

Client: Cnrl District: St. Albert Field: Byemoor
 Facility: 08-32-034-17W4 Unit / Skid #: N/A LSD: 08-32-034-17W4
 Jurisdiction #: A0277029 Equip Tag #: N/A Serial #: 27344A
 CRN #: C4936.231 Nat'l Bd #: N/A Year Built: 1985
 Manufacturer: Western Rock Bit Equipment Description: Propane Bullet
 Status: In - Date Removed From Service: _____ Service: Sweet
 MAWP Shell: 250 Psi @ 100 °F Height/Length: 480 in. Code Stamp: Y N
 MAWP Tube: _____ @ _____ Size/Diameter.: 108 in. O.D. Insulated: Y N
 MDMT: _____ °F RT: RT-2 Volume: _____ PWHT: Y N
 Support Type: Saddle Manway: Y N
 C.A.: _____ mm Coated Y N Clad: Y N J.E.: _____

Component	Material	Nominal Thk	Diameter	OD/ID	Tube Side	Shell Side
- Head	SA-516-70	0.766 in.	108.000 in.	OD	<input type="checkbox"/>	<input type="checkbox"/>
- Shell	SA-516-70	0.778 in.	108.000 in.	OD	<input type="checkbox"/>	<input 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 #: 85C2213 CRN: O1832.52
 Model #: 1990C1 Capacity: 757 SCFM Set Pressure: 250 psi
 Manufacturer: Consolidated Service Company: Unified Valve
 Inlet Size & Type: 1 in. - Threaded Last Service Date: July 06/2004
 Outlet Size & Type: 1 in. - Threaded Block Valve: - -
 Shell Side / Tube Side: Shell Side Location of PSV: outlet piping

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

PSV Comments

PSV is in good condition with carseal intact.

Client: _____ Cnrl _____ LSD: 08-32-034-17W4 Jurisdiction #: A0277029

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		<input type="checkbox"/>	<input type="checkbox"/>	
Foundation and Supports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept		<input type="checkbox"/>	<input type="checkbox"/>	
Anchor Bolts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept		<input type="checkbox"/>	<input type="checkbox"/>	
Grounding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept		<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		<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		<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		<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		<input type="checkbox"/>	<input type="checkbox"/>	
Sight Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept		<input type="checkbox"/>	<input type="checkbox"/>	
Leaks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Current UT Survey	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			UT Company:		
Previous UT Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			UT Company:		

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 -

An external visual inspection was performed on the vessel and the findings are as follows:

- The vessel was operating at time of inspection. No process leaks or vibrations were noted..
- The paint is on shell and piping in very good condition with very isolated areas of paint flaking down to clean bare metal.
- All piping, flanges and bolting were in good condition.
- Manway is in good condition with some paint flaking with mild general corrosion. Bolting shows general corrosion where paint has failed but in acceptable condition.
- Ladder and platform is in good condition and secure
- The vessel is supported by saddles welded to shell and welded to metal skid. Vessel is secure and level.
- External UT was performed with no significant wall losses noted.
- PSV is in good condition with Carseal intact.
- Refer to the attached photos, UT data and drawing for inspection findings.
- The vessel appears to be in good operating condition for continued service based on the external visual observations and UT thicknesses recorded.

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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 type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Heads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Manway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Gasket Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Welds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Refractory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Heating Coils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Demister Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Vane Pack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Baffles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Trays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Filter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Internal Coating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Tubesheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Tube Bundle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

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.

Internal Visual Observations

Manual Review Required By Customer Representative -



MATRIX INSPECTION

An IRISNDT Company

VESSEL INSPECTION SUMMARY

Report #: **141136-PM-17**
Report Date: 01/26/2010
Page: 4 of 4
IRISNDT #: 141136

Client: _____ Cnrl _____ LSD: 08-32-034-17W4 Jurisdiction #: A0277029

Attached to Vessel Inspection Report # _____

Additional Attachments # of pages _____ Specify _____

NDE UT MT PT ET RT OTHER

NDE Report #: _____

Items Raised: NCR _____ Operational Action Item _____ Repair Action Item _____ Deferred Action Item _____

Action Items / Recommendations:

Continue to inspect vessel at regular scheduled intervals.

Actions Corrected at Time of Inspection: (If actions were corrected at the time of inspection – note the corrected actions here.)

Recommended Inspection Intervals:

Meets Code Criteria: -			Re-Inspection Required -			
VT External	Last Inspection:	-	Interval (yrs)		Next Inspection:	- 0000
VT Internal	Last Inspection:	-	Interval (yrs)		Next Inspection:	- 0000
UT Inspect.	Last Inspection:	-	Interval (yrs)		Next Inspection:	- 0000
PSV Service	Last Inspection:	-	Interval (yrs)		Next Inspection:	- 0000

Unit # <u>374</u> Kilometers: _____	Consumables: _____	Inspector: _____
In <u>00:00</u> Out <u>00:00</u> Hrs _____		<u>Pamela Maze</u> PESL: <u>351</u>
In <u>00:00</u> Out <u>00:00</u> Hrs _____		(Print) Pamela Maze CN = Pamela Maze, C = CA, O = IRISNDT 2010.05.10 09:47:42 - 141136
Personnel: <u>KK</u>		API: <u>28750/34396/2786</u> <u>7</u>
P.O.# / W.O.#/AFE #: _____		I am in full agreement with report contents: 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	5311 – 86 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 (281) 476-4444	T6E 5T8



A0277029_Nameplate_26Jan2010



A0277029_Overview_26Jan2010



A0277029_Ladder and platform_26Jan2010