

| <b>POWELL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>POWELL CANADA INC.</b> 6005 72A Ave., Edmonton, AB. T6B 2J1 PH: (780) 465-7038 Fax: (780) 465-0379 |            |                      |      | Date: Nov 12/10           |     |                                       |      |             |             |            |     |      |             |     |           |   |                    |  |  |   |    |  |  |  |   |               |  |  |  |    |  |  |  |   |                         |  |  |  |    |  |  |  |   |              |  |  |  |    |  |  |  |   |                    |  |  |   |    |                         |  |  |   |              |  |  |  |    |                |  |  |   |                                                                                                        |   |    |  |    |              |  |  |   |                   |  |  |  |    |            |  |  |   |                                                                                                                 |   |    |  |    |                       |  |  |    |        |  |  |  |    |        |  |  |    |                 |   |   |   |    |                      |   |     |    |                |   |    |  |    |                |  |  |    |                                                                                                          |   |    |  |    |                |  |  |    |                                                                                                         |  |  |  |    |               |  |  |    |                                                                                                 |   |    |  |    |       |  |  |    |         |  |  |  |    |         |  |  |    |          |   |    |  |    |          |  |  |    |                  |   |    |  |    |               |  |  |    |                                                                                                       |   |    |  |    |             |  |  |    |                                                                                                |   |   |  |    |      |  |  |    |                                                                                                  |   |   |  |    |        |  |  |    |             |  |  |  |    |             |  |  |    |             |  |  |  |    |             |  |  |    |      |  |  |  |    |      |  |  |    |                      |  |  |  |    |                      |  |  |    |            |  |  |  |    |            |  |  |    |      |   |    |  |    |      |  |  |    |         |   |   |   |    |            |  |  |    |                                                                                                 |   |    |  |    |                           |   |  |    |                                                                                                  |   |    |  |    |               |   |  |    |                    |  |  |  |    |                          |   |  |
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| <b>QR7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>INSPECTION AND TEST REPORT - PSV / PRV</b>                                                         |            |                      |      |                           |     | Revision: 32-4523                     |      |             |             |            |     |      |             |     |           |   |                    |  |  |   |    |  |  |  |   |               |  |  |  |    |  |  |  |   |                         |  |  |  |    |  |  |  |   |              |  |  |  |    |  |  |  |   |                    |  |  |   |    |                         |  | 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| Customer: CNRL - BYEMOOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                    | District:                                                                                             |            | Location: BYEMOOR    |      | CUST PO#:                 |     | Date: APR.21/10                       |      |             |             |            |     |      |             |     |           |   |                    |  |  |   |    |  |  |  |   |               |  |  |  |    |  |  |  |   |                         |  |  |  |    |  |  |  |   |              |  |  |  |    |  |  |  |   |                    |  |  |   |    |                         |  | 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Doc # 60298<br>Sales Code 3000 |      |             |             |            |     |      |             |     |           |   |                    |  |  |   |    |  |  |  |   |               |  |  |  |    |  |  |  |   |                         |  |  |  |    |  |  |  |   |              |  |  |  |    |  |  |  |   |                    |  |  |   |    |                         |  |  |   |              |  |  |  |    |                |  |  |   |                                                                                                        |   |    |  |    |              |  |  |   |                   |  |  |  |    |            |  |  |   |                                                                                                                 |   |    |  |    |                       |  |  |    |        |  |  |  |    |        |  |  |    |                 |   |   |   |    |                      |   |     |    |                |   |    |  |    |                |  |  |    |                                                                                                          |   |    |  |    |                |  |  |    |                                                                                                         |  |  |  |    |               |  |  |    |                                                                                                 |   |    |  |    |       |  |  |    |         |  |  |  |    |         |  |  |    |          |   |    |  |    |          |  |  |    |                  |   |    |  |    |               |  |  |    |                                                                                                       |   |    |  |    |             |  |  |    |                                                                                                |   |   |  |    |      |  |  |    |                                                                                                  |   |   |  |    |        |  |  |    |             |  |  |  |    |             |  |  |    |             |  |  |  |    |             |  |  |    |      |  |  |  |    |      |  |  |    |                      |  |  |  |    |                      |  |  |    |            |  |  |  |    |            |  |  |    |      |   |    |  |    |      |  |  |    |         |   |   |   |    |            |  |  |    |                                                                                                 |   |    |  |    |                           |   |  |    |                                                                                                  |   |    |  |    |               |   |  |    |                    |  |  |  |    |                          |   |  |
| Customer Instructions: <b>REPAIR AND SET @ 400 PSI</b> Contact: _____ CC#: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Requested Completion Date: <b>MAY.19/10</b> A#: 225171 LSD: 08-32-34-17W4 Phone: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <b>INCOMING RECEIVING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Make: <b>CONSOLIDATED</b> Model: <b>1992C1-1-1-1-1</b> S/N: <b>88C3146</b> Shop # _____ CRN#: <b>01832.52</b>                                                                                                                                                                                                                                                                                      |                                                                                                       |            |                      |      |                           |     |                                       |      |             |             |            |     |      |             |     |           |   |                    |  |  |   |    |  |  |  |   |               |  |  |  |    |  |  |  |   |                         |  |  |  |    |  |  |  |   |              |  |  |  |    |  |  |  |   |                    |  |  |   |    |                         |  | 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                                        | Size: <b>1</b> In <b>1.5</b> Out End Type: <b>SCREWED (M)</b> Cap Assy.: <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Lift Lever Adj. Screw Meas. <b>1.228</b>                                                                                                                                                                                |                                                                                                       |            |                      |      |                           |     |                                       |      |             |             |            |     |      |             |     |           |   |                    |  |  |   |    |  |  |  |   |               |  |  |  |    |  |  |  |   |                         |  |  |  |    |  |  |  |   |              |  |  |  |    |  |  |  |   |                    |  |  |   |    |                         |  |  |   |              |  |  |  |    |                |  |  |   |                                                                                                        |   |    |  |    |              |  |  |   |                   |  |  |  |    |            |  |  |   |                                                                                                                 |   |    |  |    |                       |  |  |    |        |  |  |  |    |        |  |  |    |                 |   |   |   |    |                      |   |     |    |                |   |    |  |    |                |  |  |    |                                                                                                          |   |    |  |    |                |  |  |    |                                                                                                         |  |  |  |    |               |  |  |    |                                                                                                 |   |    |  |    |       |  |  |    |         |  |  |  |    |         |  |  |    |          |   |    |  |    |          |  |  |    |                  |   |    |  |    |               |  |  |    |                                                                                                       |   |    |  |    |             |  |  |    |                                                                                                |   |   |  |    |      |  |  |    |                                                                                                  |   |   |  |    |        |  |  |    |             |  |  |  |    |             |  |  |    |             |  |  |  |    |             |  |  |    |      |  |  |  |    |      |  |  |    |                      |  |  |  |    |                      |  |  |    |            |  |  |  |    |            |  |  |    |      |   |    |  |    |      |  |  |    |         |   |   |   |    |            |  |  |    |                                                                                                 |   |    |  |    |                           |   |  |    |                                                                                                  |   |    |  |    |               |   |  |    |                    |  |  |  |    |                          |   |  |
