MANUAL VENT VALVE LEAKING

Defects corrected and released ☒ Yes ☐ No
Tank successfully retested after repair ☒ Yes ☐ No

Tank Disposition:
- ☐ Returned to service as no defects or damage was discovered
- ☒ Returned to service after retest
- ☐ Removed from service

Tank Marking: 04 25 VK 847 Month, year and service symbol (MMYY XXXXXX 000) after all defects are corrected.

Tank markings applied ☒ Yes ☐ No

Tank Tester Name: Gary Grant **Signature:**  **Date:** APRIL 27 2025