Husky Energy

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

NONCO	ONFORMANCE REPORT	NCR # Refer to Inspection Report #	120710RDn
PRIORIT	X Level 0 – Serious/Code Resolve Immedia X Level 1 - Major Resolve within 14 days Level 2 – Minor Resolve within 30 days Level 3 (Shutdown) Resolve at next shut	NCR Identified By	External (Contractor) Ray Trachuk Lance Nickless Lance Nickless
LOCATION & EQUIPMENT / PROCEDURE IDENTIFICATION			
	on District HOG Facility	Alberta North LS	D 10-34-51-4W4
Equipmen	nt Description Reboiler	Manufacturer Saskatoon Boiler Mfg	Husky ID # 62066035
	gistration #		Serial # 7119
DESCRIPTION OF NONCONFORMANCE (To be completed by person identifying the NCR) Please attach photos when applicable			
Not at loc	cation shown in SAP/SEIM. OF NONCONFORMANCE (To be completed by p		•
X Nonc	compliance with Husky Integrity Program/Procedure	x Noncompliance with Code	e , Act or Regulation
Nonc Other	compliance with Husky Eng. Specs	B31.1 B31.3 Sect V CSA 85	x Sect VIII Sect I
	NARY REVIEW (To be completed by Chief or Fac		2002
Prior To Issuing , Nonconformity Has Been Discussed With x Operations Engineering Maintenance NCR Issued By : Ray Trachuk Chief Inspector - Level 0 & 3 Print Signature Contractor Authorized Inspector Authorized Inspector Date Date			
	spector - Level 1 & 2	in the MODI	
RECOMMENDED ACTION (To be completed by person assigned to action the NCR) Scrap Use "As-Is" Repair Alteration Replace Return to Supplier			
Jesse Wi	ctions required to resolve the NCR : Locate missing of hitlaw	Desse 12 Hatland	July 12, 2012
Prepared by (Please Print) Signature Date			
Required	AL OF RECOMMENDED ACTION		
Yes No	Ray Trachuk	Va Vacal	ful.
x	Chief or Facility Lead Inspector (Please Print)	Signature Signature	JUL 1 3-2012
X	Tech Leader / Project Lead (Please Print)	Signature	Date
X	Operations or Contractor (Please Print)		
	ope atoms at contractor (Ficaco : Imi)	Signature	Date
x	Authorized Inspector (Please Print)	Signature	Date Date
DESCRIP Describe ad		Signature erson assigned to resolve the NCR)	
DESCRIP Describe ad E	Authorized Inspector (Please Print) PTION OF RESOLUTION (To be completed by pections taken to resolve the NCR: QUELY PMENT WAS FOLLING	Signature erson assigned to resolve the NCR)	Date
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