

TANKER TEST AND INSPECTION REPORT

Information as required by Sec. 180.407(h)(4), and 180.417(b) & (c) of the O.T. Hazardous Materials Regulations

INSPECTION TEST DATE

6-20-23

OWNER SJA TRANSPORT		CARRIER (if other than owner)	
PRINCIPAL PLACE OF BUSINESS ADDRESS 101 E. SOUTH ST.		PRINCIPAL PLACE OF BUSINESS ADDRESS	
CITY, STATE, ZIP CODE Rockford, OH 45882	TELEPHONE 419-263-2342	CITY, STATE, ZIP CODE	TELEPHONE
OWNER'S SERIAL NO. 222	MFG. DATE	ORIG. TEST DATE	CARRIER'S EQUIPMENT NO.
CARGO TANK MOTOR VEHICLE MFG.	CARGO TANK MOTOR VEHICLE CERT. DATE	TANK MANUFACTURER Poler	VESSEL MATERIAL SPEC. NO. 5454
MAX. WEIGHT OF LADING LBS. NA	LINING MATERIALS	DOT SPECIFICATION NO. 706	FLUID CAPACITY (GALS.) 7600
HEATING SYSTEM	DESIGN PRESSURE (PSIG) NA	DESIGN TEMPERATURE (°F) NA	ORIGINAL TEST DATE 11-06
SHELL	MATERIAL	DESIGN TEMPERATURE (°F) _____ TO _____ °F	MAXIMUM ALLOWABLE WORKING PRESSURE (PSIG) 3.3
EXPOSED SURFACE AREA IN SQ. FT. NA	MAX. DESIGN DENSITY OF LADING (LBS. PER GAL.) NA	TANK <input type="checkbox"/> LINED <input type="checkbox"/> INSULATED <input type="checkbox"/> SPECIAL SERVICE <input type="checkbox"/> MATERIAL CORROSIVE TO TANK _____ <input type="checkbox"/> DEDICATED SERVICE _____ <input type="checkbox"/> OTHER _____	
<input type="checkbox"/> EXTERNAL VISUAL (V) <input type="checkbox"/> LEAKAGE TEST (L) <input type="checkbox"/> PRESSURE RETEST (P) <input type="checkbox"/> INTERNAL VISUAL (I) <input type="checkbox"/> HYDROSTATIC <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> HYDROSTATIC <input type="checkbox"/> LINING INSPECTION (L) <input type="checkbox"/> DELIVERY HOSE/PIPING <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> THICKNESS TEST (T) <input type="checkbox"/> K-EPA27			

YES	NO	ITEM	ITEM	TYPE	LEAKAGE		PRESSURE		AVERAGE RESULTS
					TIME TEST	TIME	TIME	TIME	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Tank Shell	Frangible (Rupture) Disk		1	8:30	8:35		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Tank Heads	Major Appendances		2	8:45	8:50		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Head-to-Shell Seam	• upper coupler assembly		3	9:00	9:05		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Valves	• suspension system attachments		4				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Gaskets	• connecting structures		5				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Manhole Covers	Lining Material		6				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Manhole Gaskets	Pressure Bearing Portions of Heating System						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Devices for Tightening Manhole Gaskets on Full Opening Rear Head	Flues for Heating System						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Self-closing Stop-valves	Corroded or Abraded Areas						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Escape Flow Valves	Disinerters						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Remote Closure Devices	Dents						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Reclosing Pressure Relief Valves	Welds						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nuts and Bolts							

HOSE I.D. NO. _____ DATE OF ORIG. HOSE ASSEMBLY TEST _____

CONDITION OF HOSE ASSEMBLY & PIPING SYSTEM _____

THICKNESS (INCHES) _____

HEAD _____ SHELL TOP _____ SHELL SIDE _____ SHELL BOTTOM _____

I.D. OF FLUID USED FOR TEST **H2O-AIR LEAKAGE/PRESSURE**

TEST PRESSURE **3.3 lbs**

HOLDING TIME OF TEST **5 min**

(CHECK ONE) NO DEFECT OR DAMAGE DISCOVERED DEFECTS OR DAMAGE DISCOVERED

LOCATION OF DEFECTS OR DAMAGE: weld heat-affected zone liquid phase vapor phase head-to-shell seam delivery hose/piping appendances

