



**TANKER TEST AND INSPECTION REPORT**

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

INSPECTION TEST DATE

7-24-24

OWNER <b>SJA Transport Inc</b>		CARRIER (if other than owner)	
PRINCIPAL PLACE OF BUSINESS ADDRESS <b>101 E South St</b>		PRINCIPAL PLACE OF BUSINESS ADDRESS	
CITY, STATE, ZIP CODE <b>Rockford, OH 45882</b>		TELEPHONE <b>419.363.2342</b>	CITY, STATE, ZIP CODE TELEPHONE
OWNER'S SERIAL NO.	MFG. DATE <b>8/2018</b>	ORIG. TEST DATE <b>8/2018</b>	CARRIER'S EQUIPMENT NO. <b>210</b>
CARGO TANK MOTOR VEHICLE MFG.	CARGO TANK MOTOR VEHICLE CERT. DATE	TANK MANUFACTURER <b>LBT</b>	VESSEL MATERIAL SPEC. NO. <b>5454-H32</b>
MAX. WEIGHT OF LADING LBS. <b>NA</b>	LINING MATERIALS	DOT SPECIFICATION NO. <b>406</b>	FLUID CAPACITY (GALS.) <b>9500</b>
HEATING SYSTEM	DESIGN PRESSURE (PSIG) <b>NA</b>	DESIGN TEMPERATURE (°F) <b>NA</b>	ORIGINAL TEST DATE <b>8/2018</b>
MATERIAL		MAXIMUM ALLOWABLE WORKING PRESSURE PSIG <b>3.3</b>	
SHELL	HEAD	DESIGN TEMPERATURE °F TO °F	
EXPOSED SURFACE AREA IN SQ. FT. <b>NA</b>	MAX. DESIGN DENSITY OF LADING (LBS. PER GAL.) <b>NA</b>	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"/> 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 checked="" type="checkbox"/> GPA27		<input type="checkbox"/> SPECIAL SERVICE <input type="checkbox"/> MATERIAL CORROSIVE TO TANK <input type="checkbox"/> DEDICATED SERVICE <input type="checkbox"/> OTHER	

CHECKS OF THE INSPECTION		TYPE		MODIFIED / METHOD 27		AVERAGE RESULTS	
YES/NO	ITEM	YES/NO	ITEM	TEST	START	END	MEASURE
	Tank Shell		Frangible (Rupture) Disk				
	Tank Heads		Major Appendances				
	Head-to-Shell Seam		- upper coupler assembly				
	Valves		- suspension system attachments				
	Gaskets		- connecting structures				
	Manhole Covers		Lining Material				
	Manhole Gaskets		Pressure Bearing Portions of Heating System				
	Devices for Tightening Manhole Gaskets on Full Opening Rear Head	<b>NA</b>	Flaws for Hoisting System				
	Self-closing Stop-valves	<b>NA</b>	Corroded or Abraded Areas				
	Excess Flow Valves		Distortions				
	Remote Closure Devices		Debris				
	Reclosing Pressure Relief Valves		Welds				
	Nuts and Bolts						
DELIVERY HOSE/PIPING				THICKNESS (INCHES)		MFG. MIN.	
HOSE I.D. NO.		DATE OF ORIG. HOSE ASSEMBLY TEST		HEAD		SHELL TOP	
CONDITION OF HOSE ASSEMBLY & PIPING SYSTEM				SHELL SIDE		SHELL BOTTOM	
				TESTED		VAC. 1	
				INSPECTED		VAC. 2	
				REPLACED		VR VENT 1	
				REINSTALLED		VR VENT 2	
				REPAIRED			
				PRESSURE - 301 to discharge			
				PRESSURE - when open			
				PRESSURE - when resealed			
						UPPER COUPLER ASSEMBLY	
						<input checked="" type="checkbox"/> EXAMINED IN PLACE	
						<input type="checkbox"/> REMOVED FOR EXAMINATION	
						I.D. OF FLUID USED FOR TEST	
						Water	
						TEST PRESSURE "18"	
						HOLDING TIME OF TEST "5 mins"	

(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

Explicit: \_\_\_\_\_

NATURE AND SEVERITY: \_\_\_\_\_

METHOD OF REPAIRS: \_\_\_\_\_ IS REPAIR CERTIFICATION REQUIRED?  YES  NO DESIGN CERTIFYING ENGINEER REGISTRATION NO. \_\_\_\_\_

