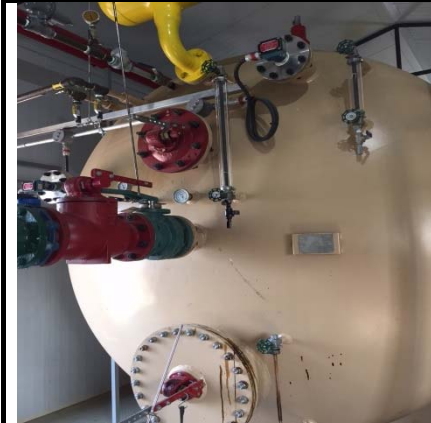




<input type="checkbox"/> Installation <input checked="" type="checkbox"/> External <input type="checkbox"/> Piping														
Date: Aug. 25, 2015				Description: <input checked="" type="checkbox"/> Vessel <input type="checkbox"/> Exchanger <input type="checkbox"/> Furnace Boiler										
Inspector: Brad White				Unit #:				Equip #:						
Agent Co: Foothills Integrity Management Inc.				Equip. Name: 8 x 30 Horizontal Treater										
				Jurisdiction #: N/A				CRN #: N7780.123						
Province: Manitoba				Manufacturer: Sivalis Inc.										
Area:				Year Built: 2010				S/N: 117025						
Subarea:				Location/LSD: 09-32-001-28W1 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		517 kPa	110 C								2014	Y/N	Y/N	
Tube Side											2014	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 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 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: 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: 2 18" + FT		<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: 25 psi		Condition: Good								
		<input checked="" type="checkbox"/> Temperature		Reading: 105 F		Condition: Good								
Sight Glass		<input checked="" type="checkbox"/> Fluid Level		Reading:		Condition:								
Inspection Summary		NB # 16539. No safe access to PSV's. PSV's were serviced in 2014. Vessel is welded to the foundation. There is a burner management system on this vessel. The firetube failed in 2014 and a re-built FT was installed.												
Recommended Actions:												NCR/IDR		
RN WO~ One sight glass needs to be protected.														
Set the two PSVs as due in 2017.														
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