

INSPECTION REPORT



Pressure Vessel Survey			
Location:	Point Tupper	EM&I J Report No.:	PT-D2005-090820-GG-R0
Client Name:		Client Ref No.:	PT-11564908-001-D2005
Client Rep.:		Inspector Name:	Gaylan Green
WO No.:		Inspection Date:	August 20, 2009
SPO No.:		System:	Propane Plus Liquids
Workscope No.:	PT-2009-D2005-INT-01	EM&I J Job No:	EMJ0132.43
Tag No.:	D-2005	Equipment Description:	Depropanizer Feed Drum D-2005
Date of Last Inspection:	NA	Previous Records Seen:	NA
Drawing No.:	98-CA-399735-1A		

Inspection Summary					
Restriction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Comments:		
Item	Condition				Comments
External Ladders, Access and Support Structure	Good	Fair	Poor	NA	
1. If applicable, check ladders, stairways, platforms and walkways that are connected to, or bearing on the vessel for signs of corrosion, missing components, or deterioration.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. If applicable, check vessel supports for signs of deterioration, settlement, deflection, and/or corrosion.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If applicable, check coatings for signs of deterioration, rusts spots, cracks, blistering, and/or coating disbondment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Random isolated paint failure and rust spots
4. a) For horizontally mounted vessels, check for signs of trapped moisture, resulting in corrosion between cradle support and vessel shell.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) For vertically mounted vessels on skirt support or support legs, check for condensation, resulting in corrosion on the bottom cap/ inside skirt support surface or area of attachment of the support legs to the bottom cap.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Check the grounding connection is correctly installed, with cable connections tight and ground wires in good condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Firmly attached
6. Check all bolted connections for any signs of corrosion or mechanical damage.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. If applicable, check the vessel sliding foot free to move and hold-down bolts are free.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Vessel External Surfaces	Good	Fair	Poor	NA	
1. Check permanent identifying tags on vessel are legible and present the required information.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In place and legible
2. If applicable, check that all bolts/studs extend fully through their nuts, having a protrusion beyond the nut of not less than one thread; flange bolts have bolt heads all on the side of the joint.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If applicable, check bolted connections are in full contact with connected elements and connections for any signs of rust, corrosion or mechanical damage.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. If applicable, check insulation support bands and clips for signs of corrosion or breakage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Painted
5. Check all welded seams and connections for any signs of deterioration, corrosion, cracking, pitting or other sign of failure. Specify.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6) If applicable, check insulation type, condition for any insulation damage and ingress of water. Record insulation type.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Carry out visual inspection of the exterior surface of the vessel, including coatings for any signs of leaks, cracks, deformation, distortion, pitting, corrosion or other forms of deterioration. If so, specify type, location and extent.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No pitting noted at paint failure areas
8. If applicable, check weep holes in reinforcement plates are not plugged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
External Piping / Instrument Attachments	Good	Fair	Poor	NA	
1. If applicable, check vessel trim, such as gauges, sight glasses, valves and other appurtenances, show signs of deterioration, or missing components, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. If applicable, check if the PSV on the vessel is in calibration. Record tag number of PSV and calibration date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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Restriction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments:		
Item	Condition				Comments
3. Inspect fittings, nozzles and other connections, including the surrounding vessel shell / head for any signs of distortion or cracks, wall loss, leakage, deterioration of coatings, etc. Specify extent and location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vessel Internal Surfaces	Good	Fair	Poor	NA	
1. Check for signs of corrosion, erosion, cracks, blisters, pitting, distortion, or other forms of deterioration on the internal vessel surfaces. If any, specify type, location and extent.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mil scale type pitting throughout the shell and heads. The larger and deeper pitting was located on the heads (approximately .05" deep x 4" long). No bulges or distortions were noted.
2. Check all welded joints for any signs of deterioration, corrosion, cracking, pitting or other sign of failure. Specify.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Check all man-ways, nozzles and connections for distortion, cracks, corrosion, wall loss and other type of defects or failures. If any defects are noted, specify type, extent and location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No visual discrepancies noted
4. If applicable, compare the results of performed wall thickness survey with previous reports for areas of wall thickness loss. Identify areas on inspection report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Where applicable, check vessel internal cladding for signs of bulging, buckling, cracks, holes, etc. If any, specify type, location and extent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Where applicable, check the vessel internal coating for signs of deterioration, such as: rust spots, blisters, coating disbandment, etc. If any, specify type, location and extent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. If possible, check gasket seals on all flanges for signs of corrosion and/or mechanical damage.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No visual adverse conditions noted
Internal Equipment/Piping /Supports	Good	Fair	Poor	NA	
1. Where applicable, check supports for vessel's internal equipment and components for signs of corrosion, distortion and deterioration.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Riser and grating intact
2. If applicable, check vessel's internals for signs of corrosion, distortion and deterioration, missing components etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If applicable, check if bolted connections are in full contact with connected elements and connections are free from rust or other deleterious material that may prohibit full contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Detail of Findings
Instructions: With the aid of Drawing(s), Sketch(es) and Photo(s) describe findings
<p>CERTIFIED BY TRENERGY INC</p> <p>MAX ALLOWABLE W.P.: 1724/-62 KPAG AT TEMP: 65C</p> <p>MIN DESIGN TEMP: -27C AT PRESSURE 1724/-62 KPAG</p> <p>SERIAL NO: 066</p> <p>YEAR BUILT: 1999</p> <p>CRN: 9093.8</p> <p>DOL NO.:007980</p>

