



# Pressure Equipment Integrity Management System External Visual Inspection Form

NME Form I-3  
Version 003.05  
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## General Vessel Data

Owner: NuVista Energy Ltd District/Area: W5 Alberta West  
Facility: Sunchild Location (LSD) ♦: 11-29-43-11 W5M  
A Number ♦: 479077 Serial Number ♦: C1867A.C  
CRN ♦: P7798.2 Vessel Type: Separator  
Description ♦: Glycol Contactor Tower Process: Comp Stn Dehy  
Tag No: Status ♦: In Service

Status during Inspection ☒ In Service ☐ Out of Service

## External Inspection

O.K. Comments

Paint/Coating Condition: ☒ Paint chips noted  
Insulation Condition: ☐ N/A  
External Condition: ☒ Minor general corrosion  
Foundation: ☒ Bolted  
Leaks/Drips/Seeping: ☒  
Bending/Warping/Distortion: ☒  
Dents/Cuts/Gouges: ☒  
Condition of Gauges: ☒  
Current operating pressure (shell): 850 ☒ psi ☐ kPa Range: 0 to 1500 ☒ psi ☐ kPa  
Current operating pressure (tube): ☐ psi ☐ kPa Range: ☐ psi ☐ kPa  
Current operating temperature: (shell): 78 ☒ °F ☐ °C Range: 0 to 120 ☒ °F ☐ °C  
Current operating temperature: (tube): ☐ °F ☐ °C Range: ☐ °F ☐ °C  
Ladders/Walkways: ☒  
Ground Wire Connection: ☒  
Other Equipment: ☒

## PRV Data

	Vessel MAWP		PRV Set Pressure	PRV Capacity	PRV Size	Last Service Date	Serviced By	Block Valve Present?	Locked Open?
Shell Side	5102 kPa	#1	5102 kPa	21851 scfm	2"-600 H 3"-150	Jun 17, 2008	King's Energy Service's Ltd.	No	No
		#2							
Tube Side		#1							
		#2							

PRV Check: ☒ OK- PRV Set pressure is not greater than vessel MAWP

☐ PRV is set too high. Reset PRV to vessel MAWP.



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Additional Field Notes/Comments

Remedial Actions Required? no ☒ yes ☐ If yes, indicate required work and RA #: Remedial Action No.: \_\_\_\_\_

External condition is acceptable to warrant continued service? yes ☒ no ☐

Inspector Name: Joe Semenuik Inspector Company: Northern Materials Engineering Ltd.

Inspector Signature: *Joe Semenuik* Inspection Date: July 14, 2011

Sketch / Image Area





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## Service Conditions

Process Fluids Description:	<input type="checkbox"/> Sour	<input checked="" type="checkbox"/> Produced Water	<input type="checkbox"/> OWE	<input type="checkbox"/> Solids
	<input type="checkbox"/> Condensed Water	<input type="checkbox"/> Amine	<input type="checkbox"/> Air	<input type="checkbox"/> Frac. Sand
	<input checked="" type="checkbox"/> Liquid Hydrocarbon	<input checked="" type="checkbox"/> Glycol	<input checked="" type="checkbox"/> NG	<input type="checkbox"/> _____
Potential Mode(s) of Deterioration:	<input checked="" type="checkbox"/> Pitting	<input type="checkbox"/> Crevice	<input type="checkbox"/> High Temp	<input type="checkbox"/> Sulphidation
	<input checked="" type="checkbox"/> General Corrosion	<input type="checkbox"/> Erosion	<input type="checkbox"/> Cavitation	<input type="checkbox"/> Under Deposit Corr.
	<input type="checkbox"/> External Atm. Corrosion	<input type="checkbox"/> Under Insulation	<input type="checkbox"/> Mechanical Damage	
Cracking>	<input type="checkbox"/> SCC	<input type="checkbox"/> Hydrogen	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Other
Area(s) Most Likely to Deteriorate:	<input type="checkbox"/> Top Head	<input checked="" type="checkbox"/> Bottom Head	<input type="checkbox"/> Nozzles	<input type="checkbox"/> Welds
	<input type="checkbox"/> Attachments	<input type="checkbox"/> Shell (lower)	<input type="checkbox"/> Shell (Upper)	<input type="checkbox"/> Shell (other)
	<input type="checkbox"/> Tubes	<input type="checkbox"/> Piping (inlet)	<input type="checkbox"/> Piping (outlet)	<input checked="" type="checkbox"/> Piping (drain)
Current Mitigation Program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, describe)			
Other Considerations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, describe)			

## Additional Process Monitoring ☐ Yes ☒ No (if yes, describe in area below or attach details)

Fluids Sample (Type / Frequency/Analysis Req'd) \_\_\_\_\_  
Corrosion Monitoring (Coupons / Probes) \_\_\_\_\_  
Other (describe) \_\_\_\_\_

## Inspection History

(Complete this section if the vessel is new and a baseline inspection was completed or if the vessel is used)

Inspection Company \_\_\_\_\_ Last Inspection Date \_\_\_\_\_

Inspection - Plan Assigned Inspection Grade 2 Previous Exam Grade 2

Activity Required	Yes	No	Interval (years)	Due Date (dd / mmm / yy)	Comments / Justification
Offline Internal Visual	<input type="checkbox"/>	<input checked="" type="checkbox"/>		/ /	
UT Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5	29 / May / 2016	
Crack Inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>		/ /	
Additional Inspection(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		/ /	
External Visual			5	14 / Jul / 2016	
PRV service interval			5	17 / jun / 2013	

## Notes

## Complete if Assessor is different than Inspector

Assessor Name: \_\_\_\_\_ Company: \_\_\_\_\_

Assessor Signature: \_\_\_\_\_ Assessment Date: \_\_\_\_\_

## Report Certification

Report Certified By (signature): John D Certificate No: 000396 ISPVI