

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.	25.0980
Tank Owner	Dandy oil Ltd		
Address	15630 118 Ave Edmonton AB		
Telephone	782 452 1104		

OWNERS SERIAL No.: 401
 MANUFACTURE Columbia
 MFR DATE 03/06 MATERIAL 5454-H32
 COMP. CAPACITY 1 14000 IG/L 2 5000 IG/L
 4 IG/L 5 IG/L

Original Certification Date 03/10
 SERIAL No. 2C9LEA25861026064
 TANK SPEC TC 406
 3 14000 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 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"/>
Hoses for defects, identification and test dates	12.1.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 loading 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 Jeremy Moore

Signature [Signature]

Date May 25/17

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 1/4" 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 4 psi (80% of MAWP Min.) Test Medium Air/Water

Item Tested	Pass	Fail	Retest Complies	Item Tested	Pass	Fail	Retest Complies
Compartment No. 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment No. 1 piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment No. 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment No. 2 piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment No. 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment No. 3 piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment No. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment No. 4 piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment No. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment No. 5 piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Tester Jeremy Moore

Signature [Signature]

Date May 25 / 17

THICKNESS TEST "T" (QC Manual Reference 12.5)

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

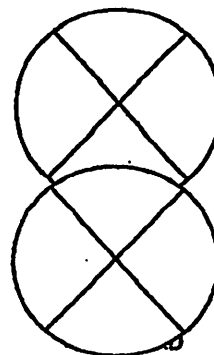
YES ☐

NO ☐

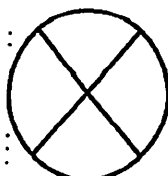
FRONT				
	12:00	3:00	6:00	9:00
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
	12:00	3:00	6:00	9:00

HEAD

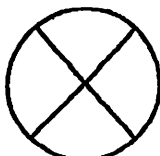
FRONT HEAD



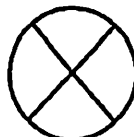
REAR



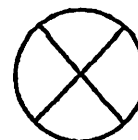
MANWAY



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

- hoses re-certified
- R3R PPV vents x3 (old)
- R3R metering valve handles x2 (seized)
- R3R 4" to 3" reducers x2 (Leaking)
- Sensor test Pass

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 ☐