



Sep 6619 5519
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FACILITY INSTALLATION / READINESS CHECKLIST

☒ Installation Inspection
☐ Relocation

☐ Start-up Readiness
☐ Return from Idle

REPORT #

Shop Inspector

Date

Field Inspector

Date

Greg Grenville
Jan 28/14

FACILITY INFORMATION

FACILITY: Asell / Monheim LSD: 03-14-50-19WS

Facility Description ☐ Gas Plant ☐ Oil Battery ☐ Compressor Station ☐ Satellite ☒ Sweet
☐ Wellhead Compressor ☒ Single Well Battery ☐ Booster Compressor ☐ Sour

Business Unit _____ Superintendent _____ Foreman _____

Facility Status ☒ New ☐ In-Service ☐ Acquired - Previous Owner _____
☐ Moved From Other Site - Name & LSD _____

General Age of Facility / Equipment 2 yrs Winter Access Only ☐ Yes ☒ No

Facility Flow Rate Design _____ Normal Operating _____

Facility Max Pressure Design _____ Normal Operating _____

Facility Max Temp Design _____ Normal Operating _____

Facility Min Temp Design _____ Normal Operating _____

EQUIPMENT INFORMATION (Identify number at facility)

Separator	<u>1</u>	Glycol Contactor	<u>1</u>	Fired Heater	<u>1</u>	Meter Run	<u>1</u>
Pulsation Dampner		Scrubber		Boiler			
Treater		S & T Heat Exchanger		Storage Tank	<u>2</u>		
Free Water Knockout		Air Cooled Exchanger		Safety Valves	<u>2</u>		

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

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 #	3 phase sp	fuel gas							
Description									
SAP #									
Provincial Reg #	617495	—							
Serial #	12515	12747							
CRN	P7217.231	F6388.231							
Manufacturer	RJV	RJV							
Year Built	2012	2012							
Shell MAWP	10284	1035							
Shell Max Temp	38	38							
Shell Min Temp	-29	-29							
Tube MAWP	—	—							
Tube Max Temp	—	—							
Tube Min Temp	—	—							
Shell Sweet or Sour	—	—							
Tube Sweet or Sour	—	—							
Date of Last Inspect	Jan 2014	Jan 2014							
Req'd Interval	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 #									
Manufacturer									
Serial #									
Volume									
Internal coating									
Insulation									
Firetube									
Date of Last Service									
Req'd Interval									

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>									
Manufacturer									
Serial #									
Model #									
CRN									
Set Pressure									
Capacity									
Orifice Size									
Sweet or Sour									
Installed On									
<u>Date of Last Service</u>									
<u>Req'd Interval</u>									

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									
PSV # 2									
PSV # 3									
PSV # 4									
PSV # 5									
PSV # 6									
PSV # 7									
PSV # 8									
PSV # 9									

NOTE : Items in italics to be completed by Lead Inspector

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 (verify in place and clearly legible) <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 <u>Jan 2014</u>
	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 <u>Jan 2014</u>
	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 # 334
	Signature _____
	Date _____