

C.H. Bradshaw Co.
2004 Hendrix Drive
Grove City, Ohio 43123-1278
DOT CT0097

(VKE) REVISION 11/21

Work Order # 096997

V /
K /
K-EPA 27 /

External Visual Inspection
Leakage Test / Inspection
Annual Certification Test
Method 27 - 63.425 (e) (1) (2)

Customer SJA Transport Inc.
Address 101 E South St
C.S.Z. Rockford, Ohio 45882

Owner same

License Plate # TPN 8528
Owners Unit # 25
Serial # 5HTAM442917H65808
Trlr. Vin # (If Applicable) 5HTAM442917H6588
D.O.T. Spec # DOT 406 AL
Original Test Date 5-01
Design or MAWP 3.3
Test Location (C.S.) Rockford, Ohio

Previous Test Dates
V 1-23
I 1-21
P 1-21
K 1-23
K-EPA 27 1-23
Number of Compartments 4

Compartment Size: #1 3500 #2 1000 #3 2000 #4 2700 #5 X

Year Tank Mfg 5-01 Mfg. Name Heil Trailer Gallons 9200

Minimum Thickness Of Cargo Tank Shell .173 Heads .173

Is Tank Lined? NO Insulated? NO

Is the unit used for transport of any material other than petroleum based products? NO

External Visual Inspection 180.407 (d)

	Faulty	Okay
1.) External Inspection Of Tank Shell And Heads:		
A) Corroded or Abraded Areas (Rust)	_____	<u>/</u>
B) Dents or Punctures	_____	<u>/</u>
C) Distortion or Defects In Welds	_____	<u>/</u>
D) Thickness Testing Needed	_____	<u>/</u>
E) Tank has Imaging Decals (Wrap)	YES	NO
Internal Visual In Accordance To 180.407(c)	YES	NO
2.) External Inspection Of Piping, Valves, Gaskets:		
A) Corroded Areas	_____	<u>/</u>
B) Defects in Welds, Signs of Leakage	_____	<u>/</u>
C) Condition of delivery. vapor hoses	_____	<u>/</u>

	Faulty	Okay
3) External Inspection Of Manholes:		
A) Devices for tightening manhole covers operative	---	/
B) Evidence of leakage	---	/
C) Inspect and pressure test fill lids, normal vents	---	/
4) External Inspection Of Emergency Valves And Devices		
A) Emergency valves free from corrosion, erosion, distortion, or external damage that would prevent safe operation	---	/
B) Remote trip control in operation / activate	---	/
C) Leakage test seating disc in emergency valve	---	/
D) Self closing stop valves in operation - function	---	/
5) <u>Missing</u> bolts, nuts, and fusible links must be replaced and loose nuts - bolts tightened	---	/
6) All Required Marking On Tank Legible		
A) DOT spec. plate accessible / legible	---	/
B) Flammable placards legible (all 4-sides)	---	/
7) External Inspection Of All Major Appurtenances		
A) Fifth wheel plate, pins, bolts	---	/
B) Suspension, springs, hangers, etc.	---	/
C) Frame, cross members, gussets, etc.	---	/
8) Inspect all re-closing pressure relief valves	---	/
9) Lights, reflectors, wiring in good working order	---	/
10) Brakes in good working order	---	/
11) Air hoses above axles, chambers, chafed, or rotted	---	/
12) Air system have any leaks	---	/
13) Tank mounting bolts, boards, attachments in proper working order	---	/
14) Leakage test entire pump system(s)	N/A	N/A

Leakage Test 180.407 (h) Pneumatic

Each cargo tank with all valves and accessories in place or operative must be tested at not less than 80% of the tank design pressure or maximum allowable working pressure (MAWP) whichever is marked on the certification plate.

Compt.	#1	#2	#3	#4	#5	#6
Start Time	9:29	9:38	9:23	9:40		
Pressure	2.6	2.6	2.6	2.6		
Final Time	9:34	9:43	9:28	9:45		

Alternate EPA / Pressure Vacuum Test Method 27 / 40CFR63.425

Pressure Test = 18"

Test	1 Minute	2 Minutes	3 Minutes	4 Minutes	5 Minutes	Average	Time
1	18.0	17.9	17.8	17.8	17.7	17.8"	9:47 AM
2	18.0	18.0	17.9	17.9	17.8		

Vacuum Test = -6.0"

Test	1 Minute	2 Minutes	3 Minutes	4 Minutes	5 Minutes	Average	Time
1	-6.0	-5.9	-5.8	-5.7	-5.6	-5.7"	10:03 AM
2	-6.0	-5.9	-5.8	-5.8	-5.8		

Vapor Vent Test/Vapor Rail Pressure Test

Test 1	1 Minute	2 Minutes	3 Minutes	4 Minutes	5 Minutes	Time
	0.1"	0.3"	0.4"	0.6"	0.8"	10:20 AM

Location of Defects Found and Method of Repair:

- 1.) 4A-4B Lubricated seized Air-Flapper valves; now operating @ 10
- 2.)
- 3.)
- 4.)
- 5.)