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                                        | Visual Condition: <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Fouling <input type="checkbox"/> Dirty <input type="checkbox"/> Plugged Condition Rating: <input type="checkbox"/> New <input type="checkbox"/> Routine <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> BER |                                                                                                       |            |                      |      |                           |     |                                       |      |             |             |            |     |      |             |     |           |   |                    |  |  |   |    |  |  |  |   |               |  |  |  |    |  |  |  |   |                         |  |  |  |    |  |  |  |   |              |  |  |  |    |  |  |  |   |                    |  |  |   |    |                         |  | 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                                        | Seal Condition: Top: _____ Bottom: _____ Insignia: _____ Last Service Date: <b>APR.21/03</b> Data Plate Condition: <b>REPLACE</b>                                                                                                                                                                                                                                                                  |                                                                                                       |            |                      |      |                           |     |                                       |      |             |             |            |     |      |             |     |           |   |                    |  |  |   |    |  |  |  |   |               |  |  |  |    |  |  |  |   |                         |  |  |  |    |  |  |  |   |              |  |  |  |    |  |  |  |   |                    |  |  |   |    |                         |  | 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| <b>PRE TEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Op. Temp.: <b>100 F</b> Capacity: <b>1446 SCFM/AIR</b> Code Symbol: <input type="checkbox"/> V <input checked="" type="checkbox"/> UV <input type="checkbox"/> HV <input checked="" type="checkbox"/> NB <input type="checkbox"/> None <input type="checkbox"/> Other                                                                                                                              |                                                                                                       |            |                      |      |                           |     |                                       |      |             |             |            |     |      |             |     |           |   |                    |  |  |   |    |  |  |  |   |               |  |  |  |    |  |  |  |   |                         |  |  |  |    |  |  |  |   |              |  |  |  |    |  |  |  |   |                    |  |  |   |    |                         |  |  |   |              |  |  |  |    |                |  |  |   |                                                                                                        |   |    |  |    |              |  |  |   |                   |  |  |  |    |            |  |  |   |                                                                                                                 |   |    |  |    |                       |  |  |    |        |  |  |  |    |        |  |  |    |                 |   |   |   |    |                      |   |     |    |                |   |    |  |    |                |  |  |    |                                                                                                          |   |    |  |    |                |  |  |    |                                                                                                         |  |  |  |    |               |  |  |    |                                                                                                 |   |    |  |    |       |  |  |    |         |  |  |  |    |         |  |  |    |          |   |    |  |    |          |  |  |    |                  |   |    |  |    |               |  |  |    |                                                                                                       |   |    |  |    |             |  |  |    |                                                                                                |   |   |  |    |      |  |  |    |                                                                                                  |   |   |  |    |        |  |  |    |             |  |  |  |    |             |  |  |    |             |  |  |  |    |             |  |  |    |      |  |  |  |    |      |  |  |    |                      |  |  |  |    |                      |  |  |    |            |  |  |  |    |            |  |  |    |      |   |    |  |    |      |  |  |    |         |   |   |   |    |            |  |  |    |                                                                                                 |   |    |  |    |                           |   |  |    |                                                                                                  |   |    |  |    |               |   |  |    |                    |  |  |  |    |                          |   |  |
