



VESSEL INSPECTION SUMMARY

Report #: **CA0414-VIS-58**
 Inspect Date: 4-Jan-17
 Page: 1 of 9
 IRISNDT #: CGE1700006

Client: CHEVRON District: Liard/Horn River Field: Liard
 Facility: c-11-J Unit / Skid #: N/A LSD: C-11-J/94-O-5
 Jurisdiction #: A0285078 Equip Tag #: T-500 Serial #: 00190-201
 CRN #: P2157.21 Nat'l Bd #: N/A Year Built: 2000
 Manufacturer: Propak Systems Ltd. Equipment Description: Glycol Contactor
 Status: In Service - Date Removed From Service: N/A Service: Sour
 MAWP Shell: 2000 Psi @ 151 °F Height/Length: _____ Code Stamp: Y N
 MAWP Tube: --- @ _____ Size/Diameter.: _____ Insulated: Y N
 MDMT: -20 °F RT: RT-1 Volume: _____ PWHT: Y N
 Support Type: Skirt Manway: Y N
 C.A.: _____ Coated: Y N Clad: Y N J.E.: N/A (No Remote Access) - _____

Component	Material	Nominal Thk	Diameter	OD/ID	Tube Side	Shell Side
- Shell	SA-516-70N	2.750 in.			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Top - Head	SA-516-70N	2.650 in.			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bottom - Head	SA-516-70N	2.650 in.			<input type="checkbox"/>	<input checked="" type="checkbox"/>
-					<input type="checkbox"/>	<input type="checkbox"/>
-					<input type="checkbox"/>	<input type="checkbox"/>

Comments:
 See manufacturers data sheet for additional static data.
 Tag number on data plate is incorrect. States T-710 not T-500.

PSV Static Data

PSV -1 Tag #: MVS #3440 Serial #: 434013-1-DX CRN: 0G2369.5C
 Model #: 38JC14-120 Capacity: 35998 SCFM Set Pressure: 1440 psi
 Manufacturer: Farris Service Company: Muskwa
 Inlet Size & Type: 2.00 in. - Flanged Last Service Date: SEPT 2015
 Outlet Size & Type: 3.00 in. - Flanged Block Valve: ---
 Carseal Intact: Yes Code Stamp: Yes
 Shell Side / Tube Side: Shell Side Location of PSV: On vessel

PSV -2 Tag #: N/A Serial #: N/A CRN: N/A
 Model #: N/A Capacity: N/A Set Pressure: N/A
 Manufacturer: N/A Service Company: N/A
 Inlet Size & Type: - Last Service Date: N/A
 Outlet Size & Type: - Block Valve: -
 Carseal Intact: N/A Code Stamp: _____
 Shell Side / Tube Side: _____ Location of PSV: N/A

PSV Comments

PSV set pressure is below the MAWP of the vessel.
 Pilot type PSV.
 PSV vents to flare.

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External Inspection Results - VE External Inspection Performed

Item	Y	N	N/A	Condition	Comment	NCR	Action Item	Priority
Nameplate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Wrong Tag No.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
Foundation and Supports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Skirt, bolted to skid	<input type="checkbox"/>	<input type="checkbox"/>	
Anchor Bolts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Installed, tight	<input type="checkbox"/>	<input type="checkbox"/>	
Grounding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Indirect grounding	<input type="checkbox"/>	<input type="checkbox"/>	
Insulation Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Not insulated	<input type="checkbox"/>	<input type="checkbox"/>	
PSV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Set pressure adequate	<input type="checkbox"/>	<input type="checkbox"/>	
Shell & Heads	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	No damage/deformation	<input type="checkbox"/>	<input type="checkbox"/>	
Metal Surfaces (Paint)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Painted	<input type="checkbox"/>	<input type="checkbox"/>	
Aux Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	No issues observed	<input type="checkbox"/>	<input type="checkbox"/>	
Cathodic Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Alignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Acceptable, vertical	<input type="checkbox"/>	<input type="checkbox"/>	
Flange Connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Bolts, gaskets installed	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure Gauge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Clear, legible	<input type="checkbox"/>	<input type="checkbox"/>	
Piping from Vessel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Adequately supported	<input type="checkbox"/>	<input type="checkbox"/>	
Temperature Gauge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		None fitted	<input type="checkbox"/>	<input type="checkbox"/>	
Sight Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	No issues observed	<input type="checkbox"/>	<input type="checkbox"/>	
Leaks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		No evidence of leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Current UT Survey	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		No readings taken at this time	UT Company: N/A		
Previous UT Survey	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Reviewed	UT Company: IRISNDT		

