



Sep 6619 5519  
F/G 6619 5892

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### FACILITY INSTALLATION / READINESS CHECKLIST

☒ Installation Inspection ☐ Start-up Readiness  
☐ Relocation ☐ 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	
<b>Readiness Checklist</b> (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					
<b>Design Check</b> (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					
<b>Inventory Check</b> (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					
<b>Documentation</b> 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					
	<b>Commissioning</b> For relocations address items with * only	Blinds and blanks removed				
		Operating gaskets in place				
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						
<b>Integrity Readiness</b> (See page 2 for details)		Inspections per page 2 complete & accepted				
	Inspection history reviewed & SEQA intervals set					
	PSV isolation valve procedure in place					
	Corrosion Inhibitors installed					
	Cathodic Protection system installed					
	Low temp start-up procedure in place					
<b>Training &amp; Awareness</b> (Not req'd for relocation in same operating area)	PEIM program orientation complete					
	NCR process training complete					
	PSV isolation valve procedure training complete					
	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	
<b>Equipment Nameplate</b> (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		
<b>Concrete Foundation</b>	Deterioration Condition			
	Anchor Bolts Sound			
<b>Steel Supports</b>	Mechanical / Weld Condition	X		
	Paint Condition	X		
	Fireproofing condition	X		
	Skirt Opening for Inspection	X		
<b>Grounding Connections</b>	In Place , Secure & Condition	X		
<b>Vessel &amp; Nozzles Internal &amp; External Surface</b>	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		
<b>Piping</b>	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		
<b>Ladders &amp; Platforms</b>	Mechanical Condition			
	Paint / Corrosion Condition			
	Attachments			
<b>Pressure Relief Devices</b>	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		
<b>Instrumentation</b>	Installed in Correct Location	X		
	Calibration Verified	X		
	No evidence of leakage	X		
<b>Compressors</b>	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**

<b>Inspector/Construction Rep</b>	<b>Operations Rep</b>
Signature _____	Signature _____
Agency _____	Date _____
Date _____	Lead Inspector  Cert # <b>334</b>
	Signature _____
	Date _____