

FACILITY INSTALLATION / READINESS CHECKLIST

☒ Installation Inspection

☐ Start-up Readiness

☐ Relocation

☐ Return from Idle

REPORT #

Shop Inspector

Date

Field Inspector

Date

N/A

N/A

Greg Guenette

September 15, 2015

FACILITY INFORMATION

FACILITY:

Minehead/Ansell

LSD :

03-32-50-19W5

Facility Description

☐ Gas Plant

☐ Oil Battery

☐ Compressor Station

☐ Satellite

☒ Sweet

☐ Wellhead Compressor

☒ Single Well Battery

☐ Booster Compressor

☐ Sour

Business Unit

FH-AN

Superintendent

Harold Norberg

Foreman

Steve Melnyk

Facility Status

☒ New

☐ In-Service

☐ Acquired

- Previous Owner

☐ Moved From Other Site - Name & LSD

General Age of Facility / Equipment

0

yrs

Winter Access Only

☐ Yes

☒ No

Facility Flow Rate

Design

Normal Operating

1200 e3m3

Facility Max Pressure

Design

9900 kPa

Normal Operating

7000 Kpa

Facility Max Temp

Design

46 Deg C

Normal Operating

10 Deg C

Facility Min Temp

Design

-29 Deg C

Normal Operating

Deg C

EQUIPMENT INFORMATION (Identify number at facility)

Separator	2	Glycol Contactor		Fired Heater	2	Meter Run	2
Pulsation Dampner		Scrubber	4	Boiler			
Treater		S & T Heat Exchanger		Storage Tank	2		
Free Water Knockout		Air Cooled Exchanger		Safety Valves	6		

INSPECTION CHECK LIST (To be completed for all new Installations, Start-up, Relocation & idle equip returned to service)

Task	Sub Task	Shop Accept		Field Accept		
		Yes	No	Yes	No	
Readiness CheckList (Not req'd for relocation in same operating area)	Punch-out checklist complete			X		
	Category A items resolved			X		
	Category B items action planned			X		
	License to Operate / Certificate of Inspection rec'd			N/A	N/A	
Design Check (location and type verification) For relocation verify no changes have been made	Relocation - no changes made			N/A	N/A	
	Equipment Layout matches Plot Plan	N/A	N/A	X		
	Pressure Equipment matches P & ID	N/A	N/A	X		
	Pressure Relief Devices match P & ID	N/A	N/A	X		
	Piping & Valves match P & ID	N/A	N/A	X		
	Instrumentation matches P & ID	N/A	N/A	X		
Inventory Check (equipment is entered in SEIM - identify any corrections or missing items on page 3 & 4 For relocation or idle return to service check SEIM against equipment,	Relocation - no changes made, all items in SEIM			X		
	Pressure Equipment	N/A	N/A	X		
	Safety Relief Devices	N/A	N/A	X		
	Storage Tanks	N/A	N/A	X		
	Press Equip reconciled to Jurisdiction list			X		
	Inspection intervals reviewed and accepted			X		
	Jurisdiction notified of new equipment			X		
Documentation For relocation verify all docs are transferred to new site	Relocation - all docs transferred to new site			N/A	N/A	
	Shop Vendor QC Data available on site			X		
	Field Construction QC Data complete			X		
	P & ID , Piping Line List in SAP			X		
	Equipment & PSV Data Sheets in SAP			X		
	Regulatory Inspection Certificate received			X		DATA INTEGRITY LOOKING INTO
	Operating Procedures on site			X		
	PSV isolation valve log established			N/A	N/A	
Commissioning For relocations address items with * only	Blinds and blanks removed			X		
	Operating gaskets in place			X		
	Start-up strainers and screens in place			X		
	* Flushing , draining & purging complete			X		
	Instrumentation calibration complete			X		
	* PSVs serviced per Interval & set press correct			X		
	* PSV & other CSO valves verified			X		
	* Shutdowns & Control Logic tested & OK			X		
	* Safety Equipment in place			N/A	N/A	
Integrity Readiness (See page 2 for details)	Inspections per page 2 complete & accepted			X		
	Inspection history reviewed & SEQA intervals set			X		
	PSV isolation valve procedure in place			X		
	Corrosion Inhibitors installed			X		
	Cathodic Protection system installed			X		
	Low temp start-up procedure in place			N/A	N/A	
Training & Awareness (Not req'd for relocation in same operating area)	PEIM program orientation complete			N/A	N/A	
	NCR process training complete			N/A	N/A	
	PSV isolation valve procedure training complete			N/A	N/A	
	Low temp start-up training complete			N/A	N/A	

