

TANKER TEST AND INSPECTION REPORT

Information as required by CSA B-620-14

INSPECTION TEST DATE	2018-06	SERIAL NUMBER	19156
OWNER	CARRIER (if other than owner)		
PRINCIPAL PLACE OF BUSINESS ADDRESS	PRINCIPAL PLACE OF BUSINESS ADDRESS		
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE		
OWNER'S SERIAL NO.	ORIG. TEST DATE	TC SPECIFICATION NO.	FLUID CAPACITY (L)
	2018-06	407	27194
CARRIER'S EQUIPMENT NO.	VESSEL MATERIAL SPEC. NO	MANUFACTURER'S SERIAL NO.	ASME CODE SYMBOL
SA240-316/316 L		27194	

TYPE OF TEST (S)		CERTIFIED BY	
<input checked="" type="checkbox"/> PRESSURE RETEST (P) <input checked="" type="checkbox"/> LEAKAGE TEST (L) <input checked="" type="checkbox"/> UPPER COUPLER (UC)	A <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> 45 A <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> 25 MEDIUM MEDIUM	TREM CAR INC. 27194	
HYDROSTATIC OR PNEUMATIC PROCEDURE		DESIGNED FOR	
ON COMPARTMENTED TRAILER ONLY ONE COMPARTMENT CAN BE FILLED WITH LIQUID (FLUID USE FOR TEST IT'S ONLY WATER) OR AIR WHEN PNEUMATIC TEST IS USED (SEE MANUAL FOR PROCEDURE) AND TEST AT A TIME ALL ADJACENT COMPARTMENT MUST BE EMPTY		MAXIMUM ALLOWABLE WORKING PRESSURE	MINIMUM DESIGN METAL TEMPERATURE
310.10		172.28	-29 TO 121 C TO C

CHECKLIST OF ITEMS INSPECTED OR TESTED (YES=ACCEPT/NO=REJECT)			
OUTSIDE BARREL ITEMS	P	K	T
Tank Shell	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tank Heads	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Head - to - Shell Seam	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Valves	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gaskets	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Manhole Covers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Devices for Tightening Manhole Reclosing Pressure Relief Valves	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Self-closing Stop-valves	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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
METHOD OF REPAIRS:	
IS REPAIR CERTIFICATION REQUIRED?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DESIGN CERTIFYING ENGINEER REGISTRATION NO.	NONE - NEW TANK TRUCK
TC REGISTRATION NUMBER OF THE TESTING FACILITY / PERSON	25-0264
TESTED BY: (PERSON'S)	CEYARTE PASARON
COMPANY NAME:	TREM CAR INC.
ADDRESS:	790 MONTRICHARD AVE.
CITY, STATE, ZIP CODE:	ST-JEAN-SUR-RICHELIEU, QC, CANADA, J2X 5G4
DISPOSITION OF CARGO TANK APPLIED X IN THE APPROPRIATE CASE	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> CARGO TANK FAIL TC SPECIFICATIONS AND IS RETURN TO SERVICE
SIGNATURE OF INSPECTOR	DATE: 2018-06 OWNER SIGNATURE:

TREM CAR



790, avenue Montrichard
St-Jean-sur-Richelieu, QC
Canada J2X 5G4

CT-5931

ST-JEAN-SUR-RICHELIEU

CT-5930

ST-CÉSaire

BCTE INC.

ISSUED TO OWNER

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

VEHICLE TYPE : **SEMI TRAILER**

YEAR FABRICATED : **2018**

CAPACITY : **7184 USG**

VIN : **2TLDL432XKB000476**

DATE SHIPPED : **2018-06**

SERIAL NUMBER : **19156**

RESPONSIBLE OFFICIAL OF TREM CAR INC.

