


 Form : QR-22.1
 Rev. : 3, Date : 01/07

NONCONFORMANCE REPORT

NCR # 120710RDo

Refer to Inspection Report #

PRIORITY

☐ Level 0 - Serious/Code Resolve Immediately

☒ Level 1 - Major Resolve within 14 days

☐ Level 2 - Minor Resolve within 30 days

☐ Level 3 (Shutdown) Resolve at next shutdown

☒ Internal (Husky) ☐ External (Contractor)

NCR Identified By **Ray Trachuk**

NCR to be Actioned By **Lance Nickless**

NCR to be Resolved By **Lance Nickless**

LOCATION & EQUIPMENT / PROCEDURE IDENTIFICATION

Production District **HOG** Facility **Alberta North** LSD **10-34-51-4W4**

Equipment Description **Reboiler** Manufacturer **Cleaver Brooks** Husky ID # **62066036**

Prov. Registration # **CRN** Serial # **5.706014**

DESCRIPTION OF NONCONFORMANCE (To be completed by person identifying the NCR) Please attach photos when applicable

Not at location shown in SAP/SEIM.

CAUSE OF NONCONFORMANCE (To be completed by person identifying the NCR or person issuing the NCR)

☒ Noncompliance with Husky Integrity Program/Procedure ☒ Noncompliance with Code, Act or Regulation

☐ Noncompliance with Husky Eng. Specs ☐ B31.1 ☐ B31.3 ☒ Sect VIII ☐ Sect I

☐ Other ☐ Sect V ☐ CSA B51 ☐ Z662 ☐ Other

PRELIMINARY REVIEW (To be completed by Chief or Facility Inspector)

Prior To Issuing, Nonconformity Has Been Discussed With

☒ Operations ☐ Engineering ☐ Maintenance

NCR Issued By : **Ray Trachuk**

Chief Inspector - Level 0 & 3
 Facility Lead Inspector - Level 1 & 2

Print

Signature

Authorized Inspector

JUL 13 2012
 Date

RECOMMENDED ACTION (To be completed by person assigned to action the NCR)

☐ Scrap ☐ Use "As-Is" ☐ Repair ☐ Alteration ☐ Replace ☐ Return to Supplier

Describe actions required to resolve the NCR : Locate missing equipment and update SAP/SEIM.

Jesse Whitlaw

Prepared by (Please Print)

Signature

July 12, 2012

Date

APPROVAL OF RECOMMENDED ACTION

Required					
Yes	No				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ray Trachuk		JUL 13 2012	
		Chief or Facility Lead Inspector (Please Print)		Signature	
		Tech Leader / Project Lead (Please Print)		Signature	
		Operations or Contractor (Please Print)		Signature	
		Authorized Inspector (Please Print)		Signature	

DESCRIPTION OF RESOLUTION (To be completed by person assigned to resolve the NCR)

Describe actions taken to resolve the NCR :

Boiler was Found @ location - Out of Service.
SEE Photos.

RESOLUTION & ACTION FOLLOW-UP

Resolution Completed

RAY TRACHUK
 Print Name

Signature

SEP 17 2012

Date



Acceptable

☐ Unacceptable☐ Corrective Action Required

Identify if actions were acceptable or if additional actions are required :

Follow-up completed by (Please Print)

Signature

Date

Completed forms are to be e-mailed or faxed to : **Ray Trachuk** e-mail **ray.trachuk@huskyenergy.ca** Fax # **(306)825-1159**

Issued NCRs have been provided to :

NCR has been entered into database by :

Date :

