

Test and Inspection Report in Accordance with CSA B620

Facility Name:	Rogue Pressure Testing		
Address	Box 0, Site 10, RR#2 Sundre, Alberta.		
Telephone:	(403) 636-0858	Facility Registration No.	25-1273
Owner	CAPITAL PRESSURE		
Address	SUNDRE ALBERTA		
Telephone	403-638-2256		

Owners Serial No.: 115T
 Manufacture DRAGON
 MFR Date 07/14
 Last M5 test date 01/17

Cert. Date 07/14
 Serial No. 140061
 Tank Spec. DOT 407

Comp. Capacity 1 11100 USG IG/L 2 _____ IG/L 3 _____ IG/L

TESTS PERFORMED "V" ☒ "I" ☐ "K" ☒ "P" ☐ "U/C" ☐
 "T" ☐ "L" ☐

EXTERNAL VISUAL INSPECTION "V"

Item Inspected		QC Manual	Complies	Reject	Retest
Date plate, present and legible	12.1.3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shell & Heads, corrosion abrasion dents overlay patches leaks etc.	12.1.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Structural Members, outriggers, cross members etc.	12.1.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Piping and Valves for Leakage, damage, corrosion	12.1.7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Remote Closures, thermal devices	12.1.7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tank Attachments to frame or running gear	12.1.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hoses for defects, identification and test dates	12.1.9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ladders, walkways etc.	12.1.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fill covers, manways and closure devices	12.1.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Relief valves and vents (replace or test if tank in service where lading corrosive to relief device)	12.1.12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accident damage protection	12.1.13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Inspector MARK BRODIE *MB*

Date 02/29/20

INTERNAL VISUAL INSPECTION "I"

Item Inspected

QC Manual Complies Reject Retest

Interior surface, corrosion, distortion overlay patches, cracking etc.	12.2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior welds for defects, cracking etc.	12.2.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal Supports and attachments	12.2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal valves, piping and vents for leakage, damage, etc.	12.2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector _____

Date _____

Note: Rejection Criteria for Visual Inspections*Any of the following conditions shall cause the tank to be rejected:*

- Less than minimum material thickness under any cut, dig or gouge
- Any dent with a depth greater than 1/2" where it includes a weld
- Any dent with a depth greater than 10% of the length of the dent
- Any weld defect including a crack, pinhole, or incomplete fusion of the weld
- Any structural defect or any source of leakage
- Any repairs made using overlay patches
- Defective, unidentified or out of test Hose Assemblies

UPPER COUPLER INSPECTION "U/C" (QC Manual Reference 12.1.5 and 12.1.6)

Complies Reject Retest

Upper coupler removed from tank and inspected (including tank areas above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Coupler inspected in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector _____

Date _____

LEAKAGE TEST "K" (QC Manual Reference 12.3)

Test Pressure 25 PSI (80% of MAWP Min.) Test Medium WATER

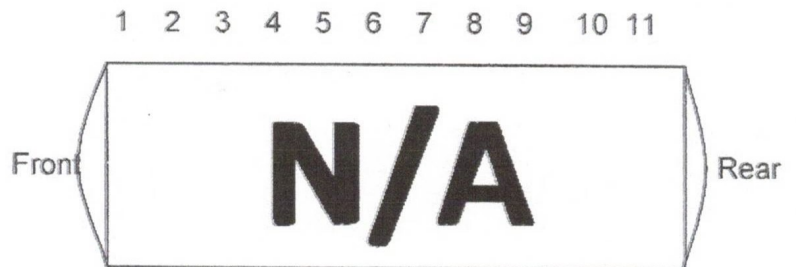
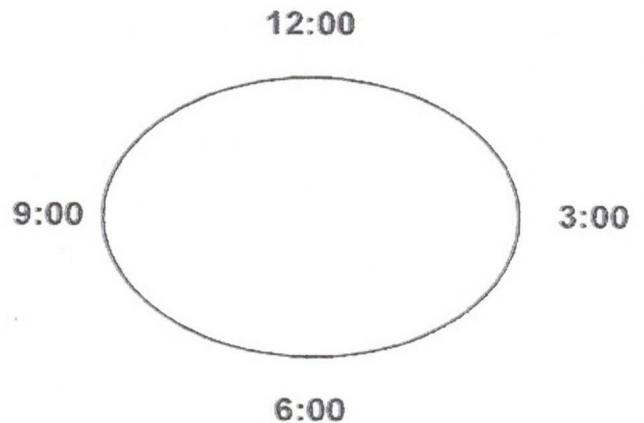
Item	Comp 1			Comp 2			Comp 3			Comp 4		
	Pass	Fail	Retest	Pass	Fail	Retest	Pass	Fail	Retest	Pass	Fail	Retest
Gauges Calibrated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All components in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All seams checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All gaskets checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ISC valve seat checked	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External valve seats checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipe connections checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Tester MARK BRODIESignature Date 02/29/20

THICKNESS TEST "T"

Thickness tester Calibrated in accordance with instructions provided by
manufacturer of testing device

Front					
	12:00	3:00	6:00	9:00	
Front Head					Front Head
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
Rear Head					Rear Head
Sump					Sump
Manway					Manway
	12:00	3:00	6:00	9:00	
Rear					



Must meet minimum thickness specified of name plate

- Tested around all lading retaining outlets
- Tested any known thin areas
- Tested near upper coupler, suspension system attachments and connecting structure
- Tested any high stress areas of the shell
- Tested around openings, weld joints, shell reinforcements, and where appurtenances are attached.

Complies

☐
☐
☐
☐
☐

Rejects

☐
☐
☐
☐
☐

Tank tester _____

Signature _____

Date _____

PRESSURE TEST "P" (QC Manual Reference 12.4)

Test Pressure (Tank) _____ (Refer to Table 7.3 of CSA B620-2003 for appropriate test pressure)

Test Pressure (Piping) _____ (80% Tank Test) Test Medium _____

Item	Comp 1			Comp 2			Comp 3			Comp 4		
	Pass	Fail	Retest	Pass	Fail	Retest	Pass	Fail	Retest	Pass	Fail	Retest
Gauges Calibrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure protection in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relief valves removed and tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All closures in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All seams checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All gaskets checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ISC valve seat checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External valve seats checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipe connections checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relief devices returned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Tester _____ Signature _____ Date _____

LINING INSPECTION "L" (QC Manual Reference 12.5)

Visual Inspection of Liner

Complies ☐ Reject ☐If defects found tank shell inspected in area of defect YES ☐ NO ☐ N/A ☐

Inspector Name _____ Signature _____ Date _____

Test and Inspection Report in Accordance with CSA B620

Description of defects found and methods used to repair:

REAR HAND VALVE VENT LEAKS

LOAD LINE HAND VALVE LEAKS

DRAIN HAND VALVE LEAKS

FRONT AND REAR AIR OPERATED VALVES LEAK

REAR COMPARTMENT INTERNAL LEAKS

INSPECTION DATE FEB 23

ALL REPAIRS MADE AND RETEST FEB 29 , PASS

No Defects Found ☐

Tank successfully retested after weld repair	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Written Repair weld inspection report attached	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
TANK DISPOSITION	Removed from Service		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
	Returned to Service		YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
Tank markings applied (QC Manual Reference Section 15)			YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>