Attach Supplemental Sheets For Information Or Supporting Test Papers

Cargo Tank Meets The Requirements Of The DOT Specification

Identified On This Report Yes No

Was The Tank Marked "V" Yes Month 1 Year 24
 "K" Yes Month 1 Year 24
 "K" EPA Yes Month 1 Year 24
 "T" --- Month --- Year ---

I certify that the above inspections were conducted in accordance with 180.407.

Owner Acknowledgment Robertus Beck Date 1-22-24
 R/L Manager's Acknowledgment [Signature] Date 1-22-24
 Inspected By: [Signature] Print Tim Busck Date 1-22-24



CITGO Petroleum Corporation
TERMINALS AND PIPELINES

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

Carrier Name: SSA TRANSPORT Trailer Unit #: 25
 Trailer: Make HEIL Year 2001 DOT Type 406 Serial Number SH1AM442917H65808
 Retain Sensors Installed Yes No

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

	Example	Front	Compartments				Rear
		#1	#2	#3	#4	#5	#6
1 Max Compartment Capacity	3140	3702	1248	2233	2867		
2 Probe Outage (60 gal min)	60	101	75	62	105		
3 *Carrier Outage	80	3601	1173	2171	2762		
4 Maximum Preset	3000	3500	1000	2000	2700		

Subtract Lines 2&3 from Line 1

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 (domeouts). 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

YES

- | | | |
|---|--|-------------------------------------|
| 1 | Has the overfill protection probe been set & tested to a minimum of 60 gross gallons below the maximum compartment capacity? | <input checked="" type="checkbox"/> |
| 2 | Is the overfill protection system in working condition? | <input checked="" type="checkbox"/> |
| 3 | Has each compartments probe been tested with liquid to verify that it activates the shutdown circuitry? | <input checked="" type="checkbox"/> |
| 4 | Has the grounding system been checked and is in proper operating condition? | <input checked="" type="checkbox"/> |
| 5 | 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? | <input checked="" type="checkbox"/> |
| 6 | Are all gauge rods and any other compartment protrusions properly grounded with secure bonding wires? | <input checked="" type="checkbox"/> |
| 7 | Is a functional brake interlock system installed on the loading header and vapor recovery hose? | <input checked="" type="checkbox"/> |

TIM BUCK
Name (Print)

C.H. BRADSHAW
Inspection Company

11/22/24
Date (MM/DD/YY)

[Signature]
Name (Sign)

CT0097
Inspector's DOT reg. #

Carrier Verification Requirements

YES

- | | | |
|---|---|-------------------------------------|
| 1 | Is an MC306, DOT406 or other specification plate installed? | <input checked="" type="checkbox"/> |
| 2 | Is proper placarding installed for the product(s) that are hauled? | <input checked="" type="checkbox"/> |
| 3 | Is the state DOT inspection or DOT 396/17 data current? | <input checked="" type="checkbox"/> |
| 4 | Are pressure, leakage and visual decals current? | <input checked="" type="checkbox"/> |
| 5 | Is emergency response information (including guidebook) on board? | <input checked="" type="checkbox"/> |
| 6 | Is each tank/trailer marked with appropriate unit numbers? | <input checked="" type="checkbox"/> |
| 7 | Are compartment capacity charts current and available upon request? | <input checked="" type="checkbox"/> |
| 8 | Is each compartment loading headers matching with maximum presets recorded above? | <input checked="" type="checkbox"/> |

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

ROBERT BIZNA Robert Bizna
Name (Print & Sign)

PRES.
Title

11/22/24
Date (MM/DD/YY)



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:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3500
Compartment #2:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1000
Compartment #3:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2000
Compartment #4:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2700
Compartment #5:	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Compartment #6:	<input type="checkbox"/>	<input type="checkbox"/>	N/A

Carrier Name: SJA TRANSPORT

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

Trailer Number: 25

VIN Number: SHTAM442917HG5808

Signature: Robert W. Bell

Date: 1/22/24