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                                        | Set Pressure.: <b>430</b> <b>2965</b> Back Pressure.: _____ Cold Differential Set: _____ Info. Verification: <b>JM</b>                                                                                                                                                                                                                                                                             |                                                                                                       |            |                      |      |                           |     |                                       |      |             |             |            |     |      |             |     |           |   |                    |  |  |   |    |  |  |  |   |               |  |  |  |    |  |  |  |   |                         |  |  |  |    |  |  |  |   |              |  |  |  |    |  |  |  |   |                    |  |  |   |    |                         |  |  |   |              |  |  |  |    |                |  |  |   |                                                                                                        |   |    |  |    |              |  |  |   |                   |  |  |  |    |            |  |  |   |                                                                                                                 |   |    |  |    |                       |  |  |    |        |  |  |  |    |        |  |  |    |                 |   |   |   |    |                      |   |     |    |                |   |    |  |    |                |  |  |    |                                                                                                          |   |    |  |    |                |  |  |    |                                                                                                         |  |  |  |    |               |  |  |    |                                                                                                 |   |    |  |    |       |  |  |    |         |  |  |  |    |         |  |  |    |          |   |    |  |    |          |  |  |    |                  |   |    |  |    |               |  |  |    |                                                                                                       |   |    |  |    |             |  |  |    |                                                                                                |   |   |  |    |      |  |  |    |                                                                                                  |   |   |  |    |        |  |  |    |             |  |  |  |    |             |  |  |    |             |  |  |  |    |             |  |  |    |      |  |  |  |    |      |  |  |    |                      |  |  |  |    |                      |  |  |    |            |  |  |  |    |            |  |  |    |      |   |    |  |    |      |  |  |    |         |   |   |   |    |            |  |  |    |                                                                                                 |   |    |  |    |                           |   |  |    |                                                                                                  |   |    |  |    |               |   |  |    |                    |  |  |  |    |                          |   |  |
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                                        | Set Pressure: _____ psig _____ kpag Tested By: _____ Testing Medium: _____                                                                                                                                                                                                                                                                                                                         |                                                                                                       |            |                      |      |                           |     |                                       |      |             |             |            |     |      |             |     |           |   |                    |  |  |   |    |  |  |  |   |               |  |  |  |    |  |  |  |   |                         |  |  |  |    |  |  |  |   |              |  |  |  |    |  |  |  |   |                    |  |  |   |    |                         |  | 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                                        | Relieve Press.: _____ psig _____ kpag Reseat Press.: _____ psig _____ kpag No Reseat: _____                                                                                                                                                                                                                                                                                                        |                                                                                                       |            |                      |      |                           |     |                                       |      |             |             |            |     |      |             |     |           |   |                    |  |  |   |    |  |  |  |   |               |  |  |  |    |  |  |  |   |                         |  |  |  |    |  |  |  |   |              |  |  |  |    |  |  |  |   |                    |  |  |   |    |                         |  | 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| Comments: 1 <sup>ST</sup> : _____ 2 <sup>ND</sup> : _____ 3 <sup>RD</sup> : _____ Leakage Rate: _____ BPM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>LABOUR:</b> Dismantle: _____ IM _____ Inspection: <b>KZ</b> _____ Reassemble: <b>JERRY</b> _____<br/> <b>CONDITION CODES</b><br/> A - Good<br/> B - Bent<br/> C - Broken<br/> D - Clean<br/> E - Cracked<br/> F - Collapsed<br/> G - Corroded Mild<br/> H - Corroded Severe<br/> I - Deposits Light<br/> J - Deposits