

# TANKER TEST AND INSPECTION REPORT

Information as required by CSA B-620-14

INSPECTION TEST DATE

2018-03

SERIAL NUMBER

18854

OWNER: **Robbie D. Wood. Inc.**

PRINCIPAL PLACE OF BUSINESS ADDRESS: **1051 Old Warrior River Rd.** TELEPHONE: **205-744-8440**

CITY, STATE, ZIP CODE: **Dolomite, AL. 35061**

OWNER'S SERIAL NO. \_\_\_\_\_ MFG. DATE: **2018-03** ORIG. TEST DATE: **2018-03**

CARRIER'S EQUIPMENT NO. **SFRV-105** VESSEL MATERIAL SPEC. NO. \_\_\_\_\_

TYPE OF TEST (S)

EXTERNAL VISUAL (V)  INTERNAL VISUAL (I)  THICKNESS TEST (T)  PRESSURE RETEST (P)  LEAKAGE TEST (K)  UPPER COUPLER (UC)

HYDROSTATIC OR PNEUMATIC PROCEDURE: ON COMPARTMENTED TRAILER ONLY ONE COMPARTMENT CAN BE FILLED WITH LIQUID (FLUID USE FOR TEST ITS ONLY WATER) OR AIR WHEN PNEUMATIC TEST IS USED (SEE MANUAL FOR PROCEDURE) AND TEST AT A TIME ALL ADJACENT COMPARTMENT MUST BE EMPTY

TEST PRESSURE: **310.10** KPA

CERTIFIED BY: **TREMCAR INC.** MANUFACTURER: \_\_\_\_\_ WATER CAPACITY (Kg): **26790**

DESIGNED FOR: MAXIMUM ALLOWABLE WORKING PRESSURE: **172.28** KPA MINIMUM DESIGN METAL TEMPERATURE: **-29 TO 121** C TO C

CHECKLIST OF ITEMS INSPECTED OR TESTED (YES=ACCEPT/NO=REJECT)												
OUTSIDE BARREL ITEMS	P	K	T	STRUCTURE ITEMS	YES	NO	GENERAL ITEMS	YES	NO	INTERNAL BARREL ITEMS	YES	NO
Tank Shell	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Roll over & Bumper protection	<input checked="" type="checkbox"/>		Distortions	<input checked="" type="checkbox"/>		Interior surface, including heads for corrosion	<input checked="" type="checkbox"/>	
Tank Heads	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nuts and Bolts	<input checked="" type="checkbox"/>		Dents	<input checked="" type="checkbox"/>		distortion overlay patches, cracking etc.	<input checked="" type="checkbox"/>	
Head - to - Shell Seam	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Major Appurtenances	<input checked="" type="checkbox"/>		Welds	<input checked="" type="checkbox"/>		Areas above upper coupler, landing gear legs and	<input checked="" type="checkbox"/>	
Piping	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	- connecting structures	<input checked="" type="checkbox"/>		Frangible ( Rupture ) Disk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	subframe for indications of distortion or cracks	<input checked="" type="checkbox"/>	
Valves	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	- suspension system attachments	<input checked="" type="checkbox"/>		Pressure of heating system	<input checked="" type="checkbox"/>		Interior welds for defects or cracking	<input checked="" type="checkbox"/>	
Gaskets	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Drop upper coupler	<input checked="" type="checkbox"/>		Flues for Heating System	<input checked="" type="checkbox"/>		Size of the weld and their conformity	<input checked="" type="checkbox"/>	
Manhole Covers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	In place upper coupler	<input checked="" type="checkbox"/>		Name plate	<input checked="" type="checkbox"/>		Internal supports and attachments	<input checked="" type="checkbox"/>	
Manhole Gaskets	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Corroded or Abraded Areas	<input checked="" type="checkbox"/>		ASME Name plate	<input checked="" type="checkbox"/>		Internal valves, piping and vents for leakage, damage	<input checked="" type="checkbox"/>	
Devices for Tightening Manhole	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				Tanker insulate	<input checked="" type="checkbox"/>		Weld of baffles and pads	<input checked="" type="checkbox"/>	
Reclosing Pressure Relief Valves	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				Lining Material	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Gaskets on Full Opening Rear Head	<input checked="" type="checkbox"/>	
Self-closing Stop-valves	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				Corrosive transport	<input checked="" type="checkbox"/>		Internal piping pressure test	<input checked="" type="checkbox"/>	
Excess Flow Valves	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>									
Remote Closure Devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>									

