

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

(VKE) REVISION 11/21  
 Work Order # 105404

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

Customer SJA TRANSPORT INC. Owner SAME  
 Address 101 E.SOUTH ST.  
 P. O. BOX 415  
 C,S,Z ROCKFORD, OH. 45882

License Plate # TUA 5386 Previous Test Dates  
 Owners Unit # 209 V 5/25  
 Serial # K8016053 I 5/23  
 D.O.T. Spec # DOT 406 AL P 5/23  
 Original Test Date 8/18 K 5/25  
 Design or MAWP 3.3 K-EPA 27 5/25  
 Test Location (C,S) GROVE CITY, OH. Number of Compartments 4  
 Trlr. Vin # (If Applicable) 1PMS24525K8016053  
 Compartment Size: 1- 3500 2- 1200 3- 2000 4- 2800  
 Year Tank Mfg. 2018 Mfg. Name POLAR TRAILER Gallons 9500  
 Minimum Thickness Of Cargo Tank Shell .173 Heads .220  
 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)		X
B) Dents of Punctures		X
C) Distortion of Defects In Welds		X
D) Thickness Testing Needed		X
E) Tank Has Imaging Decals (Wrap)		NO
Internal Visual In Accordance To 180.407(c)		NO
2.) External Inspection Of Piping, Valves, Gaskets:		
A) Corroded Areas		X
B) Defects in Welds, Signs of Leakage	X	
C) Condition of delivery, vapor hoses		X

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

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
Start Time	10:45	11:00	11:15	11:30
Pressure	2.6	2.6	2.6	2.6
Final Time	10:50	11:05	11:20	11:35

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

Pressure Test = 18"						Time 1:00 PM
Test	1 Minute	2 Minutes	3 Minutes	4 Minutes	5 Minutes	Average
1	17.9	17.9	17.8	17.8	17.7	
2	18.0	18.0	18.0	17.9	17.9	17.8

Vacuum Test = -6.0"						Time 1:25 PM
Test	1 Minute	2 Minutes	3 Minutes	4 Minutes	5 Minutes	Average
1	-5.9	-5.9	-5.8	-5.8	-5.7	
2	-6.0	-6.0	-5.9	-5.9	-5.8	-5.75

Vapor Vent Test/Vapor Rail Pressure Test						Time 1:50 PM
Test 1	1 Minute	2 Minutes	3 Minutes	4 Minutes	5 Minutes	
	0	0	.1	.1	.2	

Location of Defects Found and Method of Repair:

- 1.) (2B) #3 victolic leaking at valve, replaced victolic clamp & gasket!
- 2.) (4B) Replaced bad emergency shutoff switch!
- 3.) (6B) Replaced faded placards!
- 4.) (9) ABS & left turn signal bad, replaced light & pigtail!

Attach Supplemental Sheets For Information Or Supporting Test Papers

Cargo Tank Meets The Requirements Of The DOT Specification

Identified On This Report    Yes    X    No

Was The Tank Marked	"V"	YES	Month 05	Year 26
	"K"	YES	Month 05	Year 26
	"K EPA"	YES	Month 05	Year 26
	"I"	---	Month --	Year --

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

Owner Acknowledgment Robert A. Bush Date 5/6/26  
 R/I, Manager's Acknowledgment [Signature] Date 5/6/26  
 Inspected By Jeff Ward Print JEFF WARD Date 5/6/26



**Buckeye Terminals, LLC**

**Buckeye Annual & Post Incident Trailer Inspection Form**

This form must be completed each year or following a lock out on each trailer and provided to each facility utilized by this equipment. This form shall accompany the federally required annual pressure-vacuum test or Distillate Only Loading Certification and as such any equipment without either shall be automatically locked out from the loading system if no renewal is provided on or before the anniversary date.

Carrier Name: SJA Transport

Trailer #: 209

Certification Date: 5-6-26

Trailer Serial #  
K8016053

Calculate Working Volume (Max volume minus - 60 gallons ullage) for each compartment below.

		#1	#2	#3	#4	#5	
Max Capacity	Front	3763	1310	2142	3129		Rear
		-60	-60	-60	-60	-60	
Working Capacity	Front	3500	1200	2000	2800		Rear

**Certified Inspection Company Verification Requirements**

**Wet Test Certification**

The Overfill Protection Probe system has been inspected and is in operating condition. The process should test the probe of each compartment with a liquid to verify it activates the shutdown circuitry.

**Ullage Certification**

Overfill Protection Probes are at such a height to allow for 60 gallons of ullage prior to reaching the compartments maximum volume.

**Grounding System Certification**

The Grounding system has been checked and is in proper working condition, AND has not been modified in any way to provide a false reading allowing the trailer to be loaded.

**Brake Interlock Certification**

A brake interlock system is installed and functional on the loading header and the vapor recovery hose connection.

**MC 306 / DOT 406 Certification**

The unit has passed the inspection and is released for return to service.

  
Sig. of Inspector / Inspector's DOT Reg. # 0097

CH Bradshaw  
Inspection Company Name

5-6-26  
Date



CITGO Petroleum Corporation  
TERMINALS AND PIPELINES

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

Carrier Name: SJA Transport Trailer Unit #: 209  
Trailer Make Polar Year 2018 DOT Type 406 Serial Number K8016053  
Retain Sensors Installed Yes  No

API 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)	50
3 *Carrier Outage	80
4 Maximum Preset	3000

Subtract Lines 2&3 from Line 1

	Compartments					
	Front					Rear
	#1	#2	#3	#4	#5	#6
	3763	1310	2142	3129		
	129	63	109	128		
	134	47	33	201		
	3500	1200	2000	2900		

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**

- 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 compartment 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

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

Stacey Williamson  
Name (Print)

CH Bradshaw  
Inspection Company

5-6-26  
Date (MM/DD/YY)

[Signature]  
Name (Sign)

0097  
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

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

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

Robert A. Beva  
Name (Print & Sign)

PRESIDENT  
Title

5-6-26  
Date (MM/DD/YY)



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

**TRAILER INSPECTION & WET TEST CERTIFICATION FORM**

Carrier Name: SSA Transport Trailer #: 209  
 Carrier Address: 101 E. South St, Rockford, Oh 45882 Serial/VIN: K8016053  
 Load Type: Top  Bottom  Trailer Type: LPG Gas / Dist.  Dist. Only   
 Vapor Test: Has a valid Method27 Vapor Tightness Test been attached? YES  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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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	3129		
129	63	109	128		
134	47	33	201		
3500	1200	2000	2800		

\* 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: [Signature] 0094

Date: 5-6-26

Print Name: Stacey Williamson