

Test and Inspection Report in Accordance with CSA B620

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Facility Name: Dandy Oil Products Ltd
 Address: 15 Challenger Crescent
 Sherwood Park AB
 T8H 2J6
 Telephone: (780) 452 1104 Facility Registration No. 25.0960
 Tank Owner: DANDY OIL PRODUCTS
 Address: 15630-118th AVE, EDMONTON
AB, T5V 1C4
 Telephone: 780-452-1102

OWNERS SERIAL No.: 401 Original Certification Date 03-10
 MANUFACTURE Columbia SERIAL No. 2C91EA29861026064
 MFR DATE 3-2006 MATERIAL 5454 H32 TANK SPEC TC-406
 COMP. CAPACITY 1 14000 L 2 5000 L 3 14,000 L
 4 — IG/L 5 — IG/L

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

EXTERNAL VISUAL INSPECTION "V"

| Item inspected | QC Man Ref. | Complies | Reject | Retest Complies |
|--|-------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Data 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, crossmembers etc | 12.1.5 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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"/> |
| Hoses for defects, identification and test dates | 12.1.8 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Tank attachments to frame or running gear | 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 DAVID BLUNDELL Signature [Signature] Date May 22/13

INTERNAL VISUAL INSPECTION "I"

| Item inspected | QC Man Ref. | Complies | Reject | Retest Complies |
|---|-------------|--------------------------|--------------------------|--------------------------|
| 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 _____ Signature _____ 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 Complies |
|--|--------------------------|--------------------------|--------------------------|
| 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 _____ Signature _____ Date _____

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LEAKAGE TEST "K" (QC Manual Reference 12.3)

Test Pressure 5 psi (80% of MAWP Min.) Test Medium Air

| Item Tested | Pass | Fail | Retest Complies | Item Tested | Pass | Fail | Retest Complies |
|-------------------|------|------|--------------------|--------------------------|------|------|--------------------|
| Compartment No. 1 | | ✓ | ✓ | Compartment No. 1 piping | ✓ | | |
| Compartment No. 2 | ✓ | | | Compartment No. 2 piping | ✓ | | |
| Compartment No. 3 | ✓ | | | Compartment No. 3 piping | ✓ | | |
| Compartment No. 4 | | | | Compartment No. 4 piping | | | |
| Compartment No. 5 | | | | Compartment No. 5 piping | | | |

Tank Tester DAVID BLUNDEN Signature [Signature]

Date May 21/13

THICKNESS TEST "T" (QC Manual Reference 12.5)

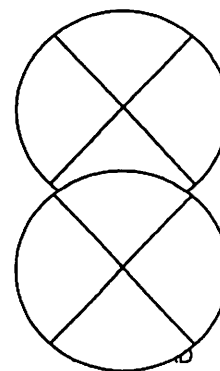
Thickness Tester Calibrated in accordance with instructions provided by the manufacturer of the testing device

YES ☐

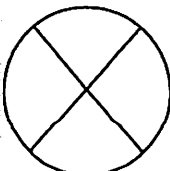
NO ☐

| FRONT | | | | | |
|-------|-------|------|------|------|---------|
| | 12:00 | 3:00 | 6:00 | 9:00 | |
| 1 | | | | | HEAD 1 |
| 2 | | | | | HEAD 2 |
| 3 | | | | | HEAD 3 |
| 4 | | | | | HEAD 4 |
| 5 | | | | | HEAD 5 |
| 6 | | | | | HEAD 6 |
| 7 | | | | | HEAD 7 |
| 8 | | | | | HEAD 8 |
| 9 | | | | | HEAD 9 |
| 10 | | | | | HEAD 10 |
| 11 | | | | | HEAD 11 |
| | 12:00 | 3:00 | 6:00 | 9:00 | |

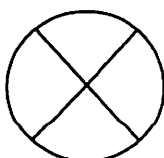
FRONT HEAD



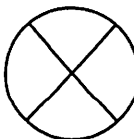
REAR



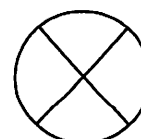
MANWAY



SUMP



NOZZLE



NOZZLE

Tank Tester Name _____ Signature _____ Date _____

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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 Tested | Pass | Fail | Retest Complies | Item Tested | Pass | Fail | Retest Complies |
|-------------------|-------|-------|--------------------|--------------------------|-------|-------|--------------------|
| Compartment No. 1 | _____ | _____ | _____ | Compartment No. 1 piping | _____ | _____ | _____ |
| Compartment No. 2 | _____ | _____ | _____ | Compartment No. 2 piping | _____ | _____ | _____ |
| Compartment No. 3 | _____ | _____ | _____ | Compartment No. 3 piping | _____ | _____ | _____ |
| Compartment No. 4 | _____ | _____ | _____ | Compartment No. 4 piping | _____ | _____ | _____ |
| Compartment No. 5 | _____ | _____ | _____ | Compartment No. 5 piping | _____ | _____ | _____ |

Tank Tester _____ Signature _____ Date _____

Description of defects found and methods used to repair

✓ API SUPPORT BRACKETS - CRACKED

✓ PASSENGER SIDE FRONT FENDER - CRACKED 2 PLACES

✓ " " " " SUPPORT CRACKED

✓ DRIVER SIDE FRONT FENDER SUPPORT CRACKED.

FIXED - COMPARTMENT #1 VENT STUCK WIDE OPEN

✓ RE ATTACH PLASTIC PIPING ON REAR.

Tank successfully retested after weld repair YES ☐ NO ☐ N/A ☒

Written repair weld inspection report attached YES ☐ NO ☐ N/A ☒

TANK DISPOSITION Removed from Service ☐

Safety Mark (Specification Indication) removed YES ☐ NO ☒

Returned to Service ☒

Tank markings applied (QC Manual Reference Section 15) YES ☒ NO ☐