



# NURSE TANK INSPECTION REPORT

- ASME Dataplate present and legible.  
 ASME Dataplate NOT present or legible.

## ANHYDROUS AMMONIA VESSELS ONLY (DOES NOT INCLUDE RUNNING GEAR)

Information as required by Sec. 180.407(d) (g) and (i) of the D.O.T. Hazardous Materials Regulations

<b>1. ORIGIN INFORMATION (OPTIONAL)</b>		<b>2. NTIP NUMBER</b>	
SERIAL NO.: _____		<b>144196</b>	
MANUFACTURER: _____			
DATE MANUFACTURED: _____			
3. CAPACITY (Gallons as Calculated) 1450		4. TANK IDENTIFICATION <b>32</b>	
5. OWNER FARMERS		6. FACILITY NO. (If Applicable) <b>0</b>	
7. OWNER SIGNATURE		8. ADDRESS (No PO Boxes) [REDACTED]	
9. CITY [REDACTED]		10. ST/PROV <b>IL</b>	11. POSTAL CODE [REDACTED]

<b>12. EXTERNAL VISUAL (V)</b>	<b>13. THICKNESS (T)</b>	<b>14. PRESSURE (RETEST) (P)</b>
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PASS	FAIL	CHECKLIST-INSPECTED/TESTED
X		a. Tank Shell
X		b. Tank Heads
X		c. Head-to-Shell Seam
X		d. Valves
X		e. Piping
X		f. Suspension System Attachments
X		g. Connecting Structures
X		h. Corroded/Abraded Areas
X		i. Distortions
X		j. Dents
X		k. Welds
X		l. Nuts & Bolts
X		m. Markings (Placards)
X		n. Paint
		o. _____
		p. _____

**HEAD THICKNESS TEST POINTS:**

	FRONT	REAR	END KEY
(A)	<u>.350</u>	<u>.351</u>	A
(B)	<u>.345</u>	<u>.348</u>	B
(C)	<u>.346</u>	<u>.345</u>	C
(D)	<u>.348</u>	<u>.345</u>	D
(E)	<u>.338</u>	<u>.345</u>	E

**LIQUID LEVEL LINE TEST POINTS:**

	LEFT	RIGHT
(F)	<u>.366</u>	<u>.365</u>
(G)	<u>.363</u>	<u>.363</u>
(H)	<u>.363</u>	<u>.363</u>

**AROUND OPENINGS: OTHER:**

(I)	<u>.365</u>	( ) _____
(J)	<u>.366</u>	( ) _____
(K)	<u>.368</u>	( ) _____
(L)	<u>.366</u>	
(M)	<u>.365</u>	

**WELD JOINT TEST POINTS:**

	LEFT	RIGHT
(N)	<u>.727</u>	<u>.720</u>
(O)	<u>.457</u>	<u>.729</u>

**A. FLUID USED FOR TEST (HYDROSTATIC ONLY)**  
WATER:  YES  NO

**B. TEST PRESSURE (MINIMUM: 375 psig)**  
psig: 375 Refer to Instructions for State - Specific

**C. HOLDING TIME OF TEST (MINIMUM: 10 MINUTES)**  
START TIME: 930 STOP TIME: 945

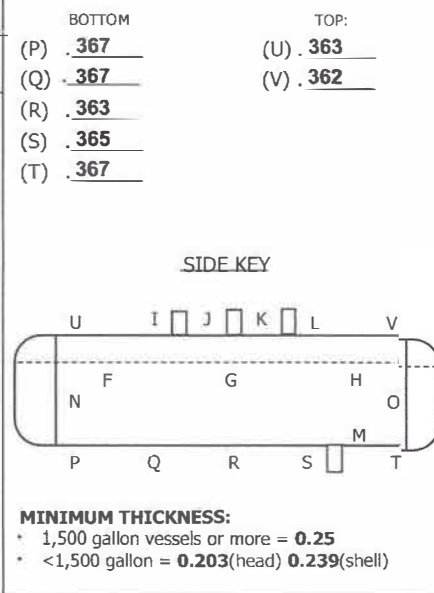
PASS	FAIL	CHECKLIST- INSPECTED/TESTED
X		D. Gaskets
X		E. Excess Flow Valves
X		F. Reclosing Pressure Relief Valves <input type="checkbox"/> Tested <input checked="" type="checkbox"/> New

15. REPAIRS (IF ANY) MADE BY: \_\_\_\_\_ 16. DATE \_\_\_\_\_

17. ADDRESS \_\_\_\_\_

18. CITY, ST/PROV, POSTAL CODE \_\_\_\_\_

19. (CHECK AS APPROPRIATE)  
 ABOVE DEFECTS CORRECTED  
 ABOVE DEFECTS NEED NOT BE CORRECTED  
 INSPECTOR'S INITIALS: \_\_\_\_\_  
 Remarks:  **Dedicated Service: ANY Ammonia**  
 **No Defect or Damage Discovered**  
 **Defect(s) or Damage Discovered** (see attached addendum)



**CERTIFICATION**

20. INSPECTION PERFORMED AT OWNERS ADDRESS?  YES IF NO, PROVIDE ADDRESS:  
**401 W lincoln, saybrook, il 61770**

21. (MUST CHECK ONE)  
**TANK:  MEETS  FAILS TO MEET**  
 THE DOT INSPECTION/TEST REQUIREMENTS.  
 Remarks:  
 x

22. (MUST CHECK ONE) THIS TANK HAS BEEN WITHDRAWN FROM SERVICE.  YES  NO

23. DOT REGISTRATION NUMBER OF TESTING FACILITY PERSON  
**"CT" NO: 10787**

24. INSPECTED/TESTED BY (Person's Signature)

25. INSPECTED/TESTED BY (Print Person's Name) 26. Date  
 [REDACTED] **08-13-2015**

27. ADDRESS  
**PO Box 20**

28. CITY, ST/PROV, POSTAL CODE  
**Saybrook, IL 61770**