

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	CAPITALPRESSURE		
Address	SUNDRE ALBERTA		
Telephone	403-638-2256		

Owners Serial No.: 01T
 Manufacture LAZER
 MFR Date 10/08
 Last M5 test date 10/18

Cert. Date 10/08
 Serial No. CF30112
 Tank Spec. DOT 407 SS

Comp. Capacity 1 42000 L 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"/>	<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"/>	<input type="checkbox"/>
Structural Members, outriggers, cross members etc.	12.1.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping and Valves for Leakage, damage, corrosion	12.1.7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Remote Closures, thermal devices	12.1.7	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
Hoses for defects, identification and test dates	12.1.9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladders, walkways etc.	12.1.10	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
Relief valves and vents (replace or test if tank in service where	12.1.12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lading corrosive to relief device)	12.1.13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident damage protection					

Inspector MARK BRODIE

Date 09/02/20

INTERNAL VISUAL INSPECTION "I"

Item Inspected

QC Manual Complies Reject Retest

Interior surface, corrosion, distortion overlay patches, cracking etc. 12.2.2
 Interior welds for defects, cracking etc. 12.2.3
 Internal Supports and attachments 12.2.4
 Internal valves, piping and vents for leakage, damage, etc. 12.2.4

<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"/>

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"/>
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Upper Coupler inspected in place

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

Date _____

LEAKAGE TEST "K" (QC Manual Reference 12.3)

Test Pressure 20 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 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 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 BRODIE

Signature _____

Date 09/02/20

THICKNESS TEST "T"

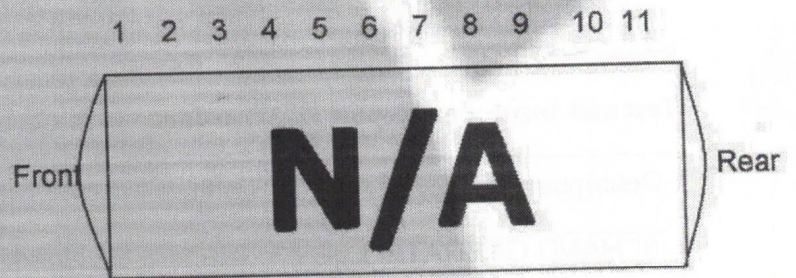
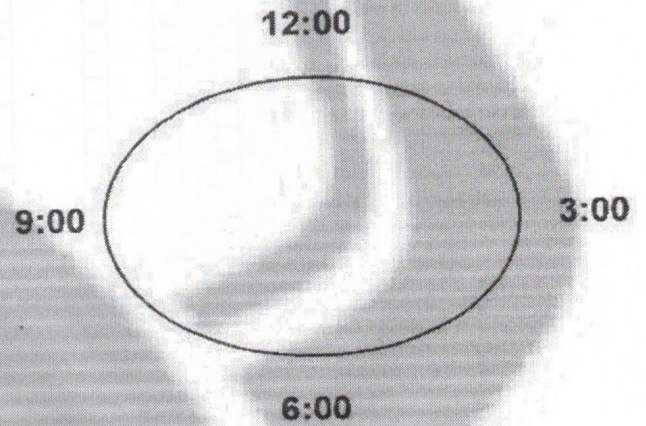
Thickness tester Calibrated in accordance with instructions provided by
manufacturer of testing device

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				

Shell
Manufacture:
Minimum:

Head
Manufacture:
Minimum:

Material Type:



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

☐
☐
☐
☐
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☐
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☐
☐

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:

3" HAND OPERATED VENT LINE VALE LEAKS , REPLACE, RETEST,

GOOD

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"/>

Next inspection due: 09/21 VK

Certificate of inspection

We certify that the statements in this report are correct and that said unit has been inspected and retested in accordance with Alberta Regulations, B620-14, and DOT Regulations (as required)

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