



Test and Inspection Report

Form Number: NEE-FRM-007

Revision: 2

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Facility Name: National Energy Equipment Inc.
Address: _____

TEST DATE: _____

Telephone: _____

Fax: _____

Facility Registration No. 25-

Tank Owner: _____

Owners Signature _____

Address: _____

Telephone: _____

Date: _____

OWNERS UNIT No: _____

SERIAL No. _____

MANUFACTURER: _____

MAWP: _____

CERT. DATE: _____

MATERIAL: _____

TANK SPEC: _____

MC/TC331 & TC51

QT ☐

NQT ☐

PWHT ☐

☐ Local ☐

N/A ☐

Stress relieved after repair:

Complete

COMP. CAPACITY 1

4

IG/L 2

IG/L 3

IG/L

IG/L 5

IG/L 6

IG/L

TESTS PERFORMED

"V" ☐

"I" ☐

"K" ☐

"P" ☐

"T" ☐

"UC" ☐

EXTERNAL VISUAL INSPECTION "V"

Item inspected

QC Man.
Ref.

Complies

Reject

Retest
Complies

Data plate and other markings, present and legible

12.2

☐

☐

☐

Shell & Heads corrosion, abrasion, dents, overlay patches, leaks, defect welds, loose bolts and nuts on any flanged/blank connection, etc.

12.2

☐

☐

☐

Structural members, outriggers, cross members etc.

12.2

☐

☐

☐

Piping and valves for leakage, damage, corrosion

12.2

☐

☐

☐

Remote closures, thermal devices

12.2

☐

☐

☐

Hoses for defects, identification and test dates

12.2

☐

☐

☐

Tank attachments to frame or running gear, elements of the UC assembly that can be inspected without dismantling

12.2

☐

☐

☐

Ladders, walkways, etc.

12.2

☐

☐

☐

Fill covers, manways and closure devices

12.2

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☐

☐

Relief valves and vents (replace or test if tank in service where lading corrosive to relief device)

12.2

☐

☐

☐

Engine air intake shut off device and dry chemical fire extinguishers

12.2

☐

☐

☐

Accident damage protection

12.2

☐

☐

☐

Inspector _____ Signature _____

Date _____ After Retest Signature and Date _____

INTERNAL VISUAL INSPECTION "I"

Item inspected

QC Man.
Ref.

Complies

Reject

Retest
Complies

Interior surface, corrosion, distortion overlay patches, cracking etc.

12.3

☐

☐

☐

Interior welds for defects, cracking etc.

12.3

☐

☐

☐

Internal supports and attachments

12.3

☐

☐

☐

Internal valves, piping and vents for leakage, damage, etc.

12.3

☐

☐

☐

Inspector _____ Signature _____

Date _____ After Retest Signature and Date _____

Note: Rejection Criteria for Visual Inspections

Less than minimum material thickness under any cut, dig or gouge

Any dent with a depth greater than 1/2" 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

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UPPER COUPLER AREA INSPECTION "UC"

(QC Manual Reference 12.2 and 12.4)

Complies **Reject** **Retest Complies**

Upper coupler removed from tank and inspected (including tank areas above)

☐ ☐ ☐

Turn table assembly inspected in place

☐ ☐ ☐

Inspected elements:

Inspector _____ Signature _____

Date _____ After Retest Signature and Date _____

LEAKAGE TEST "K" (QC Manual Reference 12.5)

TEST PRESSURE _____ (80% of MAWP MIN) TEST MEDIUM _____

Item Tested **Pass** **Fail** **Retest Complies**

Compartment No. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment No. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment No. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment No. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment No. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment No. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item Tested **Pass** **Fail** **Retest Complies**

Compartment No. 1 piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment No. 2 piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment No. 3 piping	<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 piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment No. 6 piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank tester _____ Signature _____

Date _____ After Retest Signature and Date _____

THICKNESS TEST "T" (QC Manual Reference 12.6)

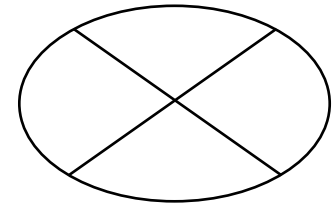
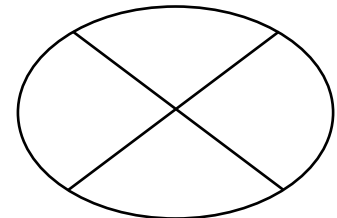
Thickness Tester Calibrated in accordance with instructions provided by the manufacturer of the testing device

YES ☐ NO ☐

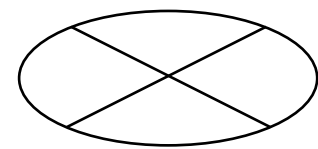
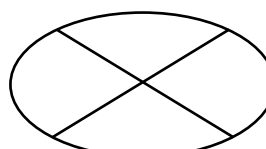
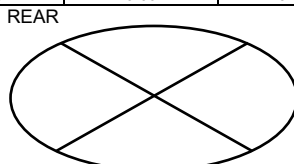
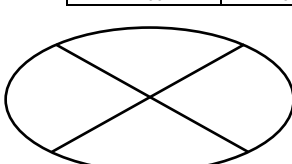
FRONT

	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
					HEAD
	12:00	3:00	6:00	9:00	

FRONT HEAD



REAR HEAD



MANWAY

SUMP

NOZZLE

NOZZLE

Inspector _____ Signature _____

Date _____ After Retest Signature and Date _____

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PRESSURE TEST "P" (QC Manual Reference 12.7)

Test Pressure (Tank) _____
(Refer to Table 7.3 of CSA B620 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment No. 1 piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment No. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment No. 2 piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compartment No. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartment No. 3 piping	<input 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 _____ Signature _____ Date _____ After Retest Signature _____ and Date _____

No defect or damage was discovered on tank YES ☐ NO ☐

Description of the location, nature, and severity of damage or defects found, how they were discovered, and the nature of any repair or replacement, and the results of any subsequent test or inspection

Tank successfully retested after repair YES ☐ NO ☐ N/A ☐

Written repair weld inspection report attached YES ☐ NO ☐ N/A ☐

Expired Inspection Markings removed YES ☐ NO ☐

TANK DISPOSITION Removed from Service ☐

Safety Mark (Specification Indication) removed YES ☐ NO ☐

Returned to Service ☐

TC/MC330/331 & TC51 only PWHT after repairs YES ☐ NO ☐ N/A ☐

Wet Florescent Markings applied and report attached YES ☐ N/A ☐

Inspection Markings applied YES ☐ NO ☐

FAILED INSPECTION ☐ PASSED INSPECTION ☐

Inspector _____ Signature _____ Date _____