Husky

ENGINEERING SPECIFICATIONS SPECIFICATION DEVIATION REQUEST FORM

DS-GS-01-FM-02 Rev. 1

Company/Department:	Spectrum Process Systems	Deviation Request No:	DR-
_		(For SE&P Technical Services use only)	
Project Name:	02-20 Raven Creek Compressor Station	Project Deviation Request No:	
Location:	Edson Area, Alberta,	Project No:	
	LSD: 02-20-050-18 W5M	SPS-14-05110 / 4178HUS	
Subject:	Skid NDT requirements	Specification / Rev No:	,
	× -	Date Requested (yyyy/mm/dd):	2015/01/14
PS-VT-01 Pressure Ves			
	Il use weld neck flanges and seamless it are connected to external piping shall	nozzle necks, unless otherwise specified be a minimum of NPS 2.	on the data sheet.
	F.A. S		
SECTION B: Description	on of Deviation(s)		Ta.
vessel wall) with a 2"900 Conflict between P&ID Steps Taken for Correct This vessel and connected	0ANSI RF reducing flange on the Cont (F-14-05110-01-001 Rev 1) and Contact	ctor Vessel Drawing (V-14-05110-31-00	
SECTION C: Impacts a	and Justification		
Design Impacts No		low (List affected documents, if any):	A.,
Health, Safety & Enviro	nment Impacts:	Yes If yes, describe below:	
Reliability/Operational I	Performance Impacts:	Yes If yes, describe below:	+ × + + + + + + + + + + + + + + + + + +
Maintenance Impacts:	⊠ No ☐ Yes	If yes, describe below:	
Cost Impacts: No	Yes If yes, describe be	low:	
	ly fabricated and ready for shipment w d by Husky (identified in Section B a	hen this issue was identified. Spectrum rebove) to ensure design integrity.	an the mechanical and
Requested By: (Name & Company)	Laing / Spectrum Process Systems	Signature: 4 C Source	∧
Husky Project		Signature:	J



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SECTION D: Technical Review				37			
Deviation Description				Conditionally Approved	Rejected		
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Reviewed By (Print Name)	Signature		Date (yyyy/mm/dd)				
* =							
Specification Owner (Print Name) Signature			Date (yyyy/mm/dd)				
Is an Operations Review required?	o 🗌 Yes						
SECTION E: Operations Review, if required			7	T			
Deviation Description			Approved	Conditionally Approved	Rejected		
					==		
•							
Area Superintendant (Print Name)	Signature	Date (yyyy/mm/dd)					
Additional approval (where required):	, , , , , , , , , , , , , , , , , , ,	·		···			
8							
Name	Signature						
Title	Date (yyyy/mm/dd)						
SECTION F: List of Attachments		,					
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