



<b>Tanker Test and Inspection Report</b>			Unit ID Number	Inspection Date	NB#
For Compliance with 49CFR 180.407(h)(4), 180.417(b)&©, and 40CFR 60.505(b)					

Owner			Carrier (if not owner)		
Principal Place of Business Address			Principal Place of Business Address		
City, State, Zip Code		Telephone	City, State, Zip Code		Telephone
Owner Serial No.	Chassis Mfg. Date	Orig. Test Date	Carrier's Equipment #	Mfg. Serial #:	
Cargo Tank Motor Vehicle MFG	Cargo Tank Motor Vehicle Cert. D	Cargo Tank MFG	Cargo Tank MFG Serial #		
Exposed Surface Area	Density of Product (# per gal)	Design Temp Max ___ F    Min ___ F		Water Capacity (in #)	
Shell Material	Head Material	Original Test Date	Vessl MAWP		
Max. Product Wt. (#)	DOT Spec #	Vessel Fluid Cap (GALS)		ASME Code Stamp	
Pressure at time of Test (P) - Med	Time pressue held (P)	Pressure at time of Test (K)-Me	Time pressue held (K)		
<b>Types of Test</b>			<b>Tank (Other)</b>		
Pressure (P)	Internal (I)	Leakage (K)	Visual (V)	Insulated	Lined
				Special Service	Other (Thickness)

Items Tested and/or Inspected							
YES	NO	Item	YES	NO	Item	Pressure Relief Valves	
<input type="checkbox"/>	<input type="checkbox"/>	Interior Shell	<input type="checkbox"/>	<input type="checkbox"/>	Process piping	Main Safety	Secondary Safety(s)
<input type="checkbox"/>	<input type="checkbox"/>	Interior Heads	<input type="checkbox"/>	<input type="checkbox"/>	Jacket	Removed	Bleeder
<input type="checkbox"/>	<input type="checkbox"/>	Valves	<input type="checkbox"/>	<input type="checkbox"/>		Replaced	
<input type="checkbox"/>	<input type="checkbox"/>	Gaskets	<input type="checkbox"/>	<input type="checkbox"/>		Inspected	
<input type="checkbox"/>	<input type="checkbox"/>	Manway Cover	<input type="checkbox"/>	<input type="checkbox"/>		Tested	
<input type="checkbox"/>	<input type="checkbox"/>	Nuts, bolts	<input type="checkbox"/>	<input type="checkbox"/>		Reinstalled	
<input type="checkbox"/>	<input type="checkbox"/>	Tank Mounting	<input type="checkbox"/>	<input type="checkbox"/>		Set Pressure	
<input type="checkbox"/>	<input type="checkbox"/>	Gauges	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	Hose Reel	<input type="checkbox"/>	<input type="checkbox"/>		Delivery Hose Inspection	
<input type="checkbox"/>	<input type="checkbox"/>	Level Gauge	<input type="checkbox"/>	<input type="checkbox"/>		Hose ID #	
<input type="checkbox"/>	<input type="checkbox"/>	Pressure Gauge	<input type="checkbox"/>	<input type="checkbox"/>		Date of Orig. Test	
<input type="checkbox"/>	<input type="checkbox"/>	Hose reel piping	<input type="checkbox"/>	<input type="checkbox"/>		Hose Condition	
<input type="checkbox"/>	<input type="checkbox"/>	Meter Piping	<input type="checkbox"/>	<input type="checkbox"/>		New / Replacment hose ID #	

- NO DEFECT OR DAMAGE                       - DEFECTS OR DAMAGE FOUND

Location of Damage	<input type="checkbox"/> - Weld	<input type="checkbox"/> - Tank	<input type="checkbox"/> - Piping	<input type="checkbox"/> - Hose Reel	<input type="checkbox"/> - Delivery Hos	<input type="checkbox"/> - Other
Explanation						
<hr/> <hr/> <hr/> <hr/>						
Nature or Severity						
<hr/> <hr/> <hr/> <hr/>						
Method of repair			Is Repair certificate required <input type="checkbox"/> YES <input type="checkbox"/> NO			
<hr/> <hr/> <hr/> <hr/>						

This Unit Has Hauled	<input type="checkbox"/> Anhydrous Amonia	<input type="checkbox"/> Any other Corrosive Material	Stress Relieved <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Repair
DOT Facility Number	<input type="checkbox"/> Liquefied Petroleum	Stress Relieved after repair	ASME or NB number of repair Facility	
Test Date		Repaired By		
Tested By (Person's Name)		Principal Place of Business Address		
City, State, Zip Code		City, State, Zip Code		Telephone

Cargo Tank     - Meets the requirements of the DOT Specifications identified on this report  
 - Fails to meet the requirements of the DOT Specifications identified on this report

Disposition of the Cargo Tank     Return to Service     Withdrawn from Service    Markings applied     YES     NO

Signature of Inspector	DOT Registration Number	Signature of Owner or Representative	Date
------------------------	-------------------------	--------------------------------------	------