REPORT #

FACILITY INSTALLATION / READINESS CHECKLIST

DETAILED INSPECTION CHECK LIST (Not required for relocation in same operating area)

Task	Sub Task	Field Accept		Comments
		YES	NO	
Equipment Nameplate <i>(verify in place and clearly legible)</i> <i>Identify any missing or incorrect SEIM data on page 3 or 4</i>	Verified to Data Sheet	X		
	Prov. Reg Number assigned	X		
	Correct CRN for Prov. of install	X		
	Serial Number	X		
	Design Pressure	X		
	Max & Min Design Temp	X		
	Manufacturer's Name	X		
	Year Built	X		
Concrete Foundation	Deterioration Condition			
	Anchor Bolts Sound			
Steel Supports	Mechanical / Weld Condition	X		
	Paint Condition	X		
	Fireproofing condition	X		
	Skirt Opening for Inspection	X		
Grounding Connections	In Place , Secure & Condition	X		
Vessel & Nozzles Internal & External Surface	UT Thickness Survey complete	X		Date of last inspection May 2015
	Pitting / Corrosion	X		
	Scaling	X		
	Blisters & Bulges	X		
	Hot Spots	X		
	Mechanical Damage	X		
	Paint	X		
	Insulation	X		
Piping	UT Thickness Survey complete	X		Date of last inspection May 2015
	Internal / External Corrosion	X		
	Supports	X		
	Insulation	X		
	Gaskets (Type, Rating)	X		
	Bolting (Short, grade, Size)	X		
	Leaks Present	X		
Ladders & Platforms	Mechanical Condition			
	Paint / Corrosion Condition			
	Attachments			
Pressure Relief Devices	Seals in Place	X		
	Installed in Correct Location	X		
	Installed in Upright Position	X		
	PSVs serviced per Interval & set press correct	X		
	Isolation Valves Carsealed Open	X		
	No pipe stresses on inlet or outlet	X		
	No evidence of leakage	X		
Instrumentation	Installed in Correct Location	X		
	Calibration Verified	X		
	No evidence of leakage	X		
Compressors	Vibration levels (if running)			<input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low
	Dampener UT/MT Complete			Date of Last Inspection
	Bottles adequately supported			
	Piping adequately supported			
	PSVs adequately supported			

Summary of findings and recommendations: (Add page if required)

DEFICIENCIES IDENTIFIED	
DEFICIENCY	Ref. IDR/NCR
1.	
2.	
3.	
4.	
5.	
6.	

SIGN-OFF

Inspector/Construction Rep	Operations Rep
Signature	Signature
Agency	Date
Date	Lead Inspector
	Cert #
	Signature
	Date

REPORT # _____

FACILITY INSTALLATION / READINESS CHECKLIST

Pressure Equipment Data To be completed only if equipment not identified in SEIM or if SEIM data is incorrect

