

External Inspection Form - Pressure Vessels

Exhibit 10.2

| | | |
|---------------------------------------|--|---------------------------|
| "A" Number: <u>560371</u> | Serial Number: <u>BC-13469</u> | CRN: <u>P9738.21</u> |
| Plant/Facility: <u>Sunchild</u> | Location (LSD): <u>11-29-43-11 W5M</u> | Tag Number: _____ |
| Description: <u>Low Temp Blowcase</u> | Process: <u>Comp Stn Blowcase</u> | Status: <u>In Service</u> |

Status In Service Out of Service Inventory

Installation Inspection

External Inspection

| | <u>O.K.</u> | <u>Comments</u> |
|-----------------------------|-------------------------------------|-----------------|
| Paint/Coating Condition: | <input checked="" type="checkbox"/> | _____ |
| Insulation Condition: | <input checked="" type="checkbox"/> | _____ |
| External Corrosion: | <input checked="" type="checkbox"/> | _____ |
| Foundation: | <input checked="" type="checkbox"/> | _____ |
| Leaks/Drips/Seeping: | <input checked="" type="checkbox"/> | _____ |
| Bending/Warping/Distortion: | <input checked="" type="checkbox"/> | _____ |
| Dents/Cuts/Gouges: | <input checked="" type="checkbox"/> | _____ |
| Condition of Gauges: | <input checked="" type="checkbox"/> | _____ |
| Ladders/Walkways: | <input checked="" type="checkbox"/> | _____ |
| Ground Wire Connection: | <input checked="" type="checkbox"/> | _____ |
| Other Equipment: | <input checked="" type="checkbox"/> | _____ |

PSV Check

Additional Comments: _____

Remedial Actions Required? No Yes If yes, indicate required work:

Obtain PSV data at time of servicing

Suitable for continued service? No Yes

Inspector Name: John Dombroski Inspector Company: Northern Materials Engineering
 Inspector Signature: _____ Inspection Date: March 7, 2007