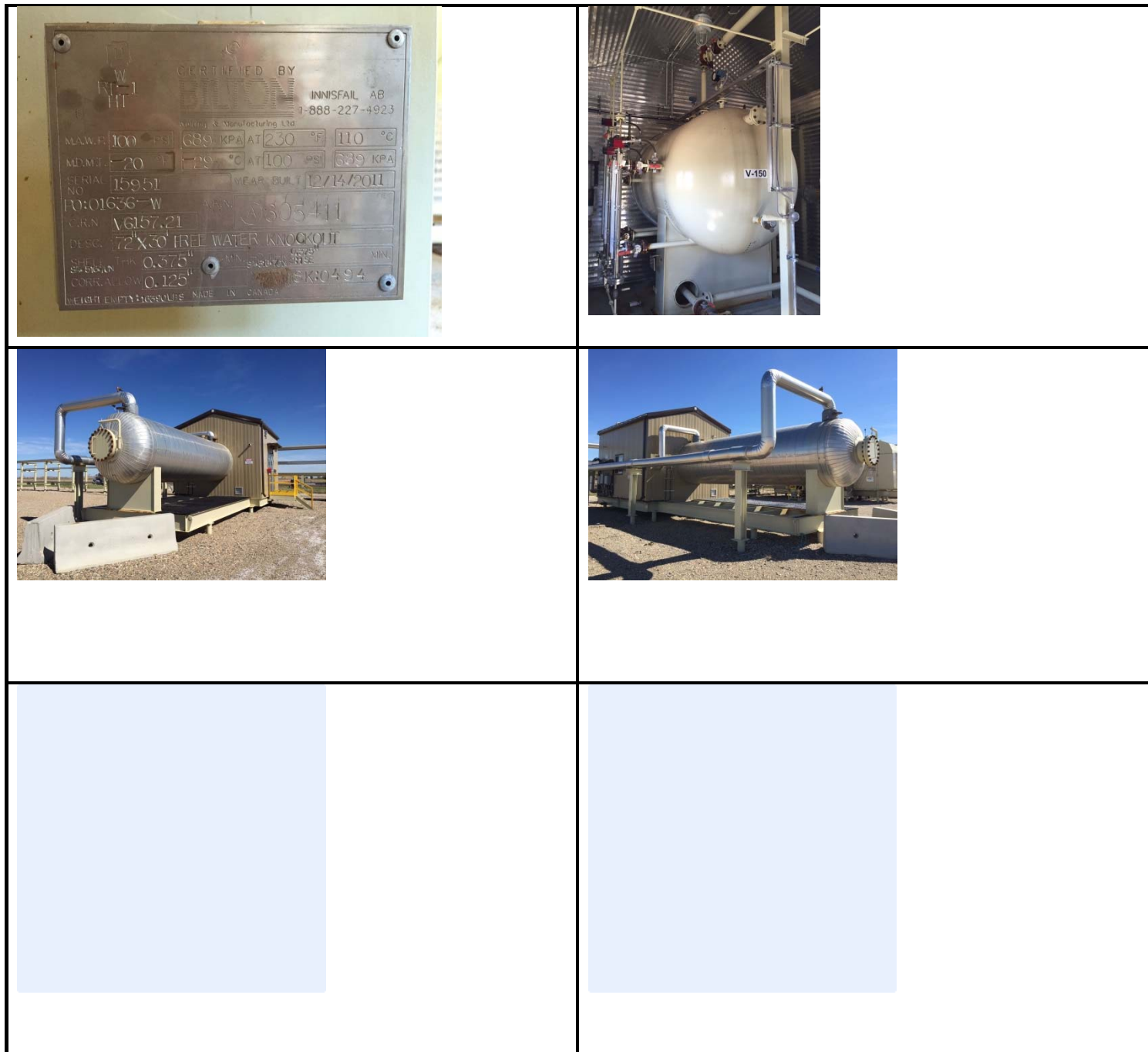




<input type="checkbox"/> Installation <input checked="" type="checkbox"/> External <input type="checkbox"/> Piping														
Date: Sept. 12, 2015				Description: <input checked="" type="checkbox"/> Vessel <input type="checkbox"/> Exchanger <input type="checkbox"/> Furnace Boiler										
Inspector: Brad White				Unit #:				Equip #: V-150						
Agent Co: Foothills Integrity Management Inc.				Equip. Name: 6 x 30 Horizontal FWKO										
				Jurisdiction #: A0605411				CRN #:		V6157.21				
Province: Saskatchewan				Manufacturer: Bilton										
Area:				Year Built: 2011				S/N:		15951				
Subarea:				Location/LSD: 05-27-001-07W2 Battery										
Service <input type="checkbox"/> Sweet <input checked="" type="checkbox"/> Sour <input type="checkbox"/> Other:				PSV Location				On Vessel				MDMT		-29C
Zones:		MAWP	Design T	Set P	CPE#	Manufacturer	S/N	In. Sz	Out. Sz	Serv. Co.	Serv. Date	IV	CSO	Capacity
Shell Side		689 kPa	110 C									Y/N	Y/N	
Tube Side												Y/N	Y/N	
Other												Y/N	Y/N	
Components		Material	Nominal t	CA	Retire t	Lowest t	t OK?	Calc. t-min	Comment					
	Shell						<input type="checkbox"/> Y <input type="checkbox"/> N							
	Head						<input type="checkbox"/> Y <input type="checkbox"/> N							
	Channel						<input type="checkbox"/> Y <input type="checkbox"/> N							
	Tube						<input type="checkbox"/> Y <input type="checkbox"/> N							
	Other						<input type="checkbox"/> Y <input type="checkbox"/> N		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 Good									
Support		<input checked="" type="checkbox"/> Saddle	<input checked="" type="checkbox"/> Seal-welded	<input checked="" type="checkbox"/> Free to Move	Condition: Good									
		<input type="checkbox"/> Skirt	<input type="checkbox"/> Free of debris	Comment:	Condition:									
		<input type="checkbox"/> Hangers	<input type="checkbox"/> Secure	Comment:	Condition:									
		<input type="checkbox"/> Other	Specify:		Condition:									
Overall		General Condition: Good							Electrical grounding <input type="checkbox"/> Direct <input type="checkbox"/> Indirect <input type="checkbox"/> None					
Ext. Surface		<input checked="" type="checkbox"/> Painted <input checked="" type="checkbox"/> Insulated <input type="checkbox"/> Fire-proofed <input checked="" type="checkbox"/> Cladded <input type="checkbox"/> Other:							Condition: Good					
