



Pressure Vessel Inspection Report

Owner/User Inspection Report

Date: YY MM DD

Report Number: 94591 Equipment Number: V-2-18A

Vessel Name: LPG STORGE TANK (EAST) (A) Number: 94591

Location: GAS PLANT AREA 4

Equipment Information: CRN B-6331-2 Service LPG STORAGE Manway Yes No

LSD 09 | 06 | 63 | 25 | W5M District Grande Prairie Facility Simonette

Items from Previous Inspections:

Externals Visual OK, paint flaky. Internal MT required 2005. Calculate PSV capacity requirements
Should budget for code PSV's.
continue UT.

Examination Methods: VT UT PT MT RT Other:

External Conditions:

Vessel in good condition.

UT good.

Internal Conditions: Wet Fluorescent MT to be performed 2005
UT 2001.



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Equipment Number: V-2-18

Vessel Name: LPG STORAGE TANK (EAST)

(A) Number: 94591

Location: GAS PLANT AREA 4

Hydro: Pneumatic: Other: _____

Shell: _____ Tubes: _____

PSV #	Set Pressure	Capacity	Location
254			
258			

Inspector: I have witnessed/done the above inspections and have made the following recommendations.

Recommendations:

Clean and inspect 200~~5~~. Monitor UT.

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W + UT req.

Suitable to be returned to service Yes NO Repairs are still required Yes NO
 Repairs Complete (CB-40) attached Yes NO N/A Suggested Inspection Interval 4-10 Yrs.

Inspector Signature Date

Chief Inspector: I certify that the information on this report is true and all inspections as required by our Owner/User Quality Assurance Program # _____ which expires _____ have been done:

Recommendations:

Chief Inspector Signature Date