



PSV Final Inspection Test Report

5811 - 2nd Ave Edson, AB., T7E 1L8
 Phone: (780) 712-4055 Fax: (780) 723-5979

INITIAL INSPECTION	REFERENCE DATA	Date: <u>26-Oct-16</u> W.O.: <u>22989</u> ID: <u>3</u>		Customer: <u>Husky Oil</u> Location: <u>02-20-50-18 W5M</u> Field: <u>RAVEN CREEK</u>		Make: <u>FARRIS PILOT</u> Model: <u>38DC14Y-130</u> S/N: <u>820416-1-DA</u> Other S/N: _____		Inlet: <u>RF Flanged</u> Size <u>1.50</u> in. Outlet: <u>RF Flanged</u> Size <u>2.00</u> in. Orifice: <u>D</u> Tag: <u>PSV-308A</u>		Set Pressure: <u>1414.9</u> PSI <u>9756</u> KPA Back Pressure: <u>1</u> PSI <u>7</u> KPA Cold/Diff Set Press: <u>1414.9</u> PSI <u>9755.74</u> KPA		Cap Assembly: <u>Closed</u> Lift Lever: <u>No</u> Capacity: <u>662</u> LPM Temp: _____ Tag G: <u>SAP# 1000040452</u>		Code Symbol: <u>UV</u> CRN: <u>0G3308.5CR1</u> Vessel ID: <u>GLYCOL PUMP "A"</u> Vessel No: _____																																																																																																
	Customer Instructions: <u>Test Only</u> Reset Required <input type="checkbox"/>											New Pressure: _____ PSI _____ KPA New Capacity: _____																																																																																																		
CONDITION RECEIVED	Pretest: <u>Simmer</u> : _____ PSI _____ KPA Set Pressure : _____ PSI _____ KPA Reseat : _____ PSI _____ KPA		Test Gauge ID: _____		Tested By: _____		Leakage: _____		Comments:																																																																																																					
	Visual Condition : <u>New</u> Other: _____		Data Plate: <u>OK</u>		Seal Condition: Top: <u>Intact</u> Bottom: <u>NA</u>		Insignia: <u>FE</u>		Date of Last Service: <u>09/16</u>																																																																																																					
	Indicate Fouling INLET <input type="checkbox"/> OUTLET <input type="checkbox"/> BODY <input type="checkbox"/> BONNET <input type="checkbox"/>						Blow Down Ring Setting (Upper) _____ No. of Notches: (Lower) _____																																																																																																							
	DISMANTLE: _____ INSPECTION: _____ REASSEMBLY: _____																																																																																																													
CRITICAL INSPECTION	COMPONENTS INSPECTION		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>ITEM</th> <th>CONDITION</th> <th>COMMENTS</th> <th>REPAIRS</th> <th>OK</th> <th>REPLACE</th> </tr> </thead> <tbody> <tr><td>Disc</td><td>Min= _____ Act= _____</td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Nozzle</td><td>Min= _____ Act= _____</td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Cap/Lever Assembly</td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Comp. Screw/ Lock Nut</td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Spring and Buttons</td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Spindle/Stem</td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Disc Holder</td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Guide/Upper Ring</td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Lower Ring</td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Ring Pin(s)</td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Bellows</td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Gaskets/Seals</td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Connection Ends</td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Studs and Nuts</td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Other</td><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>												ITEM	CONDITION	COMMENTS	REPAIRS	OK	REPLACE	Disc	Min= _____ Act= _____			<input type="checkbox"/>	<input type="checkbox"/>	Nozzle	Min= _____ Act= _____			<input type="checkbox"/>	<input type="checkbox"/>	Cap/Lever Assembly				<input type="checkbox"/>	<input type="checkbox"/>	Comp. Screw/ Lock Nut				<input type="checkbox"/>	<input type="checkbox"/>	Spring and Buttons				<input type="checkbox"/>	<input type="checkbox"/>	Spindle/Stem				<input type="checkbox"/>	<input type="checkbox"/>	Disc Holder				<input type="checkbox"/>	<input type="checkbox"/>	Guide/Upper Ring				<input type="checkbox"/>	<input type="checkbox"/>	Lower Ring				<input type="checkbox"/>	<input type="checkbox"/>	Ring Pin(s)				<input type="checkbox"/>	<input type="checkbox"/>	Bellows				<input type="checkbox"/>	<input type="checkbox"/>	Gaskets/Seals				<input type="checkbox"/>	<input type="checkbox"/>	Connection Ends				<input type="checkbox"/>	<input type="checkbox"/>	Studs and Nuts				<input type="checkbox"/>	<input type="checkbox"/>	Other				<input type="checkbox"/>	<input type="checkbox"/>
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	FINAL TEST <u>Simmer</u> <u>1415</u> PSI <u>9756</u> KPA Set Press <u>1415</u> PSI <u>9756</u> KPA Reseat <u>1235</u> PSI <u>8515</u> KPA Leakage <u>0</u> CC/Min		BACK PRESSURE TEST : _____ PSI _____ KPA ADJ. RING SETTING (NOTCHES) UPPER _____ LOWER _____																																																																																																											
	Test Gauge ID: <u>Dig 2</u> <u>2-3000</u>		Tested By: <u>AB</u>		Date Tested: <u>27-Oct-16</u>																																																																																																									
FINAL INSPECTION	SEAL INSTALLED: TOP <input checked="" type="checkbox"/> BOTTOM <input type="checkbox"/> FLANGE/ THREAD PROTECTORS INSTALLED <input type="checkbox"/> PRIMED / PAINTED <input type="checkbox"/>																																																																																																													
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