



MC 306/DOT 406 CHECKLIST/INSPECTION REPORT FOR THICKNESS 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: Thickness testing is only required on 306/406 tanks if inspection of thinning is evident. The preferred method of thickness testing is by use of an Ultrasonic Thickness Tester.

Item No.	Activity	Complies	Repairs Needed	See Remarks
1*	Identify areas of shell or heads suspected to be thinned by mechanic damage or corrosion and record locations on next page or on separate diagram attached to this report.	_____	_____	_____
2	Clean and buff affected areas prior to measuring.	_____	_____	_____
3*	Calibrate Thickness Tester using a test specimen that matches the tank material and thickness.	_____	_____	_____
4*	Take measurements within suspected thinned area, being sure to identify the margins of the thinned area and record on diagram.	_____	_____	_____
<p>Readings, less than those shown in Table II, Part-180.407 (i) for the minimum shell thickness entry, listed above, must be remedied, or the cargo tank removed from Hazardous Material Service.</p>				
5*	If thinning has occurred due to corrosion by product, perform full Thickness test per MC-307/DOT-407 "Thickness Test" as described in figure 70-7 of this manual.	_____	_____	_____
6*	Tank Markings: NONE ! Record testing and repair in cargo tank file, if tank is qualified to return to service.	_____	_____	_____



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REMARKS (use additional sheets if necessary)

Horizontal lines for entering remarks.

Defects found and corrected:

Horizontal lines for listing 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)