



# MATRIX INSPECTION

## VESSEL INSPECTION SUMMARY

Report #: **123790-MC-14**  
 Inspect Date: 05/25/2010  
 Page: 1 of 6  
 IRISNDT #: 123790

Client: CNRL District: Med Hat West Field: Enchant  
 Facility: 02-06-013-15W4M Unit / Skid #: N/A LSD: 02-06-013-15W4  
 Jurisdiction #: A0439849 Equip Tag #: N/A Serial #: V2805  
 CRN #: N9484.231 Nat'l Bd #: N/A Year Built: 1998  
 Manufacturer: Opsco' 92 Equipment Description: DeHy Tower  
 Status: In Service - Date Removed From Service: N/A Service: Sour  
 MAWP Shell: 1440 Psi @ 120 °F Height/Length: 30 Ft. Code Stamp:  Y  N  
 MAWP Tube: @ Size/Diameter.: 20 in. O.D. Insulated:  Y  N  
 MDMT: -20 °F RT: RT-1 Volume: N/S PWHT:  Y  N  
 Support Type: Skirt Manway:  Y  N  
 C.A.: 0.1250 in. Coated:  Y  N Clad:  Y  N J.E.: N/A (No Remote Access)  -

Component	Material	Nominal Thk	Diameter	OD/ID	Tube Side	Shell Side
- Head	SA51670N	0.938 in.			<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Shell	SA51670N	1.000 in.			<input type="checkbox"/>	<input checked="" type="checkbox"/>
-					<input type="checkbox"/>	<input type="checkbox"/>
-					<input type="checkbox"/>	<input type="checkbox"/>
-					<input type="checkbox"/>	<input type="checkbox"/>

Comments:

### PSV Static Data

PSV -1 Tag #: \_\_\_\_\_ Serial #: 441522A10 CRN: OG2369.5C  
 Model #: 26EA13120S7 Capacity: 5647 SCFM Set Pressure: 1440 psi  
 Manufacturer: Farris Service Company: Tarpon  
 Inlet Size & Type: 1.00 in. - Flanged Last Service Date: 04-08  
 Outlet Size & Type: 2.00 in. - Flanged Block Valve: ---  
 Carseal Intact: Yes Code Stamp: Yes  
 Shell Side / Tube Side: Shell Side Location of PSV: Piping

PSV -2 Tag #: \_\_\_\_\_ Serial #: \_\_\_\_\_ CRN: \_\_\_\_\_  
 Model #: \_\_\_\_\_ Capacity: \_\_\_\_\_ Set Pressure: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_ Service Company: \_\_\_\_\_  
 Inlet Size & Type: \_\_\_\_\_ Last Service Date: \_\_\_\_\_  
 Outlet Size & Type: \_\_\_\_\_ Block Valve: \_\_\_\_\_  
 Carseal Intact: \_\_\_\_\_ Code Stamp: \_\_\_\_\_  
 Shell Side / Tube Side: \_\_\_\_\_ Location of PSV: \_\_\_\_\_

### PSV Comments

The PSV meets code requirements.

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Client:           CNRL                LSD:           02-06-013-15W4                Jurisdiction #:           A0439849          

**External Inspection Results - VE**

Item	Y	N	N/A	Condition	Comment	NCR	Action Item	Priority
Nameplate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Legible	<input type="checkbox"/>	<input type="checkbox"/>	
Foundation and Supports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Skirt secure	<input type="checkbox"/>	<input type="checkbox"/>	
Anchor Bolts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Present and tight	<input type="checkbox"/>	<input type="checkbox"/>	
Grounding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Indirect thru skid	<input type="checkbox"/>	<input type="checkbox"/>	
Insulation Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
PSV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept		<input type="checkbox"/>	<input type="checkbox"/>	
Shell & Heads	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	No deformations	<input type="checkbox"/>	<input type="checkbox"/>	
Metal Surfaces (Paint)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept		<input type="checkbox"/>	<input type="checkbox"/>	
Aux Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Cathodic Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Alignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	No concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Flange Connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept		<input type="checkbox"/>	<input type="checkbox"/>	
Pressure Gauge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	0 psi	<input type="checkbox"/>	<input type="checkbox"/>	
Piping from Vessel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept		<input type="checkbox"/>	<input type="checkbox"/>	
Temperature Gauge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	64 F	<input type="checkbox"/>	<input type="checkbox"/>	
Sight Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept	Clear	<input type="checkbox"/>	<input type="checkbox"/>	
Leaks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		No visible leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Current UT Survey	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		No significant loss noted	UT Company: Matrix		
Previous UT Survey	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			UT Company: Matrix		

**LEGEND:**

- Priority 0 - General Recommendations
- Priority 1 - Goal date is 30 days from the activity date
- Priority 2 - Goal date is 90 days from the activity date.
- Priority 3 - Goal date is 1 Year from the activity date.
- Priority 4 - Goal date is 5 Years from the activity date.

**External Visual Observations****Manual Review Required By Customer Representative -**

This vessel was in service at the time of inspection.  
 The nameplate is legible.  
 The external vessel surface is in satisfactory condition.  
 No deformations were noted.  
 The skirt is secure to the floor.  
 The paint is in good condition.  
 NPT connections are acceptable.  
 Flange connections are tight and the treads are fully engaged.  
 No leaks noted at the time of inspection.  
 The PSV meets code requirements.  
 UT was carried out with GE DMS2 IRISNDT#. 31074  
 Refer to the attached photos, UT data and drawing for details.

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**Internal Inspection Results – VI N/A (Not Applicable)**

Item	Y	N	N/A	Condition	Comment	NCR	Action Item	Priority
Shell	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Heads	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Manway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Gasket Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Welds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Refractory	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Heating Coils	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Demister Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Vane Pack	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Baffles	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Trays	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Filter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Internal Coating	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Tubesheet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Tube Bundle	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

**LEGEND:**

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- Priority 4 - Goal date is 5 Years from the activity date.

**Internal Visual Observations**

Manual Review Required By Customer Representative -

No internal inspection performed.

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### Equipment Photographs:



Fig1\_Nameplate\_05-2010



Fig2\_A0439849 ext\_05-2010

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Fig2\_A0439849 int\_05-2010

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