Explain: **#2 dry bore site stress tanking**
#3 dry in belly pipe tanking

NATURE AND SEVERITY:

METHOD OF REPAIRS: **Retired site stress (dry bore)**
Retired belly

IS REPAIR CERTIFICATION REQUIRED? YES NO DESIGN CERTIFYING ENGINEER REGISTRATION NO. _____

THIS UNIT HAS HAULED ANHYDROUS AMMONIA LIQUEFIED PETROLEUM GAS ANY OTHER MATERIAL THAT MAY CAUSE STRESS CORROSION CRACKING

STRESS RELIEVED AFTER FABRICATION YES NO

REPAIR DATE **NA**

DOT REGISTRATION NUMBER OF THE TESTING FACILITY/PERSON **CT 3437** TEST DATE **6-20-23** STRESS RELIEVED AFTER REPAIR YES NO

TESTED BY (Person's Name) **Ryan Miller** REPAIRED BY **HOOSIER TRAILER AND TRUCK EQUIP. INC.**

ADDRESS **4830 TODD DRIVE** ADDRESS **4830 TODD DR**

CITY, STATE, ZIP **FORT WAYNE, IN 46803** CITY, STATE, ZIP **FORT WAYNE, IN 46803**

CARGO TANK: MEETS FAILS TO MEET THE REQUIREMENTS OF THE DOT SPECIFICATIONS IDENTIFIED ON THIS REPORT

DISPOSITION OF CARGO TANK: WITHDRAWN FROM SERVICE RETURNED TO SERVICE

MARKINGS APPLIED: YES NO

SIGNATURE OF INSPECTOR _____ DOT REGISTRATION NUMBER **CT 3437** DATE **6-20-23** SIGNATURE OF OWNER **Robert Behm** DATE **6-20-23**

TANKER TEST AND INSPECTION REPORT

Information as required by Sec. 180.407(n)(4), and 180.417(b) & (c) of the D.O.T. Hazardous Materials Regulations

INSPECTION TEST DATE
6-20-23

OWNER SJA TRANSPORT		CARRIER (if other than owner)	
PRINCIPAL PLACE OF BUSINESS ADDRESS 101 E. SOUTH ST.		PRINCIPAL PLACE OF BUSINESS ADDRESS	
CITY, STATE, ZIP CODE ROCKFORD, OH 45882		CITY, STATE, ZIP CODE	
TELEPHONE 419-267-2242		TELEPHONE	
OWNER'S SERIAL NO. 222	MFG. DATE 11-26	ORIG. TEST DATE 11-26	CARRIER'S EQUIPMENT NO.
CARGO TANK MOTOR VEHICLE MFG.	CARGO TANK MOTOR VEHICLE CERT. DATE	TANK MANUFACTURER Polar	VESSEL MATERIAL SPEC. NO. 5454
MAX. WEIGHT OF LADING LBS. NA	LINING MATERIALS	DOT SPECIFICATION NO. 4000	MANUFACTURER'S SERIAL NO. 1P1A2442275006084
HEATING SYSTEM	DESIGN PRESSURE (PSIG) NA	DESIGN TEMPERATURE (°F) NA	FLUID CAPACITY (GALS.) 9600
SHELL MATERIAL		ORIGINAL TEST DATE 11-26	MAXIMUM ALLOWABLE WORKING PRESSURE (PSIG) 3.3
EXPOSED SURFACE AREA IN SQ. FT. NA	HEAD	DESIGN TEMPERATURE (°F) _____ TO _____	WATER CAPACITY IN LBS.
TYPE OF TEST(S)		TANK <input type="checkbox"/> LINED <input type="checkbox"/> INSULATED	
<input type="checkbox"/> EXTERNAL VISUAL (V) <input type="checkbox"/> LEAKAGE TEST (K) <input type="checkbox"/> PRESSURE RETEST (P)		<input type="checkbox"/> SPECIAL SERVICE	
<input type="checkbox"/> INTERNAL VISUAL (I) <input type="checkbox"/> HYDROSTATIC <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> HYDROSTATIC		<input type="checkbox"/> MATERIAL CORROSIVE TO TANK _____	
<input type="checkbox"/> LINING INSPECTION (L) <input type="checkbox"/> DELIVERY HOSE/PIPING <input type="checkbox"/> PNEUMATIC		<input type="checkbox"/> DEDICATED SERVICE _____	
<input type="checkbox"/> THICKNESS TEST (T) <input type="checkbox"/> K-EPA27		<input type="checkbox"/> OTHER _____	

