

ENTERED DEC 16 2013

<input checked="" type="checkbox"/> Installation <input type="checkbox"/> External <input type="checkbox"/> Internal (See Report B - )												Page of														
Date: <b>Jul 22 / 2013</b>			Description: <input type="checkbox"/> Vessel <input checked="" type="checkbox"/> Exchanger <input type="checkbox"/> Furnace <input type="checkbox"/> Boiler			Unit #:			Equip #:																	
Inspector: <b>C. P. [Signature]</b>			Equip. Name: <b>AIR COOLER</b>			Jurisdiction #: <b>NB 23607</b>			CRN #: <b>1410467.2</b>																	
Agent Co:			Manufacturer: <b>AKH - NR COOLER</b>			Year Built: <b>2013</b>			S/N: <b>128560.1</b>																	
Owner: <b>PW</b>			Location/LSD: <b>9-6-82-5WS</b>			Service: <input type="checkbox"/> Sweet <input type="checkbox"/> Sour <input type="checkbox"/> Other:			PSV Location: <b>No PSV.</b> <input type="checkbox"/> T <input type="checkbox"/> F <b>MDMT - 490F</b>																	
Region: <b>SEAL</b>			Zones: MAWP Design T Set P Tag # PW Manufacturer S/N In. Sz Out. Sz Serv. Co. Serv. Date IV CSO Capacity			Shell Side <b>284 300F</b>			Y/N Y/N																	
Area: <b>SERC LOCK</b>			Tube Side			Y/N Y/N			Other			Y/N Y/N														
Facility: <b>Box</b>			Material			Nominal t			CA			Retire t			Lowest t			t OK? <input type="checkbox"/> Y <input type="checkbox"/> N			Calc. t-min			Comment		
Components			Shell			Head			Channel			Tube			Other			Specify: _____								
Orientation: <input checked="" type="checkbox"/> Hor. <input type="checkbox"/> Ver.			Foundation: <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Timbers <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Other: _____			Condition																				
Support			<input type="checkbox"/> Saddle <input type="checkbox"/> Seal-welded <input type="checkbox"/> Free to Move			Condition			<input type="checkbox"/> Skirt <input type="checkbox"/> Free of debris			Comment: Condition			<input type="checkbox"/> Hangers <input type="checkbox"/> Secure			Comment: Condition								
Overall			General Condition			Electrical grounding <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Indirect <input type="checkbox"/> None																				
Ext. Surface			<input checked="" type="checkbox"/> Painted <input type="checkbox"/> Insulated <input type="checkbox"/> Fire-proofed <input type="checkbox"/> Cladded <input type="checkbox"/> Other: _____			Condition																				
Ext. Fixtures			<input type="checkbox"/> Ladder <input type="checkbox"/> Platform(s) <input type="checkbox"/> Other: _____			Condition																				
Nozzles			<input type="checkbox"/> Manway <input type="checkbox"/> Port Size: _____			<input type="checkbox"/> Reinforcement Pads used			<input type="checkbox"/> Weep Holes Present																	
Davit Arm			<input type="checkbox"/> Present <input type="checkbox"/> Greased <input type="checkbox"/> Double nutted			Condition																				
Piping			<input type="checkbox"/> PSV <input type="checkbox"/> Supported <input type="checkbox"/> Joined per code <input type="checkbox"/> Drains Properly <input type="checkbox"/> Well Coated			Comment			<input checked="" type="checkbox"/> Inlet <input checked="" type="checkbox"/> Supported <input checked="" type="checkbox"/> Joined per code <input checked="" type="checkbox"/> Free from leaks <input checked="" type="checkbox"/> Well Coated			Comment			<input checked="" type="checkbox"/> Outlet <input checked="" type="checkbox"/> Supported <input checked="" type="checkbox"/> Joined per code <input checked="" type="checkbox"/> Free from leaks <input checked="" type="checkbox"/> Well Coated			Comment								
			<input type="checkbox"/> Drain <input type="checkbox"/> Supported <input type="checkbox"/> Joined per code <input type="checkbox"/> Free from leaks <input type="checkbox"/> Well Coated			Comment			<input type="checkbox"/> Instrumentation <input type="checkbox"/> Supported <input type="checkbox"/> Joined per code <input type="checkbox"/> Free from leaks/kinks			Comment			<input type="checkbox"/> Process Fluid Identified <input type="checkbox"/> Flow direction marked			Comment								
Valves			<input checked="" type="checkbox"/> Manual Isolation Valve <input checked="" type="checkbox"/> Free from leaks			Comment			<input type="checkbox"/> Automated Control Valve <input type="checkbox"/> Free from leaks			Comment			<input checked="" type="checkbox"/> Vents and Drain plugged			Comment								
Gauges			<input type="checkbox"/> Pressure Reading: _____ Condition						<input type="checkbox"/> Temperature Reading: _____ Condition																	
Sight Glass			<input type="checkbox"/> Fluid Level Reading: _____ Condition																							
Inspection Summary: <b>COOLER + ASSOC. PIPING LOOKED GOOD.</b>																										
Recommended Actions:										NCR/IDR																
VESSEL STATUS																										
Integrity Status			Suitable for Continued Service <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Immediate Repairs Required			<input type="checkbox"/> Future Repairs Required			<input type="checkbox"/> Replace														
Inventory Status			<input checked="" type="checkbox"/> In Service <input type="checkbox"/> Out of Service <input type="checkbox"/> Surplus <input type="checkbox"/> Scrap			<input type="checkbox"/> Action Items Completed																				

Additional Notes on continuation page:  (Report \_\_\_\_\_)  
 Inspection Interval: **4** yrs OR Changed to: \_\_\_\_\_ yrs.  
 PSV Interval: \_\_\_\_\_ yrs OR Changed to: \_\_\_\_\_ yrs.

Signature of Inspector: **[Signature]**  
 Signature of Area Inspector: \_\_\_\_\_