(CHECK ONE)  NO DEFECT OR DAMAGE DISCOVERED  DEFECT OR DAMAGE DISCOVERED

EXPLAIN: **NONE - NEW CARGO TANK**

IS REPAIR CERTIFICATION REQUIRED?  YES  NO DESIGN CERTIFYING ENGINEER REGISTRATION NO. **NONE - NEW TANK TRUCK**

METHOD OF REPAIRS: \_\_\_\_\_

TEST DATE: **2018-03**

TC REGISTRATION NUMBER OF THE TESTING FACILITY/ PERSON \_\_\_\_\_ REPAIR INFORMATION: \_\_\_\_\_

TESTED BY: (PERSON'S) **COYOTE BALMORAD** TESTED BY: (PERSON'S) \_\_\_\_\_

COMPANY NAME: **TREMCAR INC.** REPAIRED BY \_\_\_\_\_

ADDRESS: **790 MONTRICHARD AVE.** ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE: **ST-JEAN-SUR-RICHELIEU, QC, CANADA, J2X 5G4** CITY, STATE, ZIP CODE \_\_\_\_\_

DISPOSITION OF CARGO TANK APPLIED X IN THE APPROPRIATE CASE:  CARGO TANK FAIL TC SPECIFICATIONS AND IS OUT OF SERVICE  CARGO TANK MEET TC SPECIFICATIONS AND IS RETURN TO SERVICE  MARKINGS APPLIED  YES  NO

SIGNATURE OF INSPECTOR: \_\_\_\_\_ TC REGISTRATION NUMBER: **25-0264** DATE: **2018-03** OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



CT-5931  
ST-JEAN-SUR-RICHELIEU

CT-5930  
ST-CÉSAIRE

ISSUED TO OWNER  
**BCTE INC.**

# CERTIFICATE OF COMPLIANCE

THIS CERTIFIES THAT THE NEW TREMCAR TANK DESCRIBED BELOW WAS DESIGNED, CONSTRUCTED, TESTED AND COMPLETED IN ACCORDANCE WITH THE APPLICABLE CARGO TANK SPECIFICATION.

VEHICLE TYPE: **SEMI TRAILER** CAPACITY: **7077 USG** DATE SHIPPED: **2018-03**  
YEAR FABRICATED: **2018** VIN: **2T1L5L4320KB000235** SERIAL NUMBER: **18854**

*Jean-François P. Roy*  
RESPONSIBLE OFFICIAL OF TREMCAR INC.  
DESIGN CERTIFICATION ENGINEER

*[Signature]*  
REGISTERED INSPECTOR

CARGO TANK COMPLIES WITH SPECIFICATION

DOT: **407**

CERTIFICATION DATE: **2018-03**

CARGO TANK COMPLIES WITH SPECIFICATION

DOT: \_\_\_\_\_

EXCEPT AS LISTED

CERTIFICATION DATE: \_\_\_\_\_

ITEMS NOT INSTALLED AT TIME OF SHIPMENT:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

ABOVE ITEMS INSTALLED: \_\_\_\_\_

BY: \_\_\_\_\_  
FIRM

AUTHORIZED SIGNATURE(S)

# RECORD OF ANNUAL INSPECTION

(49 CFR, 396. 17-23)

Prepare Separate Report for Each Vehicle Inspected

DATE

2018-03

D3918896

COMPANY NAME			VEHICLE TYPE <input type="checkbox"/> TRUCK <input type="checkbox"/> TRACTOR <input checked="" type="checkbox"/> TRAILER <input type="checkbox"/> CONVERTER DOLLY		
STREET ADDRESS			VEHICLE MAKE <b>TREMCAR</b>		MODEL <b>TRA/REM</b>
CITY                      STATE                      ZIP			YEAR <b>2019</b>		
			VEHICLE IDENTIFICATION (Company No., State Tag No. or VIN) <b>2TSL4320KB000235</b>		
INSPECTOR'S NAME (Please Print)				EMPLOYEE NO.	

