

SIRV157



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

CERTIFICATE OF COMPLIANCE

THIS CERTIFIES THAT THE NEW TREM CAR 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: TREM CAR INC. TCRN: N/A
 ASSEMBLER: (IF NOT SAME AS MANUFACTURER) MDIN: 13017
 VIN: 21LSL4321E000391
 TANK SERIAL NUMBER: 19775
 RESPONSIBLE OFFICIAL OF TREM CAR INC. [Signature] TANK INSPECTOR: [Signature]
 DESIGN ENGINEER: [Signature]
 NAME AND ADDRESS (IF NOT SAME AS ABOVE)

CARGO TANK COMPLIES WITH SPECIFICATION:

TC 407

VENTS INSTALLED:

1. BETTS RVCST-25, 409559 SCFH (90%)
- 2.
- 3.

DATE OF MFR: 2019-05

DATE OF CERT.: 2019-05

ITEMS NOT INSTALLED AT TIME OF SHIPMENT: 1.

ORIG. TEST DATE	<u>2019-05</u>				
MAX. PAYLOAD	<u>27443</u>	KG			
MAX. LOAD RATE	<u>1893</u>	L/MIN @	<u>172.5</u>	Kpa	
MAX. UNLOAD RATE	<u>1893</u>	L/MIN @	<u>172.3</u>	Kpa	
HEATING SYS. PRESS.	<u>516.8</u>	Kpa		HEATING SYS. TEMP.	<u>121.1</u> °C
MAWP	<u>172.3</u>	Kpa	<u>310.1</u>	Kpa	
DESIGN TEMP. RANGE	<u>-29</u>	°C		TO	<u>121</u> °C
WELD MATL.	<u>ER316L</u>			HEAD MATL.	<u>SA240-316/316L</u>
SHELL MATL.	<u>SA240-316/316L</u>			LINING	<u>N/A</u>
MIN. SHELL THICK.	<u>2.921</u>	MM		BOTTOM	<u>2.921</u> MM
MEF. SHELL THICK.	<u>3.277</u>	MM		BOTTOM	<u>3.277</u> MM
MIN HEAD THICK.	<u>2.921</u>	MM		MFD HEAD THICK.	<u>3.556</u> MM
MAX. LADING DENSITY	<u>1.92</u>	KG/L		VOL. CAP	<u>26 790 L</u>
EXPOSED SURFACE AREA	<u>67.07</u>	SQ M			

TANKER TEST AND INSPECTION REPORT

Information as required by CSA B-620-14

INSPECTION TEST DATE 2019-05		SERIAL NUMBER 19575										
OWNER CARRIER (if other than owner)												
PRINCIPAL PLACE OF BUSINESS ADDRESS CITY, STATE, ZIP CODE												
TELEPHONE												
MFG. DATE 2019-05		ORIG. TEST DATE 2019-05										
VESSEL MATERIAL SPEC. NO. SA240-316/316L												
TYPE OF TEST (S)												
<input checked="" type="checkbox"/> EXTERNAL VISUAL (V)	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> W	<input checked="" type="checkbox"/> 45									
<input checked="" type="checkbox"/> INTERNAL VISUAL (I)	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> W	<input checked="" type="checkbox"/> 25									
<input checked="" type="checkbox"/> THICKNESS TEST (T)	MEDIUM		A = AIR									
HYDROSTATIC OR PNEUMATIC PROCEDURE												
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												
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"/>	<input checked="" type="checkbox"/>	Distortions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Interior surface, including heads for corrosion	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	Dents	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	distortion overlay patches, cracking etc.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Head-to-Shell Seam	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Major Aperturancs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Welds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Areas above upper coupler, landing gear legs and subframe for indications of distortion or cracks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Piping	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	connecting structures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pressure of heating system	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Interior welds for defects or cracking	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Valves	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	suspension system attachments	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fuses for Heating System	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Size of the weld and their conformity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gaskets	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Drop upper coupler	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Name plate	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Internal supports and attachments	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	ASME Name plate	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Internal valves, piping and vents for leakage, damage	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	Tanker Insulate	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Weld of baffles and pads	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Devices for Tightening Manhole	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>
Reclosing Pressure Relief Valves	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Corrosive transport	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Internal piping pressure test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Self-closing Stop-valves	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<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"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<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"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(CHECK ONE)				<input checked="" type="checkbox"/> NO DEFECT OR DAMAGE DISCOVERED				<input checked="" type="checkbox"/> DEFECT OR DAMAGE DISCOVERED				
EXPLAIN:				NONE - NEW CARGO TANK								
METHOD OF REPAIRS:				DESIGN CERTIFYING ENGINEER REGISTRATION NO., NONE - NEW TANK TRUCK								
IS REPAIR CERTIFICATION REQUIRED?				YES <input type="checkbox"/> NO <input type="checkbox"/>								
TC REGISTRATION NUMBER OF THE TESTING FACILITY/ PERSON				REPAIR INFORMATION								
TESTED BY: (PERSON'S)				TESTED BY: (PERSON'S)								
COMPANY NAME:				REPAIRED BY								
ADDRESS:				ADDRESS								
CITY, STATE, ZIP CODE:				CITY, STATE, ZIP CODE								
DISPOSITION OF CARGO TANK APPLIED X IN THE APPROPRIATE CASE				CARGO TANK MEET TC SPECIFICATIONS AND IS RETURN TO SERVICE				MARKINGS APPLIED				
SIGNATURE OF INSPECTOR				TC REGISTRATION NUMBER				OWNER SIGNATURE				
<i>[Signature]</i>				25-0264				<i>[Signature]</i>				
DATE				2019-05				DATE				