Heavy<br/> K - Eroded<br/> L - Galled<br/> M - Incorrect<br/> N - Inoperable<br/> O - Missing<br/> P - Out of Tolerance<br/> Q - Pitted<br/> R - Plugged<br/> S - Poor<br/> T - Marked<br/> U - Scored/Scratched<br/> V - Leaks<br/> W - Requires Replacing<br/> X - Requires Re-Aluminizing<br/> Y - Seized<br/> Z - Worn<br/> 1 - Stripped<br/> 2 - Non-OEM<br/> 3 - Threads Stripped<br/> 4 - Blown<br/> 5 - Pin Holes<br/> 6 - Spindle Runout<br/> 7 - Steam Cut<br/> 8 - N/A<br/> <b>WORK CODES</b><br/> 1 - Replaced<br/> 2 - Renew Next Repair<br/> 3 - Lapped &amp; Machined<br/> 4 - Machined<br/> 5 - Lapped<br/> 6 - Polished<br/> 7 - Re-Aluminized<br/> 8 - Left Alone<br/> 9 - Repaired<br/> 10 - Clean &amp; Use<br/> 11 - Welded<br/> 12 - N/A </div> <div style="width: 50%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>ITEM</th> <th>DESCRIPTION</th> <th>COND. CODES</th> <th>WORK CODES</th> <th>QTY</th> <th>ITEM</th> <th>DESCRIPTION</th> <th>QTY</th> <th>PCI P.O.#</th> </tr> </thead> <tbody> <tr><td>1</td><td>Recondition &amp; Test</td><td></td><td></td><td>1</td><td>32</td><td></td><td></td><td></td></tr> <tr><td>2</td><td>Priority Rate</td><td></td><td></td><td></td><td>33</td><td></td><td></td><td></td></tr> <tr><td>3</td><td>Certification Test Only</td><td></td><td></td><td></td><td>34</td><td></td><td></td><td></td></tr> <tr><td>4</td><td>Pre Pop Test</td><td></td><td></td><td></td><td>35</td><td></td><td></td><td></td></tr> <tr><td>5</td><td>Back Pressure Test</td><td></td><td></td><td>1</td><td>36</td><td>Duplicate Tag (SPM 3.5)</td><td></td><td></td></tr> <tr><td>6</td><td>Bellows Test</td><td></td><td></td><td></td><td>37</td><td>Sub Contractor</td><td></td><td></td></tr> <tr><td>7</td><td>Cap Assembly <input type="checkbox"/> Mild <input type="checkbox"/> Subst <input type="checkbox"/> Sev</td><td>A</td><td>10</td><td></td><td>38</td><td>Cap Assembly</td><td></td><td></td></tr> <tr><td>8</td><td>Repack Lift Lever</td><td></td><td></td><td></td><td>39</td><td>Lift Lever</td><td></td><td></td></tr> <tr><td>9</td><td>Adjusting Screw / Nut <input type="checkbox"/> Mild <input type="checkbox"/> Subst <input type="checkbox"/> Sev</td><td>A</td><td>10</td><td></td><td>40</td><td>Adjusting Screw / Nut</td><td></td><td></td></tr> <tr><td>10</td><td>Bonnet</td><td></td><td></td><td></td><td>41</td><td>Bonnet</td><td></td><td></td></tr> <tr><td>11</td><td>Spring / Number</td><td>O</td><td>1</td><td>1</td><td>42</td><td>Spring / Number P421</td><td>1</td><td>STK</td></tr> <tr><td>12</td><td>Spring Buttons</td><td>A</td><td>10</td><td></td><td>43</td><td>Spring Buttons</td><td></td><td></td></tr> <tr><td>13</td><td>Spindle / Stem <input type="checkbox"/> Mild <input type="checkbox"/> Subst <input type="checkbox"/> Sev</td><td>A</td><td>10</td><td></td><td>44</td><td>Spindle / Stem</td><td></td><td></td></tr> <tr><td>14</td><td>Stem Retainer <input type="checkbox"/> Mild <input type="checkbox"/> Subst <input type="checkbox"/> Sev</td><td></td><td></td><td></td><td>45</td><td>Stem Retainer</td><td></td><td></td></tr> <tr><td>15</td><td>Guide <input type="checkbox"/> Mild <input type="checkbox"/> Subst <input type="checkbox"/> Sev</td><td>A</td><td>10</td><td></td><td>46</td><td>Guide</td><td></td><td></td></tr> <tr><td>16</td><td>Bellows</td><td></td><td></td><td></td><td>47</td><td>Bellows</td><td></td><td></td></tr> <tr><td>17</td><td>Ring Pin</td><td>A</td><td>10</td><td></td><td>48</td><td>Ring Pin</td><td></td><td></td></tr> <tr><td>18</td><td>Blowdown Ring(s)</td><td>A</td><td>10</td><td></td><td>49</td><td>Blowdown Ring</td><td></td><td></td></tr> <tr><td>19</td><td>Disc Holder <input type="checkbox"/> Mild <input type="checkbox"/> Subst <input type="checkbox"/> Sev</td><td>A</td><td>10</td><td></td><td>50</td><td>Disc Holder</td><td></td><td></td></tr> <tr><td>20</td><td>Disc <input type="checkbox"/> Mild <input type="checkbox"/> Subst <input type="checkbox"/> Sev</td><td>T</td><td>5</td><td></td><td>51</td><td>Disc</td><td></td><td></td></tr> <tr><td>21</td><td>Nozzle <input type="checkbox"/> Mild <input type="checkbox"/> Subst <input type="checkbox"/> Sev</td><td>T</td><td>5</td><td></td><td>52</td><td>Nozzle</td><td></td><td></td></tr> <tr><td>22</td><td>Ball Keeper</td><td></td><td></td><td></td><td>53</td><td>Ball Keeper</td><td></td><td></td></tr> <tr><td>23</td><td>Keeper Seal</td><td></td><td></td><td></td><td>54</td><td>Keeper Seal</td><td></td><td></td></tr> <tr><td>24</td><td>Ball</td><td></td><td></td><td></td><td>55</td><td>Ball</td><td></td><td></td></tr> <tr><td>25</td><td>Ball / Seat Assembly</td><td></td><td></td><td></td><td>56</td><td>Ball / Seat Assembly</td><td></td><td></td></tr> <tr><td>26</td><td>Seat Frame</td><td></td><td></td><td></td><td>57</td><td>Seat Frame</td><td></td><td></td></tr> <tr><td>27</td><td>Body</td><td>A</td><td>10</td><td></td><td>58</td><td>Body</td><td></td><td></td></tr> <tr><td>28</td><td>Gaskets</td><td>Z</td><td>W</td><td>1</td><td>59</td><td>Gasket Set</td><td></td><td></td></tr> <tr><td>29</td><td>Inlet <input type="checkbox"/> Mild <input type="checkbox"/> Subst <input type="checkbox"/> Sev</td><td>A</td><td>10</td><td></td><td>60</td><td>Reset Tag (SPM 3.3 ; 3.4)</td><td>1</td><td></td></tr> <tr><td>30</td><td>Outlet <input type="checkbox"/> Mild <input type="checkbox"/> Subst <input type="checkbox"/> Sev</td><td>A</td><td>10</td><td></td><td>61</td><td>Shop Supplies</td><td>1</td><td></td></tr> <tr><td>31</td><td>Lap Nozzle to Base</td><td></td><td></td><td></td><td>62</td><td>Hazardous Waste Disposal</td><td>1</td><td></td></tr> </tbody> </table> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                       |            |                      |      |                           |     |                                       | ITEM | DESCRIPTION | COND. CODES | WORK CODES | QTY | ITEM | DESCRIPTION | QTY | PCI P.O.