YES		NO		ITEM		TYPE		MODIFIED / METHOD 27		
TEST	START	END	TEST	START	END	TEST	START	END	AVERAGE RESULTS	
				Tank Shell	Fragile (Rupture) Disk	PRESSURE RELIEF DEVICES				
				Tank Heads	Major Appurtenances					
				Head-to-Shell Seam	- upper coupler assembly					
				Valves	- suspension system attachments					
				Gaskets	- connecting structures					
				Manhole Covers	Lining Material		Device Number	1	2	3
				Manhole Gaskets	Pressure Bearing Portions of Hoisting System		Tested			
				Devices for Tightening Manhole Gaskets on Full Opening Rear Head			Removed			
				Self-closing Stop-Valves	Flaws for Hoisting System		Inspected			
				Excess Flow Valves			Replaced			
				Remote Closure Devices	Corroded or Abraded Areas	Reinstalled				
				Reclosing Pressure Relief Valves	Distortions	Repaired				
				Nuts and Bolts	Cracks	Pressure - set to discharge				
					Welds	Pressure - when open				
						Pressure - when resealed				

DELIVERY HOSE/PIPING

HOSE I.D. NO. _____ DATE OF ORIG. HOSE ASSEMBLY TEST _____

CONDITION OF HOSE ASSEMBLY & PIPING SYSTEM _____

THICKNESS (INCHES) MFG. _____ MIN. _____

HEAD _____ SHELL TOP _____ SHELL SIDE _____ SHELL BOTTOM _____

I.D. OF FLUID USED FOR TEST **H₂O**

TEST PRESSURE **18"**

HOLDING TIME OF TEST **5min**

UPPER COUPLER ASSEMBLY
 EXAMINED IN PLACE
 REMOVED FOR EXAMINATION

(CHECK ONE) NO DEFECT OR DAMAGE DISCOVERED DEFECTS OR DAMAGE DISCOVERED

LOCATION OF DEFECTS OR DAMAGE: weld heat-affected zone liquid phase vapor phase head-to-shell seam delivery hose/piping appurtenances

Explain:
Crack on drive side taking probe holder on 2nd testing

NATURE AND SEVERITY:

METHOD OF REPAIRS:
Replaced Seal on probe holder
Tighten Probe holder

IS REPAIR CERTIFICATION REQUIRED? YES NO DESIGN CERTIFYING ENGINEER REGISTRATION NO. _____

THIS UNIT HAS HAULED ANHYDROUS AMMONIA (CERTIFIED AS 2.5% WATER BY WEIGHT) ANY OTHER MATERIAL THAT MAY CAUSE STRESS CORROSION CRACKING LIQUEFIED PETROLEUM GAS

STRESS RELIEVED AFTER FABRICATION YES NO REPAIR DATE **NA**

DOT REGISTRATION NUMBER OF THE TESTING FACILITY/PERSON **CT 3437** TEST DATE **6-20-23** STRESS RELIEVED AFTER REPAIR YES (Full Local) NO **NA**

TESTED BY (Person's Name) **Ryan Shaw** REPAIRED BY **HOOSIER TRAILER AND TRUCK EQUIP. INC.**

ADDRESS **4830 TODD DRIVE** ADDRESS **4830 TODD DRIVE**

CITY, STATE, ZIP **FORT WAYNE, IN 46803** CITY, STATE, ZIP **FORT WAYNE, IN 46803**

CARGO TANK: MEETS FAILS TO MEET THE REQUIREMENTS OF THE DOT SPECIFICATIONS IDENTIFIED ON THIS REPORT

DISPOSITION OF CARGO TANK: WITHDRAWN FROM SERVICE RETURNED TO SERVICE MARKINGS APPLIED: YES NO

SIGNATURE OF INSPECTOR _____ DOT REGISTRATION NUMBER **CT 3437** DATE **6-20-23** SIGNATURE OF OWNER **Robert B. Behm** DATE **6-20-23**



