



MC 306/DOT 406 CHECKLIST/INSPECTION REPORT FOR
HYDROSTATIC PRESSURE TEST (Page 1 of 2)

4629 S. Leroy Ave.; Springfield, MO 65810
Phone: (417) 300-5205 Fax: (866) 608-4482
Providing Engineering Services for Cargo Tank Trailers,
ASME Pressure Vessels, Intermodal Tanks, and UN Portal Tanks

CARRIER/OWNER _____ DATE: _____

FLEET # _____ SERIAL/VIN # _____ C.T. MFG _____

DOT SPEC. NO. _____ MATL. _____ DATE MFG. _____

MAWP _____ psi TEST PRESSURE: _____ psi MINIMUM THICKNESS: _____ SHELL _____ HEADS _____

COMPARTMENT SIZES, F to R 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

TOTAL CAPACITY: _____ Gallons DBL. BULKHEADS? _____ INSULATED? _____ LINED? _____

TYPE SERVICE: CORROSIVE TO SHELL? _____ DEDICATED SERVICE? _____

PRODUCT(s) _____

DOT mandatory items indicated with "*" on checklist.

NOTE: This test must be performed in conjunction with an External and Internal Inspection.
If unit is a cargo tank motor vehicle, its upper coupler plate must be removed.
If compartmented each compartment must be tested with adjacent compartments empty

Item No.	Activity	Complies	Repairs Needed	See Remarks
1*	Remove, inspect, and bench test all re-closing emergency and normal vents, remove vapor recovery hoods and block or blank vapor vent valves,	_____	_____	_____
2*	With all discharge valves and fittings in place and closed, fill, tank to top of manhole collar. Check all surfaces as filling occurs.	_____	_____	_____
3*	Install test cover and pressurize tank or compartment to test pressure 3 or 5 psi. for MC-306: 5 psi for DOT-406. Inspect system for leaks, Give special attention to the shell and structures above removed upper coupler. Hold for 10 minutes. If unable to hold pressure take corrective action..	_____	_____	_____
	ACTUAL TEST PRESSURE APPLIED: _____ psi			
4*	Repressurize tank, and hold for 10 minutes, after all repairs.	_____	_____	_____
5*	Replace all removed manholes and vents. Record results of bench testing of vents below or on separate document.	_____	_____	_____
6*	Tank Markings: Date (month & year) and service symbol (V)(I)(P) if cargo tank qualifies for return to service.	_____	_____	_____



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REMARKS (use additional sheets if necessary)

Emergency Vent Performance: _____

Compartment: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

Defects found and corrected:

Disposition of unit: Return to Service _____ Removed From Service _____

Inspector or CT Facility:

Cargo Tank Owner or Representative:

Name: _____

Name: _____

Address: _____

Address: _____

Signed: _____

Signed: _____

Date: _____

Date: _____

DOT CT # _____

DOT MCID #: _____

(If Appropriate)