

66168971

IRISNDT**MAGNETIC PARTICLE
INSPECTION REPORT****CA1091-MT-46**

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Procedure: 5.0**Rev:** 2.0**Client:** HUSKY OIL OPERATIONS**Date:** 06-Feb-18**Technique:** MT-2V**IRISNDT #:** LYN18000148**WO #:** 50053398**Code / Standard:** API 650 - Sect 8.2.4**Location:** 8-20-49-2W4M**PO #:** 8401226309**Other:** N/A**Item Inspected:** Double tank upgrades

Surface Condition: Buffed	Material: Carbon Steel	Thickness: > 3/16"	Heat Treatment: Not Applicable
Magnetizing Equipment: Yoke	Method of Magnetization: AC Continuous	IRISNDT #: 40099	Mfg: Contour probe
Verification Date: 06-Feb-18	Verification Weight: <input checked="" type="checkbox"/> 10 lb. <input type="checkbox"/> 40 lb.	Serial #: 49037	Verification per ASME V Art 7 T.762
Blacklight: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A	IRISNDT #:	Blacklight Meter:	IRISNDT #:
	Verification per ASME V Art 7 T.777.2		Calibration Due Date:
Whitelight: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A	Verification per ASME V Art 7 T.777.1	Lighting Equipment: Yoke Light	
Magnetic Particles:	<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Wet	<input type="checkbox"/> Red <input type="checkbox"/> Grey <input checked="" type="checkbox"/> Black <input type="checkbox"/> Fluorescent	
	Batch #: 1539	Mfg: Ardrex	Type: 8032
Background: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A	Batch #: 1608	Mfg: Ardrex	Type: 8901W

Inspection Results: Contractor :Denmax

Appr: Yvon Pilon 2Z-2007533

Requisitioner: Mike Ross

Wet Black MPI was carried out on the following double tank Items: (internal and external)



1-4"H2O equalizer nozzle and repad
 1-8"Oil X-over nozzle and repad
 1-4"X-sting nozzle and repad

Welder ID: JH

Inspection results: Acceptable to Code

Inspection Limitation(s): N/A

Unit#: 1039	Kilometers: 0	Consumables:	Interpretation by:
In: _____	Out: _____	Min	Tristan Sommerfeld
In: _____	Out: _____		(Print)
Personnel:			(Sign)
Tristan Sommerfeld			SNT-TC-1A: II
Jordan Ross			C.G.S.B.: II
			(Level)
			C.G.S.B #: 7829
			Client Representative:
			(Print) _____
			I am in full agreement with report contents
			(Sign) _____

5311 - 86 Street NW, Edmonton, Alberta T6E 5T8 Phone (780) 437-4747 Fax (780) 436-4873
 Calgary (403) 279-6121 Cold Lake (780) 826-6105
 Lloydminster (780) 875-6455 Fort McMurray (780) 743-1536
 Barrhead (780) 674-3018 Red Deer (403) 347-1742
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Engineering, Calgary (403) 217-9684
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