



Crescent Point

VISUAL INSPECTION REPORT-PRESSURE VESSEL

Inspection Type <input checked="" type="checkbox"/> External <input checked="" type="checkbox"/> Internal											
Date:	February 7, 2018				Description:	<input checked="" type="checkbox"/> Vessel <input type="checkbox"/> Exchanger <input type="checkbox"/> Furnace <input type="checkbox"/> Boiler					
Inspector:	Ryan Hogg				Unit #:		Equip #:	848877			
Agent Co:	101292687 Saskatchewan LTD				Equip. Name:	Filter					
Location/LSD	BAT/09-32-001-28W1				CRN #:	T4606.4					
Province:	Manitoba				Manufacturer:	ESS Corp.					
Area:	Run 009 – Ingoldsby/Pierson				Year Built:	2014	S/N:	4550-A			
Subarea:	Battery 09-32-001-28W1				Jurisdiction #:		PWHT				
Service	<input type="checkbox"/> Sweet <input checked="" type="checkbox"/> Sour <input type="checkbox"/> Other: _____				PSV Location	Choose an item.			MDMT	-20F	
Vessel MAWP	150 PSI				Vessel MAWT	100 F			RT		
PSV Data	Set P	CPE#	Manufacturer	S/N	In. Sz.	Out. Sz.	Serv. Co.	Serv. Date	IV	CSO	Capacity
Shell Side									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					0.375"	<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:		
External Visual Inspection											
Orientation	<input type="checkbox"/> Hor. <input checked="" 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 Welded to building floor			
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				
	<input checked="" type="checkbox"/> Other		Specify: Steel Legs to floor				Condition Secure				
Overall	General Condition Externally painted inside building, minor scrapes and marks						Electrical grounding: <input type="checkbox"/> Direct <input checked="" 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 Minor marks										
Ext. Fixtures	<input type="checkbox"/> Ladder <input type="checkbox"/> Platform(s) <input type="checkbox"/> Other:						Condition				
Nozzles	<input type="checkbox"/> Manway <input checked="" type="checkbox"/> Port		Size: Removable top head			<input type="checkbox"/> Reinforcement Pads used		<input type="checkbox"/> Weep Holes Present			
	Comment:										
Davit Arm	<input checked="" type="checkbox"/> Present		<input type="checkbox"/> Greased			<input type="checkbox"/> Double Nut		Condition			



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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 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 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 type="checkbox"/> Well Coated	Comment
	<input checked="" type="checkbox"/> Instrumentation <input type="checkbox"/> Process Fluid Identified	<input checked="" type="checkbox"/> Supported <input checked="" type="checkbox"/> Joined per code	<input checked="" type="checkbox"/> Free from leaks/kinks <input type="checkbox"/> Flow direction marked	Comment 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 type="checkbox"/> Vents and Drain plugged		<input type="checkbox"/> Free from leaks	Comment
Gauges	<input checked="" type="checkbox"/> Pressure	Reading: 0 PSI	Condition Clean and readable	
	<input type="checkbox"/> Temperature	Reading:	Condition	
Sight Glass	<input type="checkbox"/> Fluid Level	Reading:	Condition	
External Inspection Notes: No damages externally				
Internal Visual Inspection				
Date:	February 7, 2018	Inspector	Ryan Hogg	
Scope:	A visual internal (VI) inspection was performed on all accessible shell and head surfaces, nozzles, welds, etc.			
Access:	<input checked="" type="checkbox"/> Manway	<input type="checkbox"/> Hand-hole	<input type="checkbox"/> Inspection Nozzle	Diameter: Top head removed
Opening	Gasket Surfaces:	<input checked="" type="checkbox"/> Compliant with code	Comment	
	Nozzle Tube:	<input type="checkbox"/> No pitting, erosion, etc.	Comment	
Shell and Head Surfaces	Uniform Corrosion:	<input checked="" type="checkbox"/> Insignificant amount	Comment	
	Pitting Corrosion:	<input checked="" type="checkbox"/> None noted	Comment	
	Erosion:	<input checked="" type="checkbox"/> None noted	Comment	
	Mechanical Damage:	<input checked="" type="checkbox"/> None noted	Comment	
Welds	Uniform Corrosion:	<input checked="" type="checkbox"/> Insignificant amount	Comment	
	Pitting Corrosion:	<input checked="" type="checkbox"/> None noted	Comment	
	Welding Defects:	<input checked="" type="checkbox"/> None noted	Comment	
NDE	<input checked="" type="checkbox"/> NDT was performed by: Ryan Hogg	Extent: Bottom head externally		
	NDE Type: UT	NDE Type:		
Results: UT on bottom head showed no signs of pitting corrosion internally – nominal 0.375"				
Nozzles	Obstructions:	<input checked="" type="checkbox"/> None noted	Comment	



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	Corrosion:	<input checked="" type="checkbox"/> None noted	Comment
	Erosion:	<input checked="" type="checkbox"/> None noted	Comment
Attachments	<input type="checkbox"/> Vortex breaker	<input type="checkbox"/> Secure <input type="checkbox"/> Good Condition	Comment
	<input type="checkbox"/> Impingement plate	<input type="checkbox"/> Secure <input type="checkbox"/> Good Condition	Comment
	<input type="checkbox"/> Suction tube	<input type="checkbox"/> Secure <input type="checkbox"/> Good Condition	Comment
	<input type="checkbox"/> Demister	<input type="checkbox"/> Secure <input type="checkbox"/> Good Condition	Comment
	<input checked="" type="checkbox"/> Other: Filter plate	<input checked="" type="checkbox"/> Secure <input checked="" type="checkbox"/> Good Condition	Comment Minor surface corrosion throughout
Detailed Inspection Summary	Inspection Practices: 2.0 Non-Fired Pressure Vessels Filter is acceptable for service at the time of inspection. Bottom head was UT'd readings throughout were 0.375" with no signs of internal corrosion – open at the time of inspection and there is no access to the bottom heads. Cartridges are not used in the vessels – flow is straight through.		
Recommended Actions			
Integrity Status	Suitable for Continued Service <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Future Repairs Required		
Inventory Status	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Out of Service <input type="checkbox"/> Surplus <input type="checkbox"/> Rental <input type="checkbox"/> Scrap		

Visual External Inspection Interval: 1 yrs OR Changed to: _____ yrs.

Visual Internal Inspection Interval: 1 yrs OR Changed to: _____ yrs.

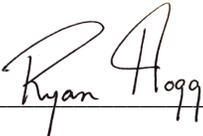
Ultrasonic Inspection Interval: **6 month** OR Changed to: _____ yrs.

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

Class 1 Class 2 PEI Certificate #: 128

IPV/IBPV Certificate #: _____

Inspectors Name: Ryan Hogg

Signature: 

Chief Inspector: I certify that the information on this report is true and all inspections as required by our Owner/User Quality Assurance Program # QMS-0036 which expires September 6, 2018 have been done.

Recommendations:

UT after 6 month of service due to corrosion issues in the adjacent filters.

Filters should be cleaned out on a regular basis when switching to opposite bank of filters.