DESIGN CERTIFICATION ENGINEER

REGISTERED INSPECTOR

CARGO TANK COMPLIES WITH SPECIFICATION

DOT : **407**

CERTIFICATION DATE : **2018-06**

CARGO TANK COMPLIES WITH SPECIFICATION

EXCEPT AS LISTED

CERTIFICATION DATE :

FIRM

BY :

AUTHORIZED SIGNATURE(S)

ABOVE ITEMS INSTALLED :

4

3

2

1

ITEMS NOT INSTALLED AT TIME OF SHIPMENT :

CERTIFICATE OF COMPLIANCE

TANKER TEST AND INSPECTION REPORT

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

TANK IDENTIFICATION NO.	INSPECTION TEST DATE	REPORT NUMBER
	2018-06	19156

OWNER: CARRIER (if other than owner) _____

PRINCIPAL PLACE OF BUSINESS ADDRESS: _____

CITY, STATE, ZIP CODE: _____ TELEPHONE: _____

OWNER'S TANK SERIAL NO.: _____ VESSEL MATERIAL SPEC. NO.: _____

CARGO TANK MOTOR VEHICLE MFG.: **TREMCAR** MANUFACTURER'S TANK SERIAL NO.: **2TLDL432XKB000476**

MAX. WEIGHT OF LADING: **63300** LINING MATERIALS: **N/A** CARGO TANK MOTOR VEHICLE CERT. DATE: **2018-06**

HEATING SYSTEM: DESIGN PRESSURE: **75** (PSIG) DESIGN TEMPERATURE: **250** °F ORIGINAL TEST DATE: **2018-06**

SHELL: MATERIAL: **SAZ40-316/316 L** HEAD: **SAZ40-316/316 L** PSIG: **25**

EXPOSED SURFACE AREA IN SQ. FT.: **724** MAX. DESIGN DENSITY OF LADING (LBS. PER GAL.): **13.00**

TYPE OF TEST(S)

LEAKAGE TEST (K) PRESSURE RETEST (P)

HYDROSTATIC PNEUMATIC

DELIVERY HOSE/PIPING PNEUMATIC

THICKNESS TEST (T) K-EPA27

ITEMS INSPECTED OR TESTED		YES	NO	ITEM	THICKNESS (INCHES)	MFG.	MIN. TESTED
<input checked="" type="checkbox"/>	Tank Shell	<input checked="" type="checkbox"/>		Frangible (Rupture) Disk			
<input checked="" type="checkbox"/>	Tank Heads	<input checked="" type="checkbox"/>		Major Appurtenances			
<input checked="" type="checkbox"/>	Head-to-Shell Seam	<input checked="" type="checkbox"/>		upper coupler assembly			
<input checked="" type="checkbox"/>	Valves	<input checked="" type="checkbox"/>		suspension system attachments			
<input checked="" type="checkbox"/>	Gaskets	<input checked="" type="checkbox"/>		connecting structures			
<input checked="" type="checkbox"/>	Manhole Covers	<input checked="" type="checkbox"/>		Lining Material			
<input checked="" type="checkbox"/>	Manhole Gaskets	<input checked="" type="checkbox"/>		Pressure Bearing Portions of Heating System			
<input checked="" type="checkbox"/>	Devices for Tightening Manhole	<input checked="" type="checkbox"/>		Flues for Heating System			
<input checked="" type="checkbox"/>	Gaskets on Full Opening Rear Head	<input checked="" type="checkbox"/>		Corroded or Abraded Areas			
<input checked="" type="checkbox"/>	Self-closing Stop-valves	<input checked="" type="checkbox"/>		Distortions			
<input checked="" type="checkbox"/>	Excess Flow Valves	<input checked="" type="checkbox"/>		Dents			
<input checked="" type="checkbox"/>	Remote Closure Devices	<input checked="" type="checkbox"/>		Welds			
<input checked="" type="checkbox"/>	Reclosing Pressure Relief Valves	<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>	Nuts and Bolts	<input checked="" type="checkbox"/>					
DELIVERY HOSE/PIPING							
HOSE I.D. NO.	N/A	DATE OF ORIG. HOSE ASSEMBLY TEST		THICKNESS (INCHES)			
CONDITION OF HOSE ASSEMBLY & PIPING SYSTEM				HEAD	0.115		
				SHELL TOP	0.129		
				SHELL SIDE	0.129		
				SHELL BOTTOM	0.129		

UPPER COUPLER ASSEMBLY

EXAMINED IN PLACE **NEW**

REMOVED FOR EXAMINATION

LEAKAGE TEST PRESSURE TEST

FLUID USED: **WATER** PRESSURE: **25** WATER: **45**

HOLDING TIME: **5 min** PRESSURE TEST: **10 min**

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

LOCATION OF DEFECTS OR DAMAGE: weld heat-affected zone liquid phase vapor phase head-to-shell seam delivery hose/piping appurtenances