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Detail of Findings

Instructions: With the aid of Drawing(s), Sketch(es) and Photo(s) describe findings



Photo 1 – Manway and manway weld seam



Photo 2 – Riser with grating

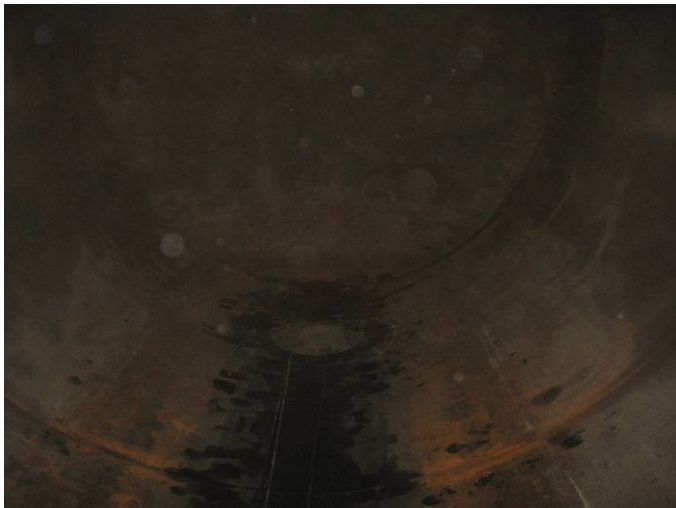


Photo 3 – Shell



Photo 4 – Typical condition of weld seams

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List of Attachments

Attachment 1: PT-D2005-090820-DG-MPI
Attachment 2: MPI Locations

End of Report

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Magnetic Particle Inspection

Location:	Point Tupper	EM&I J Report No.:	PT-D2005-090820-DG-MPI
Client Name:	Exxon Mobil Sable	Client Ref No.:	PT-11564908-001-D2005
Client Rep.:	Dale Groves	Inspector Name:	David Grayden
WO No.:	11564908	Inspection Date:	August 20, 2009
SPO No.:	4501905471	Inspection Time:	Various
Workscope No.:	PT-2009-D2005-INT-01	System:	Propane Plus Liquids
Previous Report No.	NA	EM&I J Job No:	EMJ0132.43
Ref. Drawing No.:	98-CA-399735-1A	Item Inspected:	Internals
Technician Certifications:	PCN 2, MT	Certification Expiry Date:	October 10, 2009
Inspection Code:		Inspection Procedure:	
Acceptance Criteria:			
Material:	Surface Condition:	Temperature:	Field Indicator:
Lighting Type:	Artificial	Black Light S/N:	Light Level:
Contrast:	Manufacturer:	Type:	Batch:
Ink:	Manufacturer:	Type:	Batch:
Equipment:	Type:	S/N:	Calibration Due:
			Current Type:

Inspection Summary

Restriction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Comments:
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Fluorescent magnetic particle inspection was carried out as per workpack request.
API request items inspected - Nozzles M, N3B, N6, 3 foot sections on circ welds also inspected.

All inspected areas - no discontinuities detected at time of inspection.

See Attachment 2 for locations.

End of Report

Inspector Name:	David Grayden	Signature:	See Field Copy	Date:	
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Areas on Circ wlds inspected. 3 foot sections.