## REPORT OF CONDITION (For Detailed Information on Inspection Procedures see FMCSR Section 396, Appendix G)

	OK	REPAIR		OK	REPAIR		OK	REPAIR		OK	REPAIR
<b>BRAKES</b>			<b>EXHAUST</b>			<b>STEERING</b>			<b>FRAME</b>		
Adjustment	✓		Leaks			Adjustment			Members		
Mechan. Compon.	✓		Placement			Column/Gear			Clearance		
Drum/Rotor	✓		<b>LIGHTING</b>			Axle					
Hose/Tubing	✓		Headlights	✓		Linkage			<b>TIRES</b>		
Lining	✓		Tail/Stop	✓		Power Steering			Tread	✓	
Antilock System	✓		Clearance/Marker	✓		Other			Inflation	✓	
Automatic Adjusters	✓		Identification	✓		<b>FUEL SYSTEM</b>			Damage		
Low Air Warning			Reflectors	✓		Tank(s)			Speed Restrictions		
Trailer Air Supply			Other <b>ABS TAPE</b>	✓		Lines			Other		
Compressor			<b>CAB/BODY</b>			<b>SUSPENSION</b>			<b>WHEELS/RIM</b>		
Parking Brakes			Access			Springs			Fasteners	✓	
Other			Eqpt./Load Secure			Attachments	✓		Disc/Spoke	✓	
<b>COUPLERS</b>			Tie-Downs			Sliders			<b>500 LBS PDR</b>	✓	
Fifth-Wheel & Mount			Headerboard			<b>AIR</b>	✓		<b>WINDSHIELD</b>		
Pin/Upper Plate	✓		Motorcoach Seats			<b>MIRRORS</b>					
Pintle-Hook/Eye			Other						<b>WINDSHLD. WIP.</b>		
Safety Chain(s)											

### REMARKS

Certification: This vehicle has passed all the inspection items for the annual vehicle inspection in accordance with 49 CFR Part 396.

QUALIFIED INSPECTOR'S SIGNATURE 

DATE 2018-03

APPLY LABEL TO A CLEAN, DRY SURFACE.  
USE WITH AN OVERLAMINATE (2402) TO  
IMPROVE DURABILITY UNDER NORMAL  
WEATHER CONDITIONS.

AN INDELIBLE INK MARKER IS RECOMMENDED  
FOR USE WHEN FILLING OUT THE LABEL.  
INDELIBLE INK IS PERMANENT AND WILL NOT  
WASH OFF, BUT MAY FADE DUE TO EXPOSURE  
TO ULTRAVIOLET LIGHT OVER TIME. CAREFUL  
DISCRETION IS ADVISED REGARDING  
APPLICATION OF LABEL TO AN AREA NOT  
EXPOSED TO EXCESSIVE ULTRAVIOLET LIGHT  
AND/OR ELEMENTS AND IT IS RECOMMENDED  
THAT THE READABILITY OF THE LABEL BE  
CHECKED PERIODICALLY.

Copyright 2016 J. J. Keller & Associates, Inc.  
Neenah, WI • JJKeller.com • (800) 327-6868  
Printed in the USA

