

Form Number: NEE-FRM-007-406

Revision: 1

Facility Name: National Energy Equipment Inc.
Address: _____

TEST DATE: _____

Telephone: _____ Fax: _____

Facility Registration No.: 25- _____

Tank Owner: _____

Address: _____

Telephone: _____

OWNERS UNIT No: _____

SERIAL No.: _____

MANUFACTURER: _____

MAWP: _____

CERT. DATE: _____

MATERIAL: _____

TANK SPEC: _____

COMP. CAPACITY 1 _____ IG/L 2 _____ IG/L 3 _____ IG/L
4 _____ IG/L 5 _____ IG/L 6 _____ IG/L

EXTERNAL VISUAL INSPECTION "V"

<u>Item inspected</u>	QC Man. Ref.	Complies	Reject	Retest Complies
Data plate and other markings, present and legible	12.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shell & Heads corrosion, abrasion, dents, overlay patches, leaks, defect welds, loose bolts and nuts on any flanged/blank connection, etc.	12.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural members, outriggers, cross members etc.	12.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping and valves for leakage, damage, corrosion	12.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remote closures, thermal devices	12.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoses for defects, identification and test dates	12.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank attachments to frame or running gear, elements of the UC assembly area that can be inspected without dismantling	12.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All switches and valves, work properly	12.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladders, walkways, trop of the tank, and etc.	12.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fill covers, manways and closure devices, are operative and leaktight	12.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relief valves and vents inspected and properly operative (replace or test if tank in service where lading corrosive to relief device)	12.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident damage protection	12.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector _____ Signature _____ Date _____ After Retest Signature _____ and Date _____

Note: Rejection Criteria for External 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
- Any source of leakage
- Any repairs made to liquid-retaining components using overlay patches
- Defective, unidentified or out of test Hose Assemblies

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MATERIAL: _____

TANK SPEC: _____

COMP. CAPACITY 1 _____

IG/L 2 _____

IG/L 3 _____

IG/L _____

4 _____

IG/L 5 _____

IG/L 6 _____

IG/L _____

LEAKAGE TEST "K"

(QC Manual Reference 12.5)

TEST PRESSURE _____

(80% of MAWP MIN) 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"/>
Compartment No. 6	<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 _____



Test and Inspection Report
For TC406/TC(MC)306 tanks

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TEST DATE: _____

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Fax:

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Address:

Telephone:

OWNERS UNIT No:

SERIAL No.:

MANUFACTURER:

MAWP:

CERT. DATE:

MATERIAL:

TANK SPEC:

COMP. CAPACITY 1

IG/L

2

IG/L

3

IG/L

4

IG/L

5

IG/L

6

IG/L

INSPECTION AND TEST CONCLUSION:

TESTS PERFORMED

"V"

"K"

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 fixing or replacement, and the results of any subsequent test or inspection

Tank successfully retested after fixing

YES

NO

N/A

Expired Inspection Markings removed

YES

NO

TANK DISPOSITION

Removed from Service

Safety Mark (Specification Indication) removed

Returned to Service

Inspection Markings applied

YES

NO

FAILED INSPECTION

PASSED INSPECTION

Inspector _____

Signature _____

Date _____