THIS UNIT HAS HAULED	<input type="checkbox"/> ANHYDROUS AMMONIA ( <input type="checkbox"/> CERTIFIED AS 92% WATER BY WEIGHT)	<input type="checkbox"/> ANY OTHER MATERIAL THAT MAY CAUSE STRESS CORROSION CRACKINGS	STRESS RELIEVED AFTER FABRICATION NA <input type="checkbox"/> YES <input type="checkbox"/> NO	REPAIR DATE NA
DOT REGISTRATION NUMBER OF THE TESTING FACILITY/PERSON <b>CT 3437</b>	TEST DATE <b>7-24-24</b>	STRESS RELIEVED AFTER REPAIR <input type="checkbox"/> YES ( <input type="checkbox"/> FM <input type="checkbox"/> Local) <input type="checkbox"/> NO <b>NA</b>		
TESTED BY (Person's Name) <b>Kyle McLean</b>	REPAIRED BY <b>HOOSIER TRAILER AND TRUCK EQUIP. INC.</b>			
ADDRESS <b>4830 TODD DRIVE</b>	ADDRESS <b>4830 TODD DRIVE</b>			
CITY, STATE, ZIP <b>FORT WAYNE, IN 46803</b>	CITY, STATE, ZIP <b>FORT WAYNE, IN 46803</b>			

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 <i>[Signature]</i>	DOT REGISTRATION NUMBER <b>CT 3437</b>	DATE <b>7-24-24</b>	SIGNATURE OF OWNER <i>[Signature]</i>	DATE <b>7-24-24</b>
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ORIGINAL



**CITGO Petroleum Corporation**  
TERMINALS AND PIPELINES

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

Carrier Name: SJA Transport Inc Trailer Unit #: 210  
 Trailer: Make POLAR Year 8/2018 DOT Type 406 Serial Number 1PMS24527K8016054  
 Retain Sensors Installed Yes X No \_\_\_\_\_

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

		Front	Compartments				Rear
	Example	#1	#2	#3	#4	#5	#6
1 Max Compartment Capacity	3140	3763	1310	2142	3128	N/A	N/A
2 Probe Outage (60 gal min)	60	60	60	60			
3 *Carrier Outage	3080	3700	1250	2082	3068		
4 Maximum Preset	3000	3500	1200	2000	2800		

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

- 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?

✓
✓
✓
✓
✓
✓
✓

Hyle McCann  
Name (Print)  
[Signature]  
Name (Sign)

Hopsier trailer & truck  
Inspection Company  
C4 3437  
Inspector's DOT reg. #

7-24-24  
Date (MM/DD/YY)

**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

Robert W. Bawa  
Name (Print & Sign)

RESIDENT  
Title

7/24/24  
Date (MM/DD/YY)



Energy Transfer Partners  
 Carrier Access & Compliance  
 4041 Market Street  
 Upper Chichester, PA 19014  
 Em: TTDataAdmin@EnergyTransfer.com  
 Version 2.0 - Rev. 03/01/2024

**TRAILER INSPECTION & WET TEST CERTIFICATION FORM**

Carrier Name: SJA Transport, Inc. Trailer #: 1PMS24527K8016054  
 Carrier Address: 101 E. South Street Rockford, OH 45882 Serial/VIN: \_\_\_\_\_  
 Load Type: Top \_\_\_\_\_ Bottom X Trailer Type: LPG \_\_\_\_\_ Gas / Dist. X Dist. Only \_\_\_\_\_  
 Vapor Test: Has a valid Method27 Vapor Tightness Test been attached? YES X NO \_\_\_\_\_

**Trailer & Safety Maintenance**

***Certified Inspection Requirements - All Boxes Must Be Completed***

1. Is the overflow protection system in working condition and have the overfill protection probes been set and tested to a minimum 60 gross gallons?
2. Has each compartment probe been tested to verify it activates the shutdown circuitry on this unit?
3. Has the grounding system been checked to ensure it is in working condition and has not been modified or rewired in any manner?
4. Has the grounding system been tampered with to allow a false reading to permit loading?
5. Are all gauge rods and compartment protrusions grounded with secure bonding wires?
6. Has a brake interlock system been installed on the loading header and vapor recovery hose?

	YES	NO
1.	X	
2.	X	
3.	X	
4.		X
5.	X	
6.	X	

**Trailer Wet Test Verification**

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 correctly. The trailer noted 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.

The carrier certifies that all DOT inspections, stickers, decals and DOT 396/17 data is current for this trailer. An emergency response guidebook is on board and the vehicle has compartment capacity / strapping charts that are current and available upon request.

**Max Compartment Capacities**

***Max Compartment Capacity***  
***Probe Outage (60 Gal min.)***  
***Carrier Outage \****  
***Maximum Preset***

EXAMPLE
3140
60
80
3000

Comp #1	Comp #2	Comp #3	Comp #4	Comp #5	Comp #6
3763	1310	2142	3128	N/A	N/A
60	60	60	60		
3700	1250	2082	3068		
3500	1200	20002800			

\* The distance between the overfill probe and the product that prevents the rack shutdown system from being activated.

My signature below certifies that as a representative of the above carrier, all information obtained and written on this document is certified and true.

Signature: Robert Belna

Date: 7/24/24

Print Name: Robert Belna