

**FACILITY INSTALLATION / READINESS CHECKLIST**

Installation Inspection       Start-up Readiness  
 Relocation                               Return from Idle

REPORT #

Shop Inspector

Date

Nov 3, 2015

Field Inspector

Luke Newport

Date

**FACILITY INFORMATION**

FACILITY: dehy station      LSD : 3-31-50-25w<sup>3</sup>

Facility Description     Gas Plant     Oil Battery     Compressor Station     Satellite     Sweet  
                                   Wellhead Compressor     Single Well Battery     Booster Compressor     Sour

Business Unit    SW Tangle Flays    Superintendent    Dennis    Foreman    Martin Cod

Facility Status     New     In-Service     Acquired - Previous Owner  
                           Moved From Other Site - Name & LSD

General Age of Facility / Equipment    \_\_\_\_\_ 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	_____	Glycol Contactor	<input checked="" type="checkbox"/>	Fired Heater	_____	Meter Run	_____
Pulsation Dampner	_____	Scrubber	<input checked="" type="checkbox"/>	Boiler	_____	Reboiler	<input checked="" type="checkbox"/>
Treater	_____	S & T Heat Exchanger	_____	Storage Tank	_____		_____
Free Water Knockout	_____	Air Cooled Exchanger	_____	Safety Valves	_____		_____

**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					n/a
	Category A items resolved					n/a
	Category B items action planned					n/a
	License to Operate / Certificate of Inspection rec'd					Task to complete CTO, API
<b>Design Check</b> (location and type verification) <i>For relocation verify no changes have been made</i>	Relocation - no changes made					n/a
	Equipment Layout matches Plot Plan					n/a
	Pressure Equipment matches P & ID					n/a
	Pressure Relief Devices match P & ID					n/a
	Piping & Valves match P & ID					n/a
	Instrumentation matches P & ID					n/a
<b>Inventory Check</b> (equipment is entered in SEIM - identify any corrections or missing items on page 3 & 4 <i>For relocation or idle return to service check SEIM against equipment,</i>	Relocation - no changes made, all items in SEIM			<input checked="" type="checkbox"/>		
	Pressure Equipment			<input checked="" type="checkbox"/>		
	Safety Relief Devices					n/a
	Storage Tanks					n/a
	Press Equip reconciled to Jurisdiction list			<input checked="" type="checkbox"/>		
	Inspection intervals reviewed and accepted			<input checked="" type="checkbox"/>		
	Jurisdiction notified of new equipment			<input checked="" type="checkbox"/>		n/a
<b>Documentation</b> <i>For relocation verify all docs are transferred to new site</i>	Relocation - all docs transferred to new site					n/a
	Shop Vendor QC Data available on site					n/a
	Field Construction QC Data complete					n/a
	P & ID , Piping Line List on site					n/a
	Equipment & PSV Data Sheets on site					n/a
	Regulatory Inspection Certificate received			<input checked="" type="checkbox"/>		
	Operating Procedures on site					n/a
	PSV isolation valve log established					n/a
	<b>Commissioning</b> <i>For relocations address items with * only</i>	Blinds and blanks removed				
Operating gaskets in place						n/a
Start-up strainers and screens in place						n/a
* Flushing , draining & purging complete						n/a
Instrumentation calibration complete						n/a
* PSVs serviced per Interval & set press correct						n/a
* PSV & other CSO valves verified						n/a
* Shutdowns & Control Logic tested & OK						n/a
* Safety Equipment in place					n/a	
<b>Integrity Readiness</b> (See page 2 for details)	Inspections per page 2 complete & accepted					n/a
	Inspection history reviewed & SEQA intervals set			<input checked="" type="checkbox"/>		
	PSV isolation valve procedure in place					n/a
	Corrosion Inhibitors installed					n/a
	Cathodic Protection system installed					n/a
<b>Training &amp; Awareness</b> (Not req'd for relocation in same operating area)	Low temp start-up procedure in place					n/a
	PEIM program orientation complete					n/a
	NCR process training complete					n/a
	PSV isolation valve procedure training complete					n/a
	Low temp start-up training complete					n/a