# | 1 | Recondition & Test |  |  | 1 | 32 |  |  |  | 2 | Priority Rate |  |  |  | 33 |  |  |  | 3 | Certification Test Only |  |  |  | 34 |  |  |  | 4 | Pre Pop Test |  |  |  | 35 |  |  |  | 5 | Back Pressure Test |  |  | 1 | 36 | Duplicate Tag (SPM 3.5) |  |  | 6 | Bellows Test |  |  |  | 37 | Sub Contractor |  |  | 7 | Cap Assembly <input type="checkbox"/> Mild <input type="checkbox"/> Subst <input type="checkbox"/> Sev | A | 10 |  | 38 | Cap Assembly |  |  | 8 | Repack Lift Lever |  |  |  | 39 | Lift Lever |  |  | 9 | Adjusting Screw / Nut <input type="checkbox"/> Mild <input type="checkbox"/> Subst <input type="checkbox"/> Sev | A | 10 |  | 40 | Adjusting Screw / Nut |  |  | 10 | Bonnet |  |  |  | 41 | Bonnet |  |  | 11 | Spring / Number | O | 1 | 1 | 42 | Spring / Number P421 | 1 | STK | 12 | Spring Buttons | A | 10 |  | 43 | Spring Buttons |  |  | 13 | Spindle / Stem <input type="checkbox"/> Mild <input type="checkbox"/> Subst <input type="checkbox"/> Sev | A | 10 |  | 44 | Spindle / Stem |  |  | 14 | Stem Retainer <input type="checkbox"/> Mild <input type="checkbox"/> Subst <input type="checkbox"/> Sev |  |  |  | 45 | Stem Retainer |  |  | 15 | Guide <input type="checkbox"/> Mild <input type="checkbox"/> Subst <input type="checkbox"/> Sev | A | 10 |  | 46 | Guide |  |  | 16 | Bellows |  |  |  | 47 | Bellows |  |  | 17 | Ring Pin | A | 10 |  | 48 | Ring Pin |  |  | 18 | Blowdown Ring(s) | A | 10 |  | 49 | Blowdown Ring |  |  | 19 | Disc Holder <input type="checkbox"/> Mild <input type="checkbox"/> Subst <input type="checkbox"/> Sev | A | 10 |  | 50 | Disc Holder |  |  | 20 | Disc <input type="checkbox"/> Mild <input type="checkbox"/> Subst <input type="checkbox"/> Sev | T | 5 |  | 51 | Disc |  |  | 21 | Nozzle <input type="checkbox"/> Mild <input type="checkbox"/> Subst <input type="checkbox"/> Sev | T | 5 |  | 52 | Nozzle |  |  | 22 | Ball Keeper |  |  |  | 53 | Ball Keeper |  |  | 23 | Keeper Seal |  |  |  | 54 | Keeper Seal |  |  | 24 | Ball |  |  |  | 55 | Ball |  |  | 25 | Ball / Seat Assembly |  |  |  | 56 | Ball / Seat Assembly |  |  | 26 | Seat Frame |  |  |  | 57 | Seat Frame |  |  | 27 | Body | A | 10 |  | 58 | Body |  |  | 28 | Gaskets | Z | W | 1 | 59 | Gasket Set |  |  | 29 | Inlet <input type="checkbox"/> Mild <input type="checkbox"/> Subst <input type="checkbox"/> Sev | A | 10 |  | 60 | Reset Tag (SPM 3.3 ; 3.4) | 1 |  | 30 | Outlet <input type="checkbox"/> Mild <input type="checkbox"/> Subst <input type="checkbox"/> Sev | A | 10 |  | 61 | Shop Supplies | 1 |  | 31 | Lap Nozzle to Base |  |  |  | 62 | Hazardous Waste Disposal | 1 |  |
| ITEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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CODES                                                                                           | WORK CODES | QTY                  | ITEM | DESCRIPTION               | QTY | PCI P.O.#                             |      |             |             |            |     |      |             |     |           |   |                    |  |  |   |    |  |  |  |   |               |  |  |  |    |  |  |  |   |                         |  |  |  |    |  |  |  |   |              |  |  |  |    |  |  |  |   |                    |  |  |   |    |                         |  |  |   |              |  |  |  |    |                |  |  |   |                                                                                                        |   |    |  |    |              |  |  |   |                   |  |  |  |    |            |  |  |   |                                                                                                                 |   |    |  |    |                       |  |  |    |        |  |  |  |    |        |  |  |    |                 |   |   |   |    |                      |   |     |    |                |   |    |  |    |                |  |  |    |                                                                                                          |   |    |  |    |                |  |  |    |                                                                                                         |  |  |  |    |               |  |  |    |                                                                                                 |   |    |  |    |       |  |  |    |         |  |  |  |    |         |  |  |    |          |   |    |  |    |          |  |  |    |                  |   |    |  |    |               |  |  |    |                                                                                                       |   |    |  |    |             |  |  |    |                                                                                                |   |   |  |    |      |  |  |    |                                                                                                  |   |   |  |    |        |  |  |    |             |  |  |  |    |             |  |  |    |             |  |  |  |    |             |  |  |    |      |  |  |  |    |      |  |  |    |                      |  |  |  |    |                      |  |  |    |            |  |  |  |    |            |  |  |    |      |   |    |  |    |      |  |  |    |         |   |   |   |    |            |  |  |    |                                                                                                 |   |    |  |    |                           |   |  |    |                                                                                                  |   |    |  |    |               |   |  |    |                    |  |  |  |    |                          |   |  |