Job#: 18843@18892		Units:		USG		Job#: 18843@18892		Units:		USG	
CHARTRE DE CALIBRATION / CALIBRATION CHART						CHARTRE DE CALIBRATION / CALIBRATION CHART					
CITERNE COMPARTIMENT / TANK COMPARTMENT: 1						CITERNE COMPARTIMENT / TANK COMPARTMENT: 1					
	0"	1/4"	1/2"	3/4"		0"	1/4"	1/2"	3/4"		
1	0	0	0	0	14	54	6199	6225	6251	6277	
2	1	22	30	40	50	55	6302	6327	6352	6377	
3	2	61	73	85	98	56	6401	6426	6450	6473	
4	3	112	126	141	156	57	6497	6520	6543	6565	
5	4	172	188	204	222	58	6588	6610	6631	6653	
6	5	239	257	275	294	59	6674	6694	6715	6735	
7	6	313	333	353	373	60	6754	6774	6793	6811	
8	7	393	414	435	457	61	6829	6847	6864	6881	
9	8	479	501	523	546	62	6897	6913	6929	6944	
10	9	569	592	616	640	63	6958	6972	6985	6998	
11	10	664	688	713	738	64	7010	7022	7032	7042	
12	11	763	788	814	839	65	7051	7059	7066	7072	
13	12	865	892	918	945	66					
14	13	972	999	1026	1054						
15	14	1081	1109	1137	1165						
16	15	1194	1222	1251	1280						
17	16	1309	1338	1368	1397						
18	17	1427	1457	1487	1517						
19	18	1548	1578	1609	1639						
20	19	1670	1701	1732	1763						
21	20	1795	1826	1858	1890						
22	21	1921	1953	1985	2017						
23	22	2050	2082	2114	2147						
24	23	2179	2212	2245	2278						
25	24	2311	2344	2377	2410						
26	25	2443	2476	2510	2543						
27	26	2577	2610	2644	2677						
28	27	2711	2745	2779	2812						
29	28	2846	2880	2914	2948						
30	29	2982	3016	3051	3085						
31	30	3119	3153	3187	3221						
32	31	3255	3290	3324	3359						
33	32	3393	3427	3462	3496						
34	33	3530	3565	3599	3633						
35	34	3668	3702	3736	3771						
36	35	3805	3839	3874	3908						
37	36	3942	3976	4010	4044						
38	37	4079	4113	4147	4181						
39	38	4215	4249	4282	4316						
40	39	4350	4384	4417	4451						
41	40	4485	4518	4552	4585						
42	41	4618	4652	4685	4718						
43	42	4751	4784	4817	4849						
44	43	4882	4915	4947	4980						
45	44	5012	5044	5077	5109						
46	45	5141	5172	5204	5236						
47	46	5267	5299	5330	5361						
48	47	5392	5423	5454	5484						
49	48	5515	5545	5576	5606						
50	49	5636	5665	5695	5725						
51	50	5754	5783	5812	5841						
52	51	5870	5898	5926	5954						
53	52	5982	6010	6038	6065						
54	53	6092	6119	6146	6173						

THIS CHART IS NOT INTENDED FOR LEGAL MEASURE  
 CETTE TABLE N'EST PAS CONÇUE POUR MESURE LEGALE

4763-SS1  
 SFRV-105



CERTIFICATE OF COMPLIANCE

790 Avenue Montrichard  
 Saint-Jean-sur-Richelieu  
 Canada J2X 5G4  
 Transport Canada Reg. # 25-264

THIS CERTIFIES THAT THE NEW TREMCAR INC TANK, FITTINGS, VALVES, PIPING AND PROTECTIVE DEVICES DESCRIBED BELOW WAS DESIGNED, CONSTRUCTED, TESTED, AND COMPLETED IN ACCORDANCE WITH THE APPLICABLE CARGO TANK SPECIFICATION

VEHICLE TY)	TRAILER	MANUFACTURER:	TREMCAR INC.	TCRN:	N/A
		ASSEMBLER:	(IF NOT SAME AS MANUFACTURER)	MDIN:	13017
				VIN:	2TSL4320KB000235
				TANK SERIAL NUMBER:	18854

RESPONSIBLE OFFICIAL OF TREMCAR INC. *Jacques Theriault* DESIGN ENGINEER *H. B...* TANK INSPECTOR *B...*  
 NAME AND ADDRESS (IF NOT SAME AS ABOVE)

CARGO TANK COMPLIES WITH SECIFICATION:

TC 407

VENTS INTALLED:	RATING	DATE OF MFR:	2018-03
1.	BETTS RVC3ST-25, 409559 SCFH (90%)	DATE OF CERT.:	2018-03
2.			
3.			

