

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 LTD. | | |
| Address | SUNDRE ALBERTA | | |
| Telephone | 403-638-2256 | | |

Owners Serial No.: 705
 Manufacture CUSCO
 MFR Date 06/12
 Last M5 test date 07/18

Cert. Date 01/15 RE CERT
 Serial No. T12004
 Tank Spec. 407 412

Comp. Capacity 1 13627 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 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 lading corrosive to relief device) | 12.1.12 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accident damage protection | 12.1.13 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

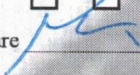
Inspector MARK BRODIE

Date 8/18/20

PRESSURE TEST "P" (QC Manual Reference 12.4)

Test Pressure (Tank) 40 (Refer to Table 7.3 of CSA B620-2003 for appropriate test pressure)Test Pressure (Piping) 20 (80% Tank Test) 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"/> |
| Pressure protection 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"/> |
| Relief valves removed and tested | <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 closures 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"/> |
| Relief devices returned | <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 8/18/20

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:

ALL REAR VALVES LEAK, REPLACE, RETEST , GOODLEAKING OUT GREASE NIPPLE ON FLOAT, GREASE , GOODNo Defects Found ☐

THICKNESS TEST "T"

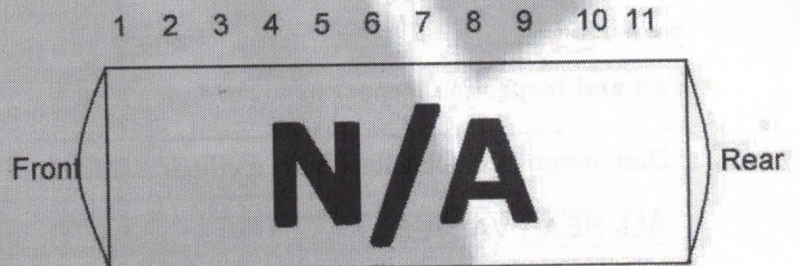
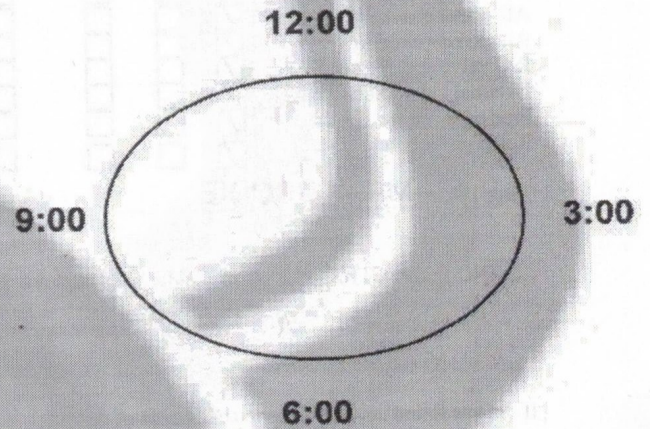
Thickness tester Calibrated in accordance with instructions provided by manufacturer of testing device

| | | 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

Complies

Rejects

-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.

☐
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☐

Tank tester _____

Signature _____

Date _____

INTERNAL VISUAL INSPECTION "I"

Item Inspected

QC Manual Complies Reject Retest

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

Inspector MARK BRODIEDate 8/18/20

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 ½" 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 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 BRODIESignature MBDate 8/18/20

| | | | | | | |
|--|----------------------|--------------------------|-----|-------------------------------------|-----|-------------------------------------|
| 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: 02/21 V

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)

[Signature]