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                                        | Priority Rate                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                       |            |                      | 33   |                           |     |                                       |      |             |             |            |     |      |             |     |           |   |                    |  |  |   |    |  |  |  |   |               |  |  |  |    |  |  |  |   |                         |  |  |  |    |  |  |  |   |              |  |  |  |    |  |  |  |   |                    |  |  |   |    |                         |  | 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                                        | Cap Assembly <input type="checkbox"/> Mild <input type="checkbox"/> Subst <input type="checkbox"/> Sev                                                                                                                                                                                                                                                                                             | A                                                                                                     | 10         |                      | 38   | Cap Assembly              |     |                                       |      |             |             |            |     |      |             |     |           |   |                    |  |  |   |    |  |  |  |   |               |  |  |  |    |  |  |  |   |                         |  |  |  |    |  |  |  |   |              |  |  |  |    |  |  |  |   |                    |  |  |   |    |                         |  | 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| 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Outlet <input type="checkbox"/> Mild <input type="checkbox"/> Subst <input type="checkbox"/> Sev                                                                                                                                                                                                                                                                                                   | A                                                                                                     | 10         |                      | 61   | Shop Supplies             | 1   |                                       |      |             |             |            |     |      |             |     |           |   |                    |  |  |   |    |  |  |  |   |               |  |  |  |    |  |  |  |   |                         |  |  |  |    |  |  |  |   |              |  |  |  |    |  |  |  |   |                    |  |  |   |    |                         |  |  |   |              |  |  |  |    |                |  |  |   |                                                                                                        |   |    |  |    |              |  |  |   |                   |  |  |  |    |            |  |  |   |                                                                                                                 |   |    |  |    |                       |  |  |    |        |  |  |  |    |        |  |  |    |                 |   |   |   |    |                      |   |     |    |                |   |    |  |    |                |  |  |    |                                                                                                          |   |    |  |    |                |  |  |    |                                                                                                         |  |  |  |    |               |  |  |    |                                                                                            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                                                                    |   |    |  |    |                           |   |  |    |                                                                                                  |   |    |  |    |               |   |  |    |                    |  |  |  |    |                          |   |  |
| 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Lap Nozzle to Base                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                       |            |                      | 62   | Hazardous Waste Disposal  | 1   |                                       |      |             |             |            |     |      |             |     |           |   |                    |  |  |   |    |  |  |  |   |               |  |  |  |    |  |  |  |   |                         |  |  |  |    |  |  |  |   |              |  |  |  |    |  |  |  |   |                    |  |  |   |    |                         |  |  |   |              |  |  |  |    |                |  |  |   |                                                                                                        |   |    |  |    |              |  |  |   |                   |  |  |  |    |            |  |  |   |                                                                                                                 |   |    |  |    |                       |  |  |    |        |  |  |  |    |        |  |  |    |                 |   |   |   |    |                      |   |     |    |                |   |    |  |    |                |  |  |    |                                                                                                          |   |    |  |    |                |  |  |    |                                                                                                         |  |  |  |    |               |  |  |    |                                                                                            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INTERNAL CONDITIONS See SWI# 4043 on the left of this document for definitions.

