

66130261

IRISNDT**MAGNETIC PARTICLE
INSPECTION REPORT****CA1091-MT-45**

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

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

Name Plate data**1-4"H2O equalizer, 1-8" oil riser nozzle an repads****Welder ID:** JH**Inspection results:** Acceptable to Code**Inspection Limitation(s):** N/A

Unit#: 1039	Kilometers: 0	Consumables:	Interpretation by:
In: _____ Out: _____ Hrs: _____		Min	Tristan Sommerfeld
In: _____ Out: _____ Hrs: _____			(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) _____

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