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> <i>(verify in place and clearly legible)</i> <i>Identify any missing or incorrect SEIM data on page 3 or 4</i>	Verified to Data Sheet		<input checked="" type="checkbox"/>	
	Prov. Reg Number assigned	<input checked="" type="checkbox"/>		
	Correct CRN for Prov. of install	<input checked="" type="checkbox"/>		
	Serial Number	<input checked="" type="checkbox"/>		
	Design Pressure	<input checked="" type="checkbox"/>		
	Max & Min Design Temp	<input checked="" type="checkbox"/>		
	Manufacturer's Name	<input checked="" type="checkbox"/>		
<b>Concrete Foundation</b>	Deterioration Condition			n/a
	Anchor Bolts Sound			n/a
<b>Steel Supports</b>	Mechanical / Weld Condition	<input checked="" type="checkbox"/>		
	Paint Condition	<input checked="" type="checkbox"/>		
	Fireproofing condition	<input checked="" type="checkbox"/>		
	Skirt Opening for Inspection	<input checked="" type="checkbox"/>		
<b>Grounding Connections</b>	In Place , Secure & Condition	<input checked="" type="checkbox"/>		
<b>Vessel &amp; Nozzles Internal &amp; External Surface</b>	UT Thickness Survey complete	<input checked="" type="checkbox"/>		Date of last inspection <i>07/10</i>
	Pitting / Corrosion	<input checked="" type="checkbox"/>		
	Scaling	<input checked="" type="checkbox"/>		
	Blisters & Bulges	<input checked="" type="checkbox"/>		
	Hot Spots	<input checked="" type="checkbox"/>		
	Mechanical Damage	<input checked="" type="checkbox"/>		
	Paint	<input checked="" type="checkbox"/>		
<b>Piping</b>	Insulation	<input checked="" type="checkbox"/>		
	UT Thickness Survey complete		<input checked="" type="checkbox"/>	Date of last inspection
	Internal / External Corrosion	<input checked="" type="checkbox"/>		
	Supports	<input checked="" type="checkbox"/>		
	Insulation	<input checked="" type="checkbox"/>		
	Gaskets (Type, Rating)	<input checked="" type="checkbox"/>		
	Bolting (Short, grade, Size)	<input checked="" type="checkbox"/>		
<b>Ladders &amp; Platforms</b>	Leaks Present	<input checked="" type="checkbox"/>		
	Mechanical Condition			n/a
	Paint / Corrosion Condition			n/a
<b>Pressure Relief Devices</b>	Attachments			
	Seals in Place	<input checked="" type="checkbox"/>		
	Installed in Correct Location	<input checked="" type="checkbox"/>		
	Installed in Upright Position	<input checked="" type="checkbox"/>		
	PSVs serviced per Interval & set press correct	<input checked="" type="checkbox"/>		
	Isolation Valves Carsealed Open			n/a
<b>Instrumentation</b>	No pipe stresses on inlet or outlet	<input checked="" type="checkbox"/>		
	No evidence of leakage	<input checked="" type="checkbox"/>		
	Installed in Correct Location			n/a
<b>Compressors</b>	Calibration Verified			n/a
	No evidence of leakage			n/a
	Vibration levels (if running)			<input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low <i>n/a</i>
	Dampener UT/MT Complete			Date of Last Inspection <i>n/a</i>
	Bottles adequately supported			n/a
Piping adequately supported			n/a	
PSVs adequately supported			n/a	

Summary of findings and recommendations: *(Add page if required)*

DEFICIENCIES IDENTIFIED	
DEFICIENCY	Ref. IDR/NCR
1.	
2.	
3.	
4.	
5.	
6.	

**SIGN-OFF**

Inspector/Construction Rep	<u>Luke Newport</u>	Operations Rep	
Signature	<u>Luke Newport</u>	Signature	
Agency		Date	
Date	<u>Nov 3, 2015</u>	Lead Inspector	Cert # _____
		Signature	
		Date	

**REPORT #**
**FACILITY INSTALLATION / READINESS CHECKLIST**
**Pressure Equipment Data To be completed only if equipment not identified in SEIM or if SEIM data is incorrect**

Tag #	Item # 1	Item # 2	Item # 3	Item # 4	Item # 5	Item # 6	Item # 7	Item # 8	Item # 9
Description	Glycol Contacto-	Fuel Gas Scrubber	Glycol Reservoir						
SAP #									
Provincial Reg #									
Serial #	94210-AA	94210-AE	94210-AD						
CRN	M-572222	D-6933213	atmos.						
Manufacturer	Propack Systems Ltd	Propack System Ltd.	Propack System Ltd						
Year Built	1995	1995	1995						
Shell MAWP	9032 kPa	1000 kPa.	atmos						
Shell Max Temp	66°C	66°C	23°C						
Shell Min Temp	-29°C	-29°C							
Tube MAWP									
Tube Max Temp									
Tube Min Temp									
Shell Sweet or Sour	Sweet	Sweet	Sweet						
Tube Sweet or Sour									
Date of Last Inspect	2012	2012	2012						
Req'd Interval	5	5	5						

**Storage Tank Data**

Tag #	Tank # 1	Tank # 2	Tank # 3	Tank # 4	Tank # 5	Tank # 6	Tank # 7	Tank # 8	Tank # 9
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

REPORT # \_\_\_\_\_  
 INSPECTOR \_\_\_\_\_  
 DATE \_\_\_\_\_

**FACILITY INSTALLATION / READINESS &  
 REGULATORY ASSESSMENT INSPECTION CHECKLIST**
**Safety Valve Data**

Tag #	PSV # 1	PSV # 2	PSV # 3	PSV # 4	PSV # 5	PSV # 6	PSV # 7	PSV # 8	PSV # 9
<u>SAP #</u>	1308	1309	1330						
Manufacturer	Consolidated	Consolidated	Consolidated						
Serial #	94C0838	94C0609	94C5102						
Model #	190C	190C	190C						
CRN	060449.d	060449.t	060449.d						
Set Pressure	1310 psi	145psi	50 psi						
Capacity	041 scfm	090 scfm	040 scfm						
Orifice Size									
Sweet or Sour	Sweet	Sweet	Sweet						
Installed On	Oct 08, 2015	Oct 08, 2015	Oct 08, 2015						
<u>Date of Last Service</u>	Oct 08, 2015	Oct 08, 2015	Oct 08, 2015						
<u>Req'd Interval</u>	5 year	5 year	5 year						

**Equipment Protected ( Identify equipment protected by Tag # , Provincial # or Serial # )**

PSV #	Item # 1	Item # 2	Item # 3	Item # 4	Item # 5	Item # 6	Item # 7	Item # 8	Item # 9
PSV # 1									
PSV # 2	Glycol contactor								
PSV # 3	Fuel Gas Scrubber								
PSV # 4	Panel piping								
PSV # 5									
PSV # 6									
PSV # 7									
PSV # 8									
PSV # 9									

 NOTE : items in *italics* to be completed by Lead Inspector