CITGO Petroleum Corporation
TERMINALS AND PIPELINES

Carrier Equipment Inspection Form	TPL-OPS-002-C
Effective Date: June 15, 2020	Rev. 0

Carrier Name: SJA TRANSPORT Trailer Unit #: 222
 Trailer: Make Polar Year 11/2006 DOT Type 406 Serial Number 1PMA2442275006084
 Retain Sensors Installed Yes X No _____

API RP 1004: Bottom Loading and Vapor Recovery for MC-306 & DOT-406 Tank Motor Vehicles

	Example
1 Max Compartment Capacity	3140
2 Probe Outage (60 gal min)	60
3 *Carrier Outage	3080
4 Maximum Preset	3000

Subtract Lines 2&3 from Line 1

Front	Compartments				Rear
#1	#2	#3	#4	#5	#6
4522	1409	4054	N/A	N/A	N/A
60	60	60			
4482	1349	3994			
4400	1300	3900			

All Sections must be completed

*Carrier outage is the distance between the overfill probe and the product that prevents setting off the rack shutdown system (domeous). This option is at the discretion of the carrier and varies on the tank strapping charts and the level outage selected.

Certified Inspection Requirements

All Boxes Must Be Completed

- Has the overfill protection probe been set & tested to a minimum of 60 gross gallons below the maximum compartment capacity?
- Is the overfill protection system in working condition?
- Has each compartments probe been tested with liquid to verify that it activates the shutdown circuitry?
- Has the grounding system been checked and is in proper operating condition?
- Has the grounding system been checked to ensure that has not been modified or rewired in any manner that would allow it to provide a false reading to allow loading?
- Are all gauge rods and any other compartment protrusions properly grounded with secure bonding wires?
- Is a functional brake interlock system installed on the loading header and vapor recovery hose?

YES

✓
✓
✓
✓
✓
✓
✓

ECC BAIRD
Name (Print)

HOOSIER TRAILER AND TRUCK EQUIP. INC.
Inspection Company

6/20/23
Date (MM/DD/YY)

[Signature]
Name (Sign)

CT 3437
Inspector's DOT reg. #

Carrier Verification Requirements

- Is an MC306, DOT406 or other specification plate installed?
- Is proper placarding installed for the product(s) that are hauled?
- Is the state DOT inspection or DOT 396/17 data current?
- Are pressure, leakage and visual decals current?
- Is emergency response information (including guidebook) on board?
- Is each tank/trailer marked with appropriate unit numbers?
- Are compartment capacity charts current and available upon request?
- Is each compartment loading headers matching with maximum presets recorded above?

YES

✓
✓
✓
✓
✓
✓
✓
✓

As representative of the company, I certify that all information on this document is certified and true.

Jim Davel
Name (Print & Sign)

Transportation Manager
Title

6-20-23
Date (MM/DD/YY)

TPL-OPS-002-C



ENERGY TRANSFER

Energy Transfer Partners
Data Operations and
Carrier Compliance
4041 Market Street
Aston, PA 19014
Version 1.0 - 12/12/2013

WET TEST CERTIFICATION FORM

This document certifies that this trailer testing has been completed and has passed the wet test requirement for overfill protection probes. This certifies that the entire operation of the truck overfill prevention system is wired correctly and that the entire system is working properly.

The trailer noted below meets the requirements for the overfill probes to be set where the maximum safe fill is at least sixty (60) gallons less than the manufacturers specified compartment capacity.

PROBES TESTED AND SET PROPERLY

	YES	NO	SAFE FILL AMOUNT (GALS)
Compartment #1:	✓		4400
Compartment #2:	✓		1300
Compartment #3:	✓		3900
Compartment #4:	NA		
Compartment #5:			
Compartment #6:	✓		

Carrier Name: SJA TRANSPORT

Carrier Address: 101 E SOUTH ST.
ROCKFORD, OH 45882

Trailer Number: _____

VIN Number: 1BMA2442275006084

Tester Signature: [Signature]

Date: 6/20/23