ITEMS NOT INSTALLED AT TIME OF SHIPMENT: 1.

ORIG. TEST DATE	2018-03		
MAX. PAYLOAD	27443	KG	
MAX LOAD RATE	1893	L/MIN @	172.3 Kpa
MAX. UNLOAD RATE	1893	L/MIN @	172.3 Kpa
HEATING SYS. PRESS.	516.8	Kpa	HEATING SYS. TEMP. 121.1 °C
MAWP	172.3	Kpa	TEST P 310.1 Kpa
DESIGN TEMP. RANGE	-29	°C	TO 121 °C
WELD MATL.	ER316L		HEAD MATL. SA240-316/316L
SHELL MATL.	SA240-316/316L		LINING N/A
MIN. SHELL THICK.	TOP 2.921	MM	BOTTOM 2.921 MM
MFD. SHELL THICK.	TOP 3.277	MM	BOTTOM 3.277 MM
MIN HEAD THICK.	2.921	MM	MFD HEAD THICK. 3.556 MM
MAX. LADING DENSITY	1.92	KG/L	VOL. CAP 26 790 L
EXPOSED SURFACE AREA	67.07	SQ M	

# TANK TEST AND INSPECTION REPORT

For compliance with 49 CFR 180.407(h)(4), 180.417(b) & (c), and 40 CFR 60.505(b)

OWNER <b>Robbie D. Wood, Inc.</b>		CARRIER (if other than owner)	
PRINCIPAL PLACE OF BUSINESS ADDRESS <b>1051 Old Warrior River Road</b>		PRINCIPAL PLACE OF BUSINESS ADDRESS	
CITY, STATE, ZIP CODE <b>Dolomite, AL. 35061</b>		TELEPHONE <b>205-744-8440</b>	
OWNER'S TANK SERIAL NO. <b>SERV-105</b>	MFG. DATE <b>2018-03</b>	CARRIER'S EQUIPMENT NO.	VESSEL MATERIAL SPEC. NO.
CARGO TANK MOTOR VEHICLE MFG. <b>TREMCAR</b>	CARGO TANK MOTOR VEHICLE CERT. DATE <b>2018-03</b>	TANK MANUFACTURER <b>TREMCAR</b>	MANUFACTURER'S TANK SERIAL NO. <b>2TLSL4320KB000235</b>
MAX. WEIGHT OF LADING LBS. <b>60500</b>	LINING MATERIALS <b>N/A</b>	DOT SPECIFICATION NO. <b>407</b>	FLUID CAPACITY (GALS.) <b>7077 USG</b>
HEATING SYSTEM	DESIGN PRESSURE (PSIG) <b>75</b>	DESIGN TEMPERATURE °F <b>250</b>	ORIGINAL TEST DATE <b>2018-03</b>
			MAXIMUM ALLOWABLE WORKING PRESSURE PSIG <b>25</b>
SHELL MATERIAL <b>SA240-316/316 L</b>	HEAD MATERIAL <b>SA240-316/316 L</b>	DESIGN TEMPERATURE °F <b>-20 TO 250</b>	WATER CAPACITY IN LBS. <b>59022</b>
EXPOSED SURFACE AREA IN SQ. FT. <b>722</b>	MAX. DESIGN DENSITY OF LADING (LBS. PER GAL.) <b>16.00</b>	TANK <input type="checkbox"/> LINED <input checked="" type="checkbox"/> INSULATED <input type="checkbox"/> SPECIAL SERVICE <input type="checkbox"/> MATERIAL CORROSIVE TO TANK <input type="checkbox"/> DEDICATED SERVICE <input type="checkbox"/> OTHER	
<b>TYPE OF TEST(S)</b>			
<input checked="" type="checkbox"/> EXTERNAL VISUAL (V) <input checked="" type="checkbox"/> LEAKAGE TEST (K) <input checked="" type="checkbox"/> PRESSURE RETEST (P) <input checked="" type="checkbox"/> INTERNAL VISUAL (I) <input type="checkbox"/> HYDROSTATIC <input type="checkbox"/> PNEUMATIC <input checked="" type="checkbox"/> HYDROSTATIC <input type="checkbox"/> LINING INSPECTION (L) <input type="checkbox"/> DELIVERY HOSE/PIPING <input type="checkbox"/> PNEUMATIC <input checked="" type="checkbox"/> THICKNESS TEST (T) <input type="checkbox"/> K-EPA27			