LEGEND:

- Priority 0 - General Recommendations
- Priority 1 - Goal date is 30 days from the activity date
- Priority 2 - Goal date is 90 days from the activity date.
- Priority 3 - Goal date is 1 Year from the activity date.
- Priority 4 - Goal date is 5 Years from the activity date.

External Visual Observations Manual Review Required By Customer Representative - Yes

The bottom third of the vessel is inside the dehy building. The top two thirds is located above the dehy roof.

Ladder and platform installed. There is one bolt missing from a platform attachment clip. See photos.

E-503 Gas/Glycol jacket exchanger is located on the outlet piping above the dehy roof.

There are piping entry/exit points in the building wall that are not adequately sealed from the elements. See photos.

No UT data was taken at this time. Vessel is not due for UT inspection. Previous UT readings have been reviewed.

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Internal Inspection Results – VI N/A (Not Applicable)

Item	Y	N	N/A	Condition	Comment	NCR	Action Item	Priority
Shell	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Heads	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Manway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Gasket Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Welds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Refractory	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Heating Coils	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Demister Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Vane Pack	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Baffles	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Trays	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Filter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Internal Coating	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Tubesheet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Tube Bundle	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

LEGEND:

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- Priority 4 - Goal date is 5 Years from the activity date.

Internal Visual Observations**Manual Review Required By Customer Representative - No**

No internal inspection performed at this time.

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Equipment Photographs:



01 - T-500 GLYCOL CONTACTOR - DATA PLATE

02 - T-500 GLYCOL CONTACTOR - DATA PLATE



03 - T-500 GLYCOL CONTACTOR - STICKER



04 - T-500 GLYCOL CONTACTOR - OVERVIEW



05 - T-500 GLYCOL CONTACTOR - OVERVIEW



06 - T-500 GLYCOL CONTACTOR - MANWAY



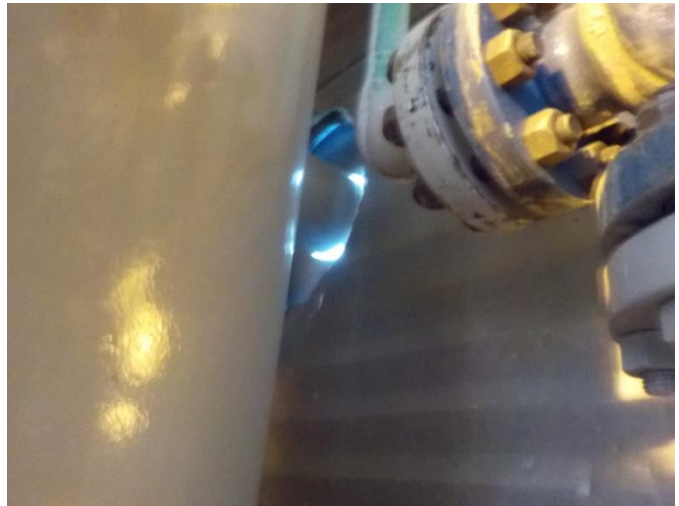
07 - T-500 GLYCOL CONTACTOR - ANCHOR BOLTS



