



**Test and Inspection Report
For TC407/TC(MC)307 tanks**

Form Number: NEE-FRM-007-407

Revision: 1

Facility Name: National Energy Equipment Inc.	TEST DATE: _____
Address: _____	
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"/>
For insulated tanks, check outer jacket for the condition of attachments	12.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dents, digs, scrapes, gouge, loose sheets and fastening devices	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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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 _____

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 _____



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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

Multiple horizontal lines for text entry.

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 _____