|                                                                                                                                                                                                                                                                 |             |                     |             |                            |            |                                            |                                  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------|-------------|----------------------------|------------|--------------------------------------------|----------------------------------|--|
| Additional: <input type="checkbox"/> Cleaning <input type="checkbox"/> Lapping Nozzle <input type="checkbox"/> Lapping Disc <input type="checkbox"/> Pipe Fitting for Reassembly & Test <input type="checkbox"/> Recommended Replacements                       |             |                     |             |                            |            |                                            |                                  |  |
| <b>VALVE EXCHANGE PROGRAM</b>                                                                                                                                                                                                                                   |             |                     |             |                            |            |                                            |                                  |  |
| <b>POST ASSEMBLY INSPECTION &amp; SIGN OFF (Refer to QR8 #14):</b> DATE: _____ NEW MODEL#: _____                                                                                                                                                                |             |                     |             |                            |            |                                            |                                  |  |
| IM&T Equipment ( REF. SPM 05 ) Linial# 3206 Pressure# 0556/3142 Test Bench# 3307                                                                                                                                                                                |             |                     |             |                            |            |                                            |                                  |  |
| Min. Man. Specified Dimensions                                                                                                                                                                                                                                  |             | Dimensions As Found |             | Dimensions After Machining |            | Action Taken                               |                                  |  |
| Disc Ht. 0.4900                                                                                                                                                                                                                                                 | Step 0.0100 | Disc Ht. 0.4970     | Step 0.0200 | Disc Ht. _____             | Step _____ | <input checked="" type="checkbox"/> Accept | <input type="checkbox"/> Machine |  |
| Nozzle Ht. 0.2650                                                                                                                                                                                                                                               | Step _____  | Nozzle Ht. 0.2725   | Step _____  | Nozzle Ht. _____           | Step _____ | <input type="checkbox"/> Customer Review   |                                  |  |
| Set Point: Definition: POP Tolerance: 3% Set Using: <input checked="" type="checkbox"/> Air <input type="checkbox"/> Nitrogen <input type="checkbox"/> H2O <input type="checkbox"/> Air / H2O <input checked="" type="checkbox"/> Lock Nut Secured              |             |                     |             |                            |            |                                            |                                  |  |
| Set Pressure Change: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> New Spring <input type="checkbox"/> Non Code Repair QR018B Item #: _____ <input checked="" type="checkbox"/> Ring Pin Torqued                       |             |                     |             |                            |            |                                            |                                  |  |
| Set Pressure: 400 psig 2758 kpag Capacity: 1350 SCFM/AIR Service Interval: _____ Months QR018C Item #: _____ <input type="checkbox"/> Lift Lever Ass'y Secured                                                                                                  |             |                     |             |                            |            |                                            |                                  |  |
| Back Pressure: _____ psig _____ kpag Ring Setting: Upper: _____ Lower: ±7                                                                                                                                                                                       |             |                     |             |                            |            |                                            |                                  |  |
| Cold Diff. Set: _____ psig _____ kpag Reseat: _____                                                                                                                                                                                                             |             |                     |             |                            |            |                                            |                                  |  |
| Bellows Test @: _____ psig _____ kpag Blowdown: _____                                                                                                                                                                                                           |             |                     |             |                            |            |                                            |                                  |  |
| Back Press. Test: 100 psig _____ kpag                                                                                                                                                                                                                           |             |                     |             |                            |            |                                            |                                  |  |
| Leakage Rate: 0 BPM                                                                                                                                                                                                                                             |             |                     |             |                            |            |                                            |                                  |  |
| Comments: <input checked="" type="checkbox"/> Ends Covered <input checked="" type="checkbox"/> Appearance <input checked="" type="checkbox"/> Packing Slip <input checked="" type="checkbox"/> Painting <input checked="" type="checkbox"/> Tagging EDM - 13177 |             |                     |             |                            |            |                                            |                                  |  |
| Date: MAY 06/10 Tested By: RIK Witness: ROB Final Inspection: LS                                                                                                                                                                                                |             |                     |             |                            |            |                                            |                                  |  |