



<input type="checkbox"/> Installation <input checked="" type="checkbox"/> External <input type="checkbox"/> Internal													
Date:	JUNE 13, 2013				Description:	<input checked="" type="checkbox"/> Vessel <input type="checkbox"/> Exchanger <input type="checkbox"/> Furnace <input type="checkbox"/> Boiler							
Inspector:	EDWIN TYMENSEN				Unit #:	n/a			Equip #:	n/a			
Agent Co:	STREAMLINE INSPECTION LTD.				Equip. Name:	Separator							
Owner:	CNRL				Jurisdiction #:	A2705118			CRN #:	K1307.2			
Region:	ST. ALBERT				Manufacturer:	Opsco							
Area:	STANMORE				Year Built:	1991			S/N:	FV-24-10-1768-2			
Facility:	Battery				Location/LSD:	08-13-30-12w4							
Service	<input type="checkbox"/> Sweet <input type="checkbox"/> Sour <input type="checkbox"/> Other:				PSV Location	off shell above roof			MDMT	-20F			
Zones:	MAWP	Design T	Set P	TAG#	Manufacturer	S/N	In. Sz	Out. Sz	Serv. Co.	Serv. Date	IV	CSO	Capacity
Shell Side	1000psi	100F	1000psi		Consolidated	71C2545	3/4"	1"	Powell	09/11	no	n/a	2085scfm
Tube Side													
Other													
Components	Material	Nominal t	CA	Retire t	Lowest t	t OK?	Calc. t-min	Comment					
	Shell					<input type="checkbox"/> Y <input type="checkbox"/> N							
	Head					<input type="checkbox"/> Y <input type="checkbox"/> N							
	Channel					<input type="checkbox"/> Y <input type="checkbox"/> N							
	Tube					<input type="checkbox"/> Y <input type="checkbox"/> N							
Other						<input type="checkbox"/> Y <input type="checkbox"/> N		Specify:					
Orientation	<input type="checkbox"/> Hor. <input checked="" type="checkbox"/> Ver.		Foundation	<input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Gravel <input checked="" type="checkbox"/> Timbers <input type="checkbox"/> Steel <input type="checkbox"/> Other:			Condition acceptable						
Support	<input type="checkbox"/> Saddle		<input type="checkbox"/> Seal-welded		<input type="checkbox"/> Free to Move			Condition					
	<input checked="" type="checkbox"/> Skirt		<input checked="" type="checkbox"/> Free of debris Comment: bolted to floor					Condition Acceptable					
	<input type="checkbox"/> Hangers		<input type="checkbox"/> Secure Comment:			Condition							
	<input type="checkbox"/> Other		Specify:			Condition							
Overall	General Condition acceptable						Electrical grounding <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Indirect <input type="checkbox"/> None						
Ext. Surface	<input checked="" type="checkbox"/> Painted <input type="checkbox"/> Insulated <input type="checkbox"/> Fire-proofed <input type="checkbox"/> Cladded <input type="checkbox"/> Other:						Condition acceptable						
Ext. Fixtures	<input type="checkbox"/> Ladder <input type="checkbox"/> Platform(s) <input type="checkbox"/> Other:				Condition								
	<input type="checkbox"/> Manway <input checked="" type="checkbox"/> Port		Size: 1"		<input type="checkbox"/> Reinforcement Pads used			<input type="checkbox"/> Weep Holes Present					
	Comment												
Davit Arm	<input type="checkbox"/> Present		<input type="checkbox"/> Greased		<input type="checkbox"/> Double nutted		Condition						
Piping	<input checked="" type="checkbox"/> PSV	<input checked="" type="checkbox"/> Supported	<input checked="" type="checkbox"/> Joined per code	<input checked="" type="checkbox"/> Drains Properly	<input checked="" type="checkbox"/> Well Coated	Comment Acceptable							
	<input checked="" type="checkbox"/> Inlet	<input checked="" type="checkbox"/> Supported	<input type="checkbox"/> Joined per code	<input checked="" type="checkbox"/> Free from leaks	<input checked="" type="checkbox"/> Well Coated	Comment Acceptable							
	<input checked="" type="checkbox"/> Outlet	<input checked="" type="checkbox"/> Supported	<input checked="" type="checkbox"/> Joined per code	<input checked="" type="checkbox"/> Free from leaks	<input checked="" type="checkbox"/> Well Coated	Comment Acceptable							
	<input checked="" type="checkbox"/> Drain	<input checked="" type="checkbox"/> Supported	<input checked="" type="checkbox"/> Joined per code	<input checked="" type="checkbox"/> Free from leaks	<input checked="" type="checkbox"/> Well Coated	Comment Acceptable							
	<input checked="" type="checkbox"/> Instrumentation		<input checked="" type="checkbox"/> Supported	<input checked="" type="checkbox"/> Joined per code	<input checked="" type="checkbox"/> Free from leaks/kinks		Comment						
<input checked="" type="checkbox"/> Process Fluid Identified		<input type="checkbox"/> Flow direction marked			Comment								
Valves	<input checked="" type="checkbox"/> Manual Valves		<input checked="" type="checkbox"/> Free from leaks		Comment acceptable								
	<input checked="" type="checkbox"/> Automated Control Valve		<input checked="" type="checkbox"/> Free from leaks		Comment								
	<input checked="" type="checkbox"/> Vents and Drain plugged		Comment										
Gauges	<input checked="" type="checkbox"/> Pressure		Reading: 110psi		Condition acceptable, within operating limits								
	<input checked="" type="checkbox"/> Temperature		Reading: 85F		Condition Acceptable, within operating limits								
Sight Glass	<input checked="" type="checkbox"/> Fluid Level		Reading: 75%		Condition acceptable								
Inspection Summary	RT-2, 24" x 7'. Shortbolting on valve flanges on inlet line. PSV service plate 2085scfm, original manuf. plate 244scfm (original capacity not crossed out) UT survey by Streamline Inspection												
Recommended Actions:										NCR/IDR			
Adjust bolts or replace with longer studs on inlet line valve flanges to ensure proper thread engagement.													
VESSEL STATUS													
Integrity Status	Suitable for Continued Service <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Immediate Repairs Required <input type="checkbox"/> Future Repairs Required <input type="checkbox"/> Replace												
Inventory Status	<input checked="" type="checkbox"/> In Service <input type="checkbox"/> Out of Service <input type="checkbox"/> Surplus <input type="checkbox"/> Scrap <input type="checkbox"/> Action Items Completed												

Additional Notes on continuation page: (Report _____)

Inspection Interval: 5 yrs OR Changed to: _____ yrs. Signature of In-Service Inspector: 

IPV/IBPV Certificate #: 000711

PSV Interval: 5 yrs OR Changed to: _____ yrs.