



An IRISNDT Company

VESSEL INSPECTION
SUMMARYReport #: 141136-PM-09
Inspect Date: 01/26/2010
Page: 1 of 4
IRISNDT #: 141136

Client: CNRL	District: St. Albert	Field: Byemoor				
Facility: 08-32-034-17W4	Unit / Skid #: N/A	LSD: 08-32-034-17W4				
Jurisdiction #: A0225171	Equip Tag #: N/A	Serial #: 85C339004				
CRN #: F1879.2	Nat'l Bd #: N/A	Year Built: 1985				
Manufacturer: Alco Gas & Oil LTD. Equipment Description: De-Ethanizer Column						
Status: In - Date Removed From Service:		Service: Sweet				
MAWP Shell: 400 Psi @ 250 °F	Height/Length: 14325 mm	Code Stamp: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
MAWP Tube: @	Size/Diameter.: 219 mm I.D.	Insulated: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
MDMT: RT: RT-3	Volume:	PWHT: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
Support Type: Skirt		Manway: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
C.A.: 1.6000 mm	Coated <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Clad: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N J.E.:				
Component	Material	Nominal Thk	Diameter	OD/ID	Tube Side	Shell Side
Top - Head	SA234WPB	12.700 mm	219.000 mm	ID	<input type="checkbox"/>	<input type="checkbox"/>
Bottom - Head	SA105FLO				<input type="checkbox"/>	<input type="checkbox"/>
Bottom - Shell	SA 53B	12.700 mm	219.000 mm	ID	<input type="checkbox"/>	<input type="checkbox"/>
Mid - Shell	SA106B	8.100 mm	168.000 mm	ID	<input type="checkbox"/>	<input type="checkbox"/>
Top - Shell		7.100 mm	168.00 mm	ID	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						

PSV Static Data

PSV -1 Tag #:	Serial #: TG68935	CRN:
Model #: 1992C	Capacity: 1349 SCFM	Set Pressure: 400 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: Shell
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

Could not read CRN number off of nameplate.

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Barrhead	(780) 674-3018	Lloydminster	(780) 875-6455	Houston, TX	(281) 476-4444	T6E 5T8



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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept		<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		No Access		UT Company:	
Previous UT Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				UT Company:	

LEGEND:

Priority 0 - General Recommendations

Priority 3 - Goal date is 1 Year from the activity date.

Priority 1 - Goal date is 30 days from the activity date

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

Priority 2 - Goal date is 90 days 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 and located inside and outside of building. No process leaks or vibrations were noted. Due to the vessel being insulated a limited visual inspection was performed.
- The insulation on the shell and piping is intact and in good condition.
- Where exposed all piping, flanges and bolting were in good condition. All exposed piping had threaded fittings but in good condition.
- The vessel is supported by skirt bolted to floor. Vessel is secure and level.
- External UT was not performed as the vessel was fully insulated with no inspection ports available.
- The PSV is in good condition with the calseal intact.
- Refer to the attached photos and drawing for inspection findings.
- The vessel appears to be in good operating condition for continued service based on the external visual observations.

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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 " 3 " - Goal date is 1 Year from the activity date.

Priority " 1 " - Goal date is 30 days from the activity date.

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

Priority " 2 " - Goal date is 90 days from the activity date.

Internal Visual Observations

Manual Review Required By Customer Representative -

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 Edmonton, Alberta
 T6E 5T8



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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 **Yes**

Action Items / Recommendations:

- Have proper inspection ports cut at the located TML's so that UT thickness readings may be performed at next available opportunity.
- Continue to inspect vessel at regular scheduled intervals.

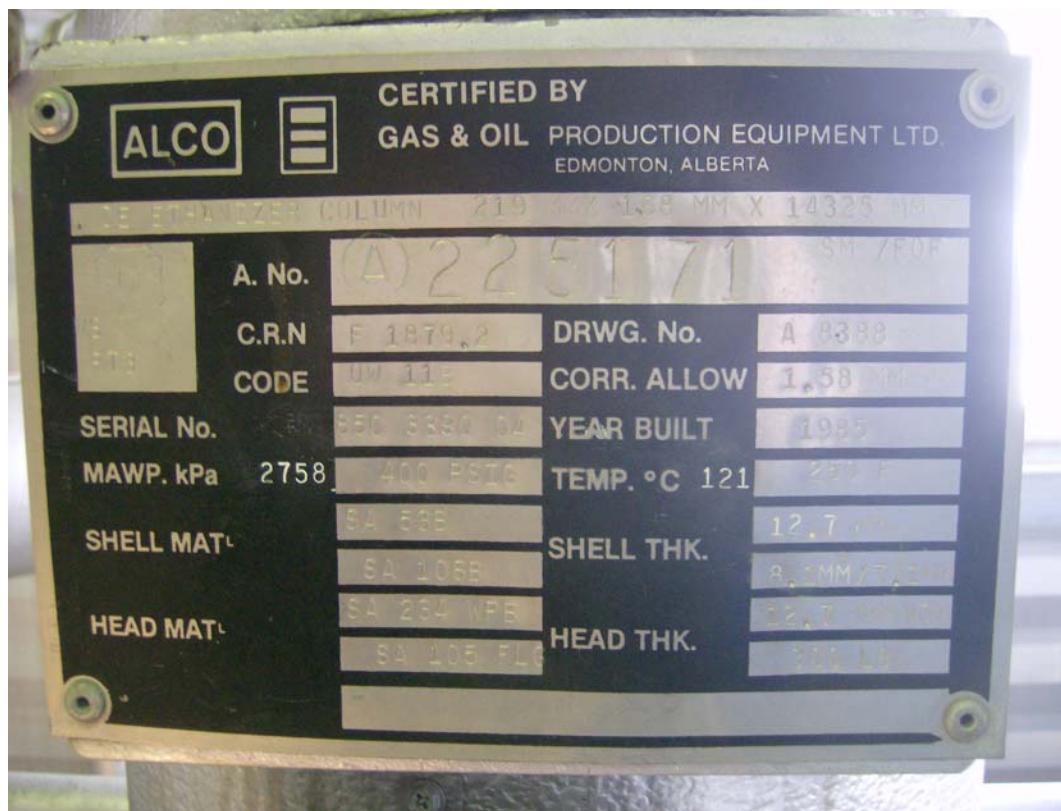
Actions Corrected at Time of Inspection: (If actions were corrected at the time of Inspection – note the corrected actions here.)

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 # 374 Kilometers: _____	Consumables: _____	Inspector: Pamela Maze (Print)	PESL: 351
In 00:00 Out 00:00 Hrs _____			
In 00:00 Out 00:00 Hrs _____			API: 28750/34396/2786
Personnel: KK/MB			7
P.O.# / W.O.#/AFE #: _____		(Signature)	
		I am in full agreement with report contents:	
		Client Representative	

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A0225171_Nameplate_26Jan2010

5442 – 56 Avenue SE, Calgary, Alberta, T2C 4M6
 Phone: (403) 279-6121 Fax: (403) 236-0716

Medicine Hat (403) 878-0789
 Lloydminster (780) 875-6455
 Barrhead (780) 674-3018

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 Fort McMurray (780) 743-1536

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 Oklahoma City, OK (405) 495-6677
 Tulsa, OK (918) 446-8773



A0225171_Overview inside building_26Jan2010

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A0225171_Overview outside of building_26Jan2010

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