Explanation: **NONE - NEW CARGO TANK**

NATURE AND SEVERITY: _____

METHOD OF REPAIRS: _____ IS REPAIR CERTIFICATION REQUIRED? YES NO DESIGN CERTIFYING ENGINEER REGISTRATION NO. _____

THIS UNIT HAS HAULED _____

DOT REGISTRATION NUMBER OF THE TESTING FACILITY/PERSON: **CT-5931** TEST DATE: **2018-06**

STRESS RELIEVED AFTER REPAIR: YES Full Local NO

STRESS RELIEVED AFTER FABRICATION: YES NO

REPAIR DATE: _____

TESTED BY (Person's Name): **SOYATE RAY MOU**

ADDRESS: _____

RECORD OF ANNUAL INSPECTION

(49 CFR, 396. 17-23)

Prepare Separate Report for Each Vehicle Inspected

DATE
2018-06

D4256025

COMPANY NAME		VEHICLE TYPE <input type="checkbox"/> TRUCK <input type="checkbox"/> TRACTOR <input checked="" type="checkbox"/> TRAILER <input type="checkbox"/> CONVERTER <input type="checkbox"/> DOLLY	
STREET ADDRESS		VEHICLE MAKE TREMCAR	
CITY		STATE	ZIP
INSPECTOR'S NAME (Please Print)		VEHICLE IDENTIFICATION (Company No., State Tag No. or VIN) 2TLDL432XKB000476	
		EMPLOYEE NO.	

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

	OK	REPAIR	EXHAUST	OK	REPAIR	STEERING	OK	REPAIR	FRAME	OK	REPAIR
BRAKES											
Adjustment	✓		Leaks			Adjustment			Members		
Mechan. Compon.	✓		Placement			Column/Gear			Clearance		
Drum/Rotor	✓		LIGHTING			Axle					
Hose/Tubing	✓		Headlights	✓		Linkage			TIRES		
Lining	✓		Tail/Stop	✓		Power Steering			Tread	✓	
Antilock System	✓		Clearance/Marker	✓		Other			Inflation	✓	
Automatic Adjusters	✓		Identification	✓		FUEL SYSTEM			Damage		
Low Air Warning			Reflectors	✓		Tank(s)			Speed Restrictions		
Trailer Air Supply			Other	✓		Lines			Other		
Compressor			A-B-S	✓							
Parking Brakes			CAB/BODY	✓		SUSPENSION			WHEELS/RIM		
Other			Access			Springs			Fasteners	✓	
			Eqpt./Load Secure			Attachments	✓		Disc/Spoke	✓	
COUPLERS			Tie-Downs			Sliders			50 LBS TORQ	✓	
Fifth-Wheel & Mount			Headerboard			AIR	✓		WINDSHIELD		
Pin/Upper Plate	✓		Motorcoach Seats			MIRRORS					
Pintle-Hook/Eye			Other						WINDSHLD. WIP.		
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 *[Signature]* DATE 2018-06

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.

0"	1/4"	1/2"	3/4"
0	1	2	2
1	3	7	55
2	9	16	56
3	18	28	57
4	32	45	58
5	50	61	59
6	73	86	60
7	101	109	61
8	135	145	62
9	186	197	63
10	221	246	64
11	273	301	65
12	332	347	66
13	397	432	67
14	469	508	68
15	548	590	69
16	634	679	70
17	725	772	71
18	821	871	72
19	921	973	73
20	1026	1079	1106
21	1134	1189	1217
22	1245	1273	1302
23	1359	1388	1417
24	1476	1506	1536
25	1596	1626	1687
26	1718	1748	1810
27	1842	1873	1905
28	1968	2000	2032
29	2096	2160	2193
30	2225	2258	2291
31	2356	2389	2422
32	2489	2522	2556
33	2623	2656	2690
34	2757	2791	2825
35	2893	2927	2961
36	3029	3063	3098
37	3166	3200	3235
38	3303	3338	3372
39	3441	3476	3510
40	3579	3614	3648
41	3717	3752	3821
42	3855	3890	3924
43	3993	4028	4062
44	4131	4165	4199
45	4268	4302	4336
46	4404	4438	4472
47	4540	4574	4608
48	4675	4709	4742
49	4809	4842	4875
50	4941	4974	5007
51	5073	5105	5138
52	5203	5235	5267
53	5331	5363	5394

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