ITEMS INSPECTED OR TESTED																																																																
YES	NO	ITEM	YES	NO	ITEM	TYPE					K-EPA27																																																					
<input checked="" type="checkbox"/>		Tank Shell	<input checked="" type="checkbox"/>		Frangible (Rupture) Disk	PRESSURE RELIEF DEVICES						Gasoline Delivery Tank Pressure Test – EPA Reference Method 27																																																				
<input checked="" type="checkbox"/>		Tank Heads	<input checked="" type="checkbox"/>		Major Appurtenances							<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>TEST</th> <th colspan="2">TIME</th> <th colspan="2">MEASURE</th> <th>AVERAGE RESULTS</th> </tr> <tr> <th></th> <th>START</th> <th>END</th> <th>START</th> <th>END</th> <th></th> </tr> </thead> <tbody> <tr> <td>PRES. 1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PRES. 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>VAC. 1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>VAC. 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>VR VENT 1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>VR VENT 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					TEST	TIME		MEASURE		AVERAGE RESULTS		START	END	START	END		PRES. 1						PRES. 2						VAC. 1						VAC. 2						VR VENT 1						VR VENT 2					
TEST	TIME		MEASURE		AVERAGE RESULTS																																																											
	START	END	START	END																																																												
PRES. 1																																																																
PRES. 2																																																																
VAC. 1																																																																
VAC. 2																																																																
VR VENT 1																																																																
VR VENT 2																																																																
<input checked="" type="checkbox"/>		Head-to-Shell Seam	<input checked="" type="checkbox"/>		- upper coupler assembly												Device Number	1	2	3	4	5	UPPER COUPLER ASSEMBLY <input checked="" type="checkbox"/> EXAMINED IN PLACE <b>NEW</b> <input type="checkbox"/> REMOVED FOR EXAMINATION																																									
<input checked="" type="checkbox"/>		Valves	<input checked="" type="checkbox"/>		- suspension system attachments												Tested										<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FLUID USED</th> <th>LEAKAGE TEST</th> <th>PRESSURE TEST</th> </tr> </thead> <tbody> <tr> <td><b>WATER</b></td> <td><b>25</b></td> <td><b>45</b></td> </tr> <tr> <td>PRESSURE</td> <td><b>5 min</b></td> <td><b>10 min</b></td> </tr> </tbody> </table>				FLUID USED	LEAKAGE TEST	PRESSURE TEST	<b>WATER</b>	<b>25</b>	<b>45</b>	PRESSURE	<b>5 min</b>	<b>10 min</b>																									
FLUID USED	LEAKAGE TEST	PRESSURE TEST																																																														
<b>WATER</b>	<b>25</b>	<b>45</b>																																																														
PRESSURE	<b>5 min</b>	<b>10 min</b>																																																														
<input checked="" type="checkbox"/>		Gaskets	<input checked="" type="checkbox"/>		- connecting structures	Removed											THICKNESS (INCHES)    MFG.    MIN. TESTED HEAD <u>0.127</u> <b>0.115</b> SHELL TOP <u>0.127</u> <b>0.115</b> SHELL SIDE <u>0.127</u> <b>0.115</b> SHELL BOTTOM <u>0.127</u> <b>0.115</b>																																															
<input checked="" type="checkbox"/>		Manhole Covers	<input checked="" type="checkbox"/>		Lining Material	Inspected						Pressure - set to discharge <b>25</b> Pressure - when open <b>30</b> Pressure - when resealed <b>27</b>																																																				
