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Inspection Report - CNRL2 # 8094

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465134- GLYCOL CONTACTOR

VT External

| Province: | Alberta | Manway: | No |
|---------------------------|----------------|-------------------------|-------------------------|
| District: | STURGEON LAKE | Coating: | No |
| Location: | STURLS | Inspect Date: | 1/20/2010 |
| LSD: | 15-16-069-22W5 | Inspection Interval: | 60 |
| CRN: | L9566.23 | Next Inspection: | 1/20/2015 |
| Skid/Equipment Number: | PKG55522 | MAWP: | 1459 PSI 10059.5132 KPa |
| Service: | SWEET | Temperature: | 150 F 65.56 C |
| Status: | In Service | Outstanding NCRs: | 0 |

| General: | | | |
|---|--|-----------------------------|----------------|
| Safety Valves: | | | |
| PSV <u>FLD2288</u> Prot 14572SCFM / 413m | tects the Shell Of the Vessel. Set 3/min | Pressure of 1450 PSI / 9997 | KPa. Capacity: |
| Status: In Service | Examination Methods: VT | Access: External | Cleaning: Good |
| | | | |

External:

All visible shell surfaces and nozzles appear in good condition. Name plate is intact and legible. Vessel supports, foundation, electrical grounding and external coating appear good. Associated piping, supports and components appear in good condition and alignment with no signs of leaks or defects present at the time of inspection. No evidence of short studding or nut rounding at time of inspection. Verify PSV protection and PSV's are properly installed with any block valves locked/sealed open. Verify vessel has Alberta CRN and A# stamping, PSV has correct code stamp, set pressure and MWS tagging, and was last serviced within the required interval guidelines. Assign inspection interval.

Internal:

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| Recommendations: | | |
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| | | |
| | | |
| Inspector's Declaration: I have witnessed the about accordance with our manual and that the inform pressure equipment detailed here is: | ove inspections and certify that they have been done ation is accurate. I certify that the status of the | |
| Suitable to be returned to service: Yes | Repairs complete: N/A | |
| Repairs are still required: No | Suggested Inspection Interval: 60 | |
| Inspector: Leo Nedelec, MWS Date: 1/20/2010 | | |
| Chief Inspector: I certify that the information on by the Owner/User Quality Assurance Program# Adone. | | |
| Chief Inspector: Jim Damiani Cert 00037 | | |

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