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

CT-5931 ST-JEAN-SUR-RICHELIEU

CT-5930 ST-CESAIRE

ISSUED TO OWNER
BCTE INC.

CERTIFICATE OF COMPLIANCE

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: 2019

RESPONSIBLE OFFICIAL OF TREM CAR INC.

CAPACITY: 7077 USG

VIN: 2T1SL43Z1LB000391

DESIGN CERTIFICATION ENGINEER

DATE SHIPPED: 2019-05

SERIAL NUMBER: 19575

REGISTERED INSPECTOR

CARGO TANK COMPLIES WITH SPECIFICATION

DOT:

407

CERTIFICATION DATE:

2019-05

CARGO TANK COMPLIES WITH SPECIFICATION

DOT:

EXCEPT AS LISTED

CERTIFICATION DATE:

FIRM

AUTHORIZED SIGNATURE(S)

BY:

4.

3.

2.

1.

ITEMS NOT INSTALLED AT TIME OF SHIPMENT:

RECORD OF ANNUAL INSPECTION

(49 CFR, 396.17-23)

Prepare Separate Report for Each Vehicle Inspected

DATE

2019-05

D4256435

COMPANY NAME	VEHICLE TYPE <input type="checkbox"/> TRUCK <input type="checkbox"/> TRACTOR <input checked="" type="checkbox"/> TRAILER	CONVERTER <input type="checkbox"/> DOLLY
STREET ADDRESS	VEHICLE MAKE TREM CAR	MODEL TRA/REM
CITY	STATE	ZIP
INSPECTOR'S NAME (Please Print)	VEHICLE IDENTIFICATION (Company No., State Tag No. or VIN) 2TLS14321LB000391	YEAR 2020
	EMPLOYEE NO.	

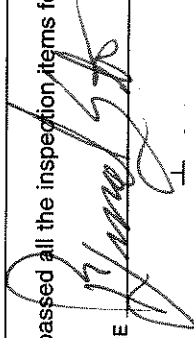
REPORT OF CONDITION (For Detailed Information on Inspection Procedures see FMCSR Section 396, Appendix G)

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

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

2019-05

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.

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3136
(Rev. 10/16)

Job#: 19574@19583	USG			
Units:	USG			
CITERNE COMPARTIMENT: 1	CITERNE COMPARTIMENT: 1			
<div style="display: flex; justify-content: space-between;"> 0" 1/4" 1/2" 3/4" THIS CHART IS NOT INTENDED FOR LEGAL MEASURE </div>				
54	6199	6225	6251	6277
55	6302	6327	6352	6377
56	6401	6426	6450	6473
57	6497	6520	6543	6565
58	6588	6610	6631	6653
59	6674	6694	6715	6735
60	6754	6774	6793	6811
61	6829	6847	6864	6881
62	6897	6913	6929	6944
63	6958	6972	6985	6998
64	7010	7022	7032	7042
65	7051	7059	7066	7072
66				
14	40	50	60	70
3	85	98	112	126
0	30	40	50	60
0	1081	1109	1137	1165
13	972	999	1026	1054
12	865	892	918	945
11	763	788	814	839
10	664	688	713	738
9	569	592	616	640
8	479	501	523	546
7	393	414	435	457
6	313	333	353	373
5	239	257	275	294
4	172	188	204	222
3	61	73	85	98
2	22	30	40	50
1	14	17	20	23
0	119	122	1251	1280
15	1194	1222	1251	1280
16	1309	1338	1368	1397
17	1427	1457	1487	1517
18	1548	1578	1609	1639
19	1670	1701	1732	1763
20	1795	1826	1858	1890
21	1921	1953	1985	2017
22	2050	2082	2114	2147
23	2179	2212	2245	2278
24	2311	2344	2377	2410
25	2443	2476	2510	2543
26	2577	2610	2644	2677
27	2711	2745	2779	2812
28	2846	2880	2914	2948
29	2982	3016	3051	3085
30	3119	3153	3187	3221
31	3255	3290	3324	3359
32	3393	3427	3462	3496
33	3530	3565	3599	3633
34	3668	3702	3736	3771
35	3806	3839	3874	3908
36	3942	3976	4010	4044
37	4079	4113	4147	4181
38	4215	4249	4282	4316
39	4350	4384	4417	4451
40	4485	4518	4552	4585
41	4618	4652	4685	4718
42	4751	4784	4817	4849
43	4882	4915	4947	4980
44	5012	5044	5077	5109
45	5141	5172	5204	5236
46	5267	5299	5330	5361
47	5392	5423	5454	5484
48	5515	5545	5576	5606
49	5636	5665	5695	5725
50	5754	5783	5812	5841
51	5870	5898	5926	5964
52	5982	6010	6038	6065
53	6092	6119	6146	6173

