



Vessel Inspection Report

Report #: **001**
 Date: Sep. 12, 06
 Page: 1 of 2
 IRISNDT #: 100258

Client: CNRL District: Bonnyville Field: _____
 Facility: Burnt Lake LSD: 14-14-067-03W4
 Jurisdiction #: _____ Equip Tag#: V165 Serial #: _____
 CRN #: _____ Nat'l Bd #: _____ Year Built: _____
 Manufacturer: _____ Equipment Description: Sour Emulsion
 Status: In Service Date Removed From Service: _____ Service: Sour
 MAWP Shell Side: 100 PSI @ 300 °F Height/Length: _____ in / mm Code Stamp: Yes No
 MAWP Tube Side: N/A PSI / KPA @ N/A °F / °C Size/Diameter: _____ in. O.D. Insulated: Yes No
 Support Type: Saddle RT: 2 Volume: _____ ft³ / m³ PWHT: Yes No
 C.A. N/A Coated: Yes No Clad: Yes No Manway: Yes No

Component	Material	Nominal	Minimum	Component	Material	Nominal	Minimum
Shell	SA516-70						
West Head	SA516-70						
East Head	SA516-70						

PSV Static Data

Equip Tag #: 1650 Serial #: 484078-2-A10 CRN: N/A
 Model #: N/A Capacity: N/A SCFM Set Pressure: 100 PSI
 Manufacturer: Farris Service Company: H&R
 Shell/Tube Side: Shell / Tube Service Date: AUG.05/05
 Size In: 2 Size Out: 3 Connection Type: Bolted
 Carseal Intact: Yes Location: N/A

Equip Tag #: N/A Serial #: N/A CRN: N/A
 Model #: N/A Capacity: N/A SCFM Set Pressure: N/A PSI / KPa
 Manufacturer: N/A Service Company: N/A
 Shell/Tube Side: Shell / Tube Service Date: N/A
 Size In: N/A Size Out: N/A Connection Type: N/A
 Carseal Intact: Yes / No Location: N/A

External Inspection Results

Last Report #: N/A Last Report Date: N/A Summary Report #: N/A

Item	Yes	No	N/A	Acc	Comment
Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grounding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intact
Insulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good
Piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Internal piping OK.
Supports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structural
Anchor Bolting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TMLs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Item	Yes	No	N/A	Acc	Comment
Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	only visible through sample station.
Cathodic Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fireproofing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ladders/Platforms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Berms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Davit Arm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pressure Gauge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Temp. Gauge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3

Internal Inspection Results

Item	Yes	No	N/A	Acc	Comment
Shell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heads	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gasket Surfaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Welds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Refractory	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Heating Coils	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Item	Yes	No	N/A	Acc	Comment
Demister	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Vane Pack	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Baffles	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Trays	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Filter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Internal Coating	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tube sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tube Bundle	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Edmonton (780) 437-4747	Fort McMurray (780) 743-1536	Cold Lake (780) 594-1114	Mailing Address
Calgary (403) 279-6121	Grande Prairie (780) 532-2283	Red Deer (403) 347-1742	5908 - 96 Street
Nisku (780) 955-7616	High Level (780) 841-0470	Tulsa, OK (918) 446-8773	Edmonton, Alberta
Barrhead (780) 674-3018	Lloydminster (780) 875-6455	Houston, TX (713) 722-7177	T6E 3G3



Vessel Inspection Summary

Report #: **001**
 Date: Sep. 12, 06
 Page: 2 of 2
 IRISNDT #:

Client: <u>CNRL</u>	District: <u>Cold lake</u>	Field: _____
Facility: <u>Burnt Lake</u>		LSD: _____
Jurisdiction #: _____	Equip Tag#: <u>V165</u>	Serial #: _____
CRN #: _____	Nat'l Bd #: <u>N/A</u>	Year Built: _____
Manufacturer: _____	Equipment Description: <u>Sour Emulsion</u>	

Attached to Vessel Inspection Report # _____

Inspection Comments:

External:
 West manway davit arm-solid pin (No grease nipple).
 Bottom manway mid-shell davit arm-solid pin (No grease nipple).
 This vessel is insulated and cladding appears OK. The grounding connection is in place. The supporting saddles were also noted to be insulated. Saddle shims are intact. The vessel supporting structure is good.
 Flash rust noted on bolting.
 Caulking separation noted on all bottom nozzles to shell.
 Sample station is enclosed. Vessel appears to be coated as noted through sample station cutout.
 3 temperature gauges noted. Mid vessel gauge appears to contain moisture.
 Catwalk is secure. Cage ladder is good. No access to ladder clips.
 The only nameplate visible is an alteration nameplate and contains limited information:
 Altered by Denmar, Max. Pressure 100 Psi @ 300 F, shell material SA516-70, July 1997.

Internal:
 The lower half of all circ seams were buffed, visually no evidence of corrosion in these areas.
 Shell attachments, hardware and Cat "D" welds appear OK.
 Random pitting noted on West can of shell. Depths range from 0.005 to 0.010 inch and are located on the parent material only.

Unit # <u>271</u>	Kilometers: _____
In _____	Out _____ Hrs _____
In _____	Out _____ Hrs _____
Personnel: <u>R.M.</u>	

Inspector: <u>Rodney Meehan</u>	API: <u>22995</u>
PESEL: _____	
I am in full agreement with report contents:	
_____ (Inspector Signature)	_____ (Client Representative)

Edmonton	(780) 437-4747	Fort McMurray	(780) 743-1536	Cold Lake	(780) 594-1114	Mailing Address
Calgary	(403) 279-6121	Grande Prairie	(780) 532-2283	Red Deer	(403) 347-1742	5908 - 96 Street
Nisku	(780) 955-7616	High Level	(780) 841-0470	Tulsa, OK	(918) 446-8773	Edmonton, Alberta
Barrhead	(780) 674-3018	Lloydminster	(780) 875-6455	Houston, TX	(713) 722-7177	T6E 3G3