

Test and Inspection Report in Accordance with CSA B620

Page 1 of 3

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	<u>Dandy Oil</u>		
Address			
Telephone			

OWNERS SERIAL No.: 401
 MANUFACTURE Columbia Remtec
 MFR DATE April 2006 MATERIAL 5454-H32
 COMP. CAPACITY 1 14,000 IG/L 2 5000 IG/L
 4 — IG/L 5 — IG/L

Original Certification Date April 2006
 SERIAL No. 2C9LEA25861026064
 TANK SPEC TC 406
 3 14,000 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 lading corrosive to relief device)	12.1.12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Accident damage protection	12.1.13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Nathaniel Jones

Signature N. Jones

Date 5/28/2018

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 1/8" 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 _____

Test and Inspection Report in Accordance with CSA B620

Page 2 of 3

LEAKAGE TEST "K" (QC Manual Reference 12.3)

Test Pressure 3.4 PSI (80% of MAWP Min.) Test Medium AIR/WATER

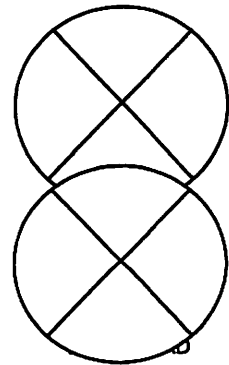
Item Tested	Pass	Fail	Retest Complies	Item Tested	Pass	Fail	Retest Complies
Compartment No. 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment No. 1 piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment 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 <u>Nathaniel Jones</u>	Signature <u>N. Jones</u>			Date <u>5/13/2013</u>			

THICKNESS TEST "T" (QC Manual Reference 12.5)

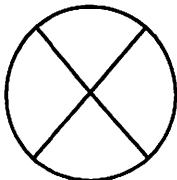
Thickness Tester Calibrated in accordance with instructions provided by the manufacturer of the testing device YES ☐ NO ☐

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

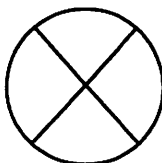
FRONT HEAD



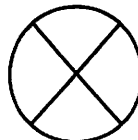
REAR



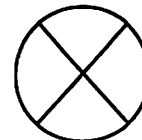
MANWAY



SUMP



NOZZLE



NOZZLE

Tank Tester Name _____ Signature _____ Date _____

Test and Inspection Report in Accordance with CSA B620

Page 3 of 3

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

- R/R 3 ppr vents
- Hoses Recertified @ Greg's
- No Major defects found
- R/R 3 Cam lock ears.

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 ☐