CETTE TABLE N'EST PAS CONÇUE POUR MESURE LÉGALE

THIS CHART IS NOT INTENDED FOR LEGAL MEASURE

TANKER TEST AND INSPECTION REPORT

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

OWNER		CARRIER (if other than owner)	
PRINCIPAL PLACE OF BUSINESS ADDRESS		PRINCIPAL PLACE OF BUSINESS ADDRESS	
CITY, STATE, ZIP CODE	TELEPHONE	CITY, STATE, ZIP CODE	TELEPHONE
OWNER'S TANK SERIAL NO.	MFG. DATE	CARRIER'S EQUIPMENT NO.	VESSEL MATERIAL SPEC. NO.
CARGO TANK MOTOR VEHICLE MFG.	CARGO TANK MOTOR VEHICLE CERT. DATE	TANK MANUFACTURER	MANUFACTURER'S TANK SERIAL NO.
TREMCAR	2019-05	TREMCAR	2TLSL432.1LB000391
MAX. WEIGHT OF LADING	LINING MATERIALS	DOT SPECIFICATION NO.	FLUID CAPACITY (GALS.)
60500	N/A	407	7077 USG
HEATING SYSTEM	DESIGN PRESSURE (PSIG)	DESIGN TEMPERATURE	MAXIMUM ALLOWABLE WORKING PRESSURE
	75 F	250 F	PSIG 25
			WATER CAPACITY IN LBS. 59022
SHELL	HEAD	TANK	
SA240-316/316L	SA240-316/316L	INSULATED <input type="checkbox"/>	
EXPOSED SURFACE AREA IN SQ. FT.	MAX. DESIGN DENSITY OF LADING (LBS. PER GAL.)	SPECIAL SERVICE <input checked="" type="checkbox"/>	
722	16.00	MATERIAL CORROSIVE TO TANK <input type="checkbox"/>	
TYPE OF TEST(S)			
<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 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		K-EPA27	
YES	NO	TEST	AVERAGE RESULTS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pressure	25
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Relief Devices	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Delivery Hose/Piping	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Upper Coupler Assembly	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gasoline Delivery Tank Pressure Test - EPA Reference Method 27	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Device Number	1 2 3 4 5
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tested	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Removed	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inspected	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Replaced	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reinstalled	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Repaired	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pressure - set to discharge	25 PSIG
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pressure - when open	30 PSIG
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pressure - when reseated	27 PSIG
<input checked="" type="checkbox"/>	<input type="checkbox"/>	THICKNESS (INCHES)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HEAD	0.140
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHELL TOP	0.129
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHELL SIDE	0.129
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHELL BOTTOM	0.129
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HOSE I.D. NO.	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DATE OF ORIG. HOSE ASSEMBLY TEST	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	CONDITION OF HOSE ASSEMBLY & PIPING SYSTEM	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	FRANGIBLE (Rupture) Disk	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Major Appurtenances	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	upper coupler assembly attachments	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	connecting structures	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lining Material	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pressure Bearing Portions of Heating System	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fuses for Heating System	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Corroded or Abraded Areas	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Distortions	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dents	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Welds	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Remote Closure Devices	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reclosing Pressure Relief Valves	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nuts and Bolts	

(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

Explain: **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 ANHYDROUS AMMONIA (CERTIFIED AS 0.2% WATER BY WEIGHT) LIQUEFIED PETROLEUM GAS ANY OTHER MATERIAL THAT MAY CAUSE STRESS CORROSION CRACKING

STRESS RELIEVED AFTER FABRICATION YES NO

DOT REGISTRATION NUMBER OF THE TESTING FACILITY/PERSON TEST DATE **2019-05** STRESS RELIEVED AFTER REPAIR YES (Full Local) NO

TESTED BY (Person's Name) **COYOTE BAYMARD** REPAIRED BY _____

ADDRESS **790 MONTRICHARD AVE.** ASME OR NATIONAL BOARD NO. OF REPAIR FACILITY _____

CITY, STATE, ZIP **ST-JEAN-SUR-RICHELIEU, QC, CANADA, J2X 5G4**

CARGO TANK: MEETS FAILS TO MEET THE REQUIREMENTS OF THE DOT SPECIFICATIONS IDENTIFIED ON THIS REPORT

DISPOSITION OF CARGO TANK: WITHDRAWN FROM SERVICE RETURNED TO SERVICE MARKINGS APPLIED: YES NO

SIGNATURE OF INSPECTOR/TESTER **[Signature]** DOT REGISTRATION NUMBER **CT-5931** DATE **2019-05** SIGNATURE OF OWNER _____ DATE _____