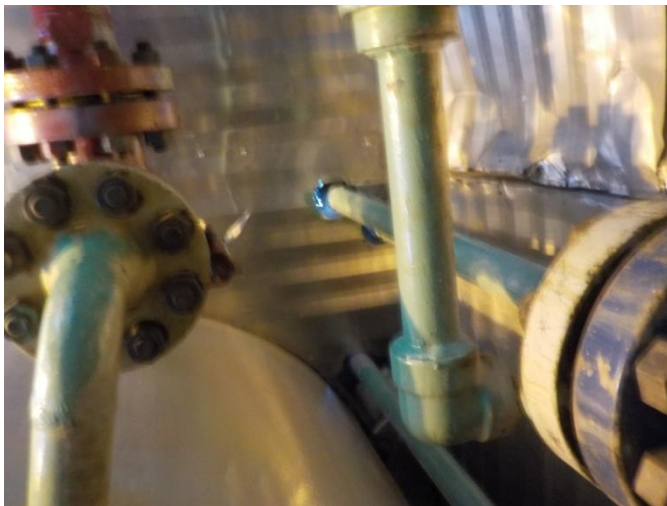
08 - T-500 GLYCOL CONTACTOR - PRESSURE GAUGE



09 - T-500 GLYCOL CONTACTOR - PRESSURE GAUGE



10 - T-500 GLYCOL CONTACTOR - INLET PIPING WALL NOT SEALED



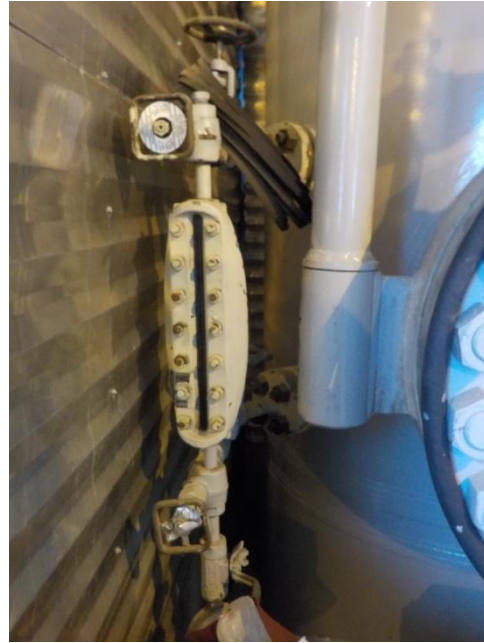
11 - T-500 GLYCOL CONTACTOR - GLYCOL PIPING ROOK NOT SEALED



12 - T-500 GLYCOL CONTACTOR - ONE BOLT MISSING FROM PLATFORM BASE ATTACHMENTS



13 - T-500 GLYCOL CONTACTOR - E-503 GAS_GLYCOL EXCHANGER



14 - T-500 GLYCOL CONTACTOR - SIGHT GLASS



15 - T-500 GLYCOL CONTACTOR - PSV



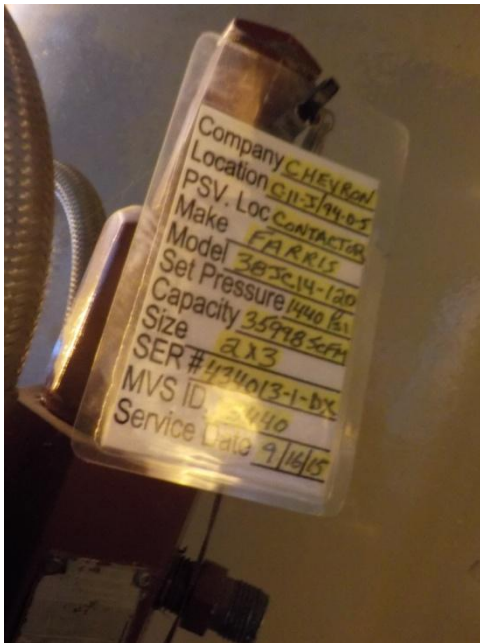
16 - T-500 GLYCOL CONTACTOR - PSV PLATE



17 - T-500 GLYCOL CONTACTOR - PSV PILOT



18 - T-500 GLYCOL CONTACTOR - PSV TAG



19 - T-500 GLYCOL CONTACTOR - PSV TAG