



INSPECTION REPORT

EQUIPMENT NO: 750V5113D

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|---|--------------|---|------------------|
| FACILITY: <u>Hankin Robb</u> | | PROV. REG. NO: <u>(A) 516664</u> | |
| EQUIPMENT NAME: <u>Sour Inlet Separator</u> | | TAG NO: <u>50-0113-V-100</u> | |
| SHELL | | TUBE | |
| MAWP | <u>kpag@</u> | °C | <u>kpag@</u> °C |
| MDMT | <u>kpag@</u> | °C | <u>kpag@</u> °C |
| PSV Tag | <u>set@</u> | kpag | <u>set@</u> kpag |
| ITEM INSPECTED: | | MANWAY <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| SERVICE: <input checked="" type="checkbox"/> SOUR <input type="checkbox"/> SWEET <input type="checkbox"/> CRYOGENIC | | FLUID: | |

| | | | |
|---|---|---|---|
| SCOPE OF INSPECTION <input checked="" type="checkbox"/> PRECOMMISSIONING <input type="checkbox"/> INITIAL <input type="checkbox"/> REINSPECTION | TYPE OF INSPECTION: <input type="checkbox"/> AE <input type="checkbox"/> MT <input type="checkbox"/> RT <input type="checkbox"/> ET <input type="checkbox"/> MFL <input type="checkbox"/> UT <input type="checkbox"/> LT <input type="checkbox"/> PT <input checked="" type="checkbox"/> VT <input type="checkbox"/> OTHER | CLEANING: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> INADEQUATE | ACCESS: <input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> EXTERNAL |
|---|---|---|---|

ADD PAGES AND SKETCHES AS NEEDED (TURN OVER FOR CHECK LISTS)

OBSERVATIONS: EXTERNAL INTERNAL

No defects

RECOMMENDATIONS: *The gas off the top of the vessel is a 6" line that is blinded off and a 1" threaded line is there for flash gas. Install blind flg at bottom of 6" line CW drain valve to drain off accumulated water*

| | | | |
|-------------------------------|---|---------------------------|--|
| SUITABLE FOR FURTHER SERVICE: | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | REMEDIAL ACTION PRIORITY: | <input type="checkbox"/> HIGH <input type="checkbox"/> MEDIUM <input type="checkbox"/> LOW |
| INSPECTION PERFORMED BY: | <u>[Signature]</u> | DATE OF INSPECTION: | <u>Dec 8/04</u> |
| FOLLOW-UP INSPECTION REQ'D: | <input type="checkbox"/> YES <input type="checkbox"/> NO | BY DATE: | |



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EQUIPMENT NO:

| External Inspection Check List | | | |
|--|-----|----|----------|
| Item | N/A | OK | Comments |
| 1. Ladders, platforms | ✓ | | |
| 2. Foundation and supports | | ✓ | |
| 3. Dyke | ✓ | | |
| 4. Double floor/wall, interstitial space | ✓ | | |
| 5. Nozzles | | ✓ | |
| 6. Ground connections | | ✓ | Skid |
| 7. Protective coatings and insulation | | ✓ | |
| 8. External metal surfaces | | ✓ | |
| 9. Pressure relief devices | | ✓ | |
| 10. Name plate | | ✓ | |
| 11. Leak test | ✓ | | |
| 12. Cathodic protection | ✓ | | |
| 13. | | | |
| 14. | | | |
| 15. | | | |

| Internal Inspection Check List | | | |
|---|-----|----|----------|
| Item | N/A | OK | Comments |
| 1. Safe vessel entry secured | | | |
| 2. Cleaning adequate for VT | | | |
| 3. Fouling before cleaning including tubes | | | |
| 4. Internal equipment checked (trays/baffles/etc) | | | |
| 5. Condition of internal surfaces | | | |
| 6. Protecting coating | | | |
| 7. Welds checked for defects | | | |
| 8. Tubes: ends/ligaments/joints/walls/fins | | | |
| 9. Tubes: thinning/pitting (internal/external) | | | |
| 10. Nozzles | | | |
| 11. Burner | | | |
| 12. Refractory | | | |
| 13. Damage marked for further inspection/nde | | | |
| 14. Cleaning for nde adequate | | | |
| 15. Nde completed | | | |
| 16. Condition of anodes | | | |
| 17. Leak test | | | |
| 18. | | | |
| 19. | | | |
| 20. | | | |