Ext. Fixtures		<input type="checkbox"/> Ladder <input type="checkbox"/> Platform(s) <input type="checkbox"/> Other:							Condition:					
		<input checked="" type="checkbox"/> Manway <input type="checkbox"/> Port	Size: 1 18"			<input type="checkbox"/> Reinforcement Pads used		<input type="checkbox"/> Weep Holes Present						
		Comment												
Davit Arm		<input type="checkbox"/> Present	<input type="checkbox"/> Greased	<input type="checkbox"/> Double nutted	Condition									
Piping		<input checked="" type="checkbox"/> PSV	<input checked="" type="checkbox"/> Supported	<input checked="" type="checkbox"/> Joined per code	<input checked="" type="checkbox"/> Drains Properly	<input checked="" 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 checked="" type="checkbox"/> Drain	<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"/> Instrumentation	<input checked="" type="checkbox"/> Supported	<input checked="" type="checkbox"/> Joined per code	<input checked="" type="checkbox"/> Free from leaks/kinks	Comment:								
		<input checked="" type="checkbox"/> Process Fluid Identified	<input checked="" type="checkbox"/> Flow direction marked	Comment:										
Valves		<input checked="" type="checkbox"/> Manual Isolation Valve		<input checked="" type="checkbox"/> Free from leaks	Comment:									
		<input checked="" type="checkbox"/> Automated Control Valve		<input checked="" type="checkbox"/> Free from leaks	Comment:									
		<input checked="" type="checkbox"/> Vents and Drain plugged		Comment										
Gauges		<input checked="" type="checkbox"/> Pressure		Reading:	Condition: Good									
		<input checked="" type="checkbox"/> Temperature		Reading: 16 C	Condition: Good									
Sight Glass		<input checked="" type="checkbox"/> Fluid Level		Reading:	Condition: 3 Electronic Guages									
Inspection Summary		Vessel is bolted to the foundation. No safe access to PSV.												
Recommended Actions:												NCR/IDR		
RN WO~please review PSV sizing as 1" x 1" appears to be small for this vessel, but could be adequate for todays rates. If we increase volume through this vessel in the future this needs to be flagged. (James Cameron)														
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"/> Idle <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: 5 yrs OR Changed to: _____ yrs.

IPV/IBPV Certificate #: 113

PSV Interval: _____ yrs OR Changed to: _____ yrs.

IPV/IBPV Certificate #: _____

Signature of In-Service Inspector: Brad White