	Item # 1	Item # 2	Item # 3	Item # 4	Item # 5	Item # 6	Item # 7	Item # 8	Item # 9
Tag #	V-100	V-120	V-200	V-220	LH-240	V-240	LH-260	V-260	
Description	INLET SEP	F/G SCRUBBER	INLET SEP	F/G SCRUBBER	LINE HEATER	F/G SCRUBBER	LINE HEATER	F/G SCRUBBER	
SAP #	66172334	66172335	66172336	66172338	66196750	66204581	66203933	1000018274	
Provincial Reg #	483110		483109		625503		625559		
Serial #	7757-03	3585-250	7758-03	3585-25K	NWP-08526-001-A	103.330	NWP-08582-001-A	103.331	
CRN	P7624.2	P4809.2	P7624.2	P4809.2	V9651.2	OG0936.2134	V9651.2	OG0936.2134	
Manufacturer	NATCO CANADA	NATCO CANADA	NATCO CANADA	NATCO CANADA	NWP INDUSTRIES	NWP INDUSTRIES	NWP INDUSTRIES	NWP INDUSTRIES	
Year Built	2002	2001	2002	2001	2013	2013	2013	2013	
Shell MAWP	13927 kPa	1035 kPa	13927 kPa	1035 kPa		300 PSI		300 PSI	
Shell Max Temp	93°C	93°C	93°C	93°C		650°F		650°F	
Shell Min Temp	-29°C	-29°C	-29°C	-29°C		-20°F		-20°F	
Tube MAWP					1480 PSI		1480 PSI		
Tube Max Temp					200°F		200°F		
Tube Min Temp					-20°F		-20°F		
Shell Sweet or Sour	SWEET	SWEET	SWEET	SWEET	SWEET	SWEET	SWEET	SWEET	
Tube Sweet or Sour									
Date of Last Inspect	SEPT 2015	SEPT 2015	SEPT 2015	SEPT 2015	SEPT 2015	SEPT 2015	SEPT 2015	SEPT 2015	
Req'd Interval	5	5	5	5	5	5	5	5	

Storage Tank Data

	Tank # 1	Tank # 2	Tank # 3	Tank # 4	Tank # 5	Tank # 6	Tank # 7	Tank # 8	Tank # 9
Tag #									
SAP #	N/A	N/A							
Manufacturer	Westeel	Westeel							
Serial #	671503432	671502748							
Volume	1135 Liters	1135 Liters							
Internal coating	NO	NO							
Insulation	NO	NO							
Firetube	NO	NO							
Date of Last Service	SEPT 2015	SEPT 2015							
Req'd Interval	MONTHLY BY OPS	MONTHLY BY OPS							

NOTE : items in [italics](#) to be completed by Lead Inspector

FACILITY INSTALLATION / READINESS &
REGULATORY ASSESSMENT INSPECTION CHECKLIST

REPORT # _____
INSPECTOR _____
DATE _____

Safety Valve Data									
	PSV # 1	PSV # 2	PSV # 3	PSV # 4	PSV # 5	PSV # 6	PSV # 7	PSV # 8	PSV # 9
Tag #									
<u>SAP #</u>	66180091		66180096	66180097		66204582	1000018835		
Manufacturer	FARRIS		FARRIS	FARRIS	MERCER	TAYLOR	TAYLOR		
Serial #	430532-2-A10		430534-1-A10	845975-13-KE	1192639	020724-92	020724-115		
Model #	26GA14-120		26GA14-120	27CA23-M20	90-28C71TIIU5	82D3341311	82D3341311		
CRN	OG2369.5C		OG2369.5C	OG11919.5C	OG8841.5C	OG01316.2C	OG01316.2C		
Set Pressure	9929 kPa		9929 kPa	1034 kPa	9315 kPa	1034 kPa	1034 kPa		
Capacity	14030 SCFM		14030 SCFM	5.5 m3/min	1395 SCFM	354 SCFM	354 SCFM		
Orifice Size									
Sweet or Sour	SWEET		SWEET	SWEET	SWEET	SWEET	SWEET		
Installed On	SEPT 2015		SEPT 2015	SEPT 2015	SEPT 2015	SEPT 2015	SEPT 2015		
<u>Date of Last Service</u>	SEPT 2015		SEPT 2015	SEPT 2015	SEPT 2015	SEPT 2015	SEPT 2015		
<u>Req'd Interval</u>	5		5	5	5	5	5		

Equipment Protected (Identify equipment protected by Tag # , Provincial # or Serial #)									
	Item # 1	Item # 2	Item # 3	Item # 4	Item # 5	Item # 6	Item # 7	Item # 8	Item # 9
PSV # 1			483109						
PSV # 2									
PSV # 3	483110								
PSV # 4		3585-250		3585-25K					
PSV # 5					625503		625559		
PSV # 6						103.330			
PSV # 7								103.331	
PSV # 8									
PSV # 9									

NOTE : items in italics to be completed by Lead Inspector