

NON COMPLIANCE REPORT

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Refer to Inspection Report#: **IR051102GENp**
NCR REPORT #: **NCR051102GENd**

NON COMPLIANCE REPORT: ☒ INTERNAL ☐ EXTERNAL

PRIOR TO BEING ISSUED, THE NON COMPLIANCE WAS DISCUSSED WITH:
☐ OPERATIONS ☐ ENGINEERING ☒ CORPORATE QA ☐ SERVICE AGENCY

FACILITY:	TANGLEFLAGS GAS FIELD		DATE:	NOVEMBER 2, 2005	
Equip. Description:	2 PHASE VERTICAL SEPARATOR		Location (LSD):	04-18-051-25W3	
Alberta Reg. #:	475057	CRN:	H-6948.2	National Board #:	-
Equipment Number:	62048705	Notification Number:	6036285	Company I.D. #:	BC-169623
Province Installed:	SASKATCHEWAN	Registration #:	-	Skid / Building #:	BC-169621

NON COMPLIANCE DESCRIPTION

-The PSV with SN 40523 and Bar Code 169626 is past due for servicing.

NON COMPLIANCE DETAILS

<input type="checkbox"/>	Non Compliance with In Service Inspection Quality Program	<input type="checkbox"/>	Non Compliance with Quality Procedure
<input checked="" type="checkbox"/>	Non Compliance with Code or Regulatory Requirements		
<input type="checkbox"/>	B31.1 <input type="checkbox"/> B31.3 <input type="checkbox"/> SECT. I <input type="checkbox"/> SECT. V <input checked="" type="checkbox"/> SECT. VIII <input type="checkbox"/> CSA B51 <input type="checkbox"/> Z183 <input type="checkbox"/> Z184		
<input type="checkbox"/>	Engineering Specifications <input type="checkbox"/> Other:		

NCR IDENTIFIED BY:	Guy Normand C.E.T.	November 2, 2005
	PRINT NAME	DATE
NCR ISSUED BY:	RAY TRACHUK	<i>Ray Trachuk</i>
LEAD INSPECTOR	PRINT NAME	SIGNATURE
		DATE

NCR TO BE DISPOSITIONED BY:	Dennis McKague	CC:
NCR FOLLOWED UP BY:		

RECOMMENDED DISPOSITION

<input type="checkbox"/>	INSPECTION TO BE REPEATED	<input type="checkbox"/>	INSPECTION TO BE RESCHEDULED	<input type="checkbox"/>	ADDITIONAL FOLLOW UP
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ACTIONS REQUIRED:

-The PSV must be serviced A.S.A.P. and set to a maximum of 4965 Kpa or 720 PSI.

Disposition written by:	Guy Normand C.E.T.	November 2, 2005
	PRINT NAME	DATE
Recommended Disposition Accepted By:	RAY TRACHUK	<i>Ray Trachuk</i>
	PRINT NAME	SIGNATURE
Service Agency:	<input type="checkbox"/> NR <input type="checkbox"/> NA	DATE
	PRINT NAME	DATE
Authorized Inspector:	<input type="checkbox"/> NR <input type="checkbox"/> NA	SIGNATURE
	PRINT NAME	DATE

Notification of Completion sent to Lead Inspector by:

Verified by:	(Quality Inspector)	SIGNATURE	DATE
	PRINT NAME	SIGNATURE	DATE
DISPOSITION IMPLEMENTATION:	<input type="checkbox"/> ACCEPTABLE <input type="checkbox"/> UNACCEPTABLE		
CORRECTIVE ACTION / COMMENTS:			