<input checked="" type="checkbox"/>		Manhole Gaskets	<input checked="" type="checkbox"/>		Pressure Bearing Portions of Heating System	Replaced										DELIVERY HOSE/PIPING HOSE I.D. NO. <b>N/A</b> DATE OF ORIG. HOSE ASSEMBLY TEST _____ CONDITION OF HOSE ASSEMBLY & PIPING SYSTEM _____																																																
<input checked="" type="checkbox"/>		Devices for Tightening Manhole Gaskets on Full Opening Rear Head	<input checked="" type="checkbox"/>		Flues for Heating System	Reinstalled															(CHECK ONE) <input checked="" type="checkbox"/> NO DEFECT OR DAMAGE DISCOVERED <input type="checkbox"/> DEFECTS OR DAMAGE DISCOVERED LOCATION OF DEFECTS OR DAMAGE: <input type="checkbox"/> weld <input type="checkbox"/> heat-affected zone <input type="checkbox"/> liquid phase <input type="checkbox"/> vapor phase <input type="checkbox"/> head-to-shell seam <input type="checkbox"/> delivery hose/piping <input type="checkbox"/> appurtenances Explain: <b>NONE - NEW CARGO TANK</b>																																											
<input checked="" type="checkbox"/>		Self-closing Stop-valves	<input checked="" type="checkbox"/>		Corroded or Abraded Areas	Repaired																									NATURE AND SEVERITY: _____ METHOD OF REPAIRS: _____ IS REPAIR CERTIFICATION REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO    DESIGN CERTIFYING ENGINEER REGISTRATION NO. _____																																	
<input checked="" type="checkbox"/>		Excess Flow Valves	<input checked="" type="checkbox"/>		Distortions	Pressure - set to discharge	<b>25</b>																												THIS UNIT HAS HAULED <input type="checkbox"/> ANHYDROUS AMMONIA <input type="checkbox"/> ANY OTHER MATERIAL THAT MAY CAUSE STRESS CORROSION CRACKING    STRESS RELIEVED AFTER FABRICATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    REPAIR DATE _____																													
<input checked="" type="checkbox"/>		Remote Closure Devices	<input checked="" type="checkbox"/>		Dents	Pressure - when open	<b>30</b>																																DOT REGISTRATION NUMBER OF THE TESTING FACILITY/PERSON <b>CT-5931 GOYETTE</b> TEST DATE <b>2018-03</b> STRESS RELIEVED AFTER REPAIR <input type="checkbox"/> YES    ( <input type="checkbox"/> Full <input type="checkbox"/> Local ) <input type="checkbox"/> NO    ASME OR NATIONAL BOARD NO. OF REPAIR FACILITY _____																									
<input checked="" type="checkbox"/>		Reclosing Pressure Relief Valves	<input checked="" type="checkbox"/>		Welds	Pressure - when resealed	<b>27</b>																																				TESTED BY (Person's Name) <b>GOYETTE RAYMOND</b> REPAIRED BY _____ ADDRESS <b>790 MONTRICHARD AVE.</b> ADDRESS _____ CITY, STATE, ZIP <b>ST-JEAN-SUR-RICHELIEU, QC, CANADA, J2X 5G4</b> CITY, STATE, ZIP _____																					
<input checked="" type="checkbox"/>		Nuts and Bolts	<input checked="" type="checkbox"/>																																												CARGO TANK: <input checked="" type="checkbox"/> MEETS <input type="checkbox"/> FAILS TO MEET THE REQUIREMENTS OF THE DOT SPECIFICATIONS IDENTIFIED ON THIS REPORT DISPOSITION OF CARGO TANK: <input type="checkbox"/> WITHDRAWN FROM SERVICE <input checked="" type="checkbox"/> RETURNED TO SERVICE    MARKINGS APPLIED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																	
																																																			SIGNATURE OF INSPECTOR / TESTER <b>[Signature]</b> DOT REGISTRATION NUMBER <b>CT-5931</b> DATE <b>2018-03</b> SIGNATURE OF OWNER    _____    DATE _____													
																									Copyright 2017 J. J. Keller & Associates, Inc.    8897 (Rev. 1/17) Neenah, WI • JJKeller.com • (800) 327-6868 • Printed in the USA    ORIGINAL																																							

ORIGINAL