

# CERTIFICATE OF CONFORMANCE

## FOR

### MATERIALS SHIPPED

Tulsa Gas Technologies, Inc. (TGT) hereby certifies that all materials in the manufacture of hoses for W/O # TRIL121824 conform to the manufacturing specifications indicated in drawings, bulletins or specifications as called for on the said purchase order. Test reports are on file with us or with our suppliers for examination and indicate conformance with applicable specification requirements. In production items listed, no direct contact was made with mercury, any of its compounds or with any mercury containing devices employing a single boundary for containment. Tulsa Gas Technologies, Inc. also certifies that the parts listed and shipped on the date indicated are manufactured in accordance with Parker specifications and quality standards, if applicable, as stated on the drawings or specifications called for on said purchase order. All parts and test conform to AGA I-93.

SIGNED BY: Patrick McElhenny  
TITLE: Hose Builder  
DATE: 8-8-25

3

- FITTING TYPE  
01 NPT MALE  
02 NPT FEMALE  
03 JIC MALE  
04 SAE 45 MALE  
05 SAE O-RING STRAIGHT THREAD  
06 JIC FEMALE SWIVEL  
07 FEMALE PIPE SWIVEL

7

- FITTING SIZE  
4 1/4"  
6 3/8"  
8 1/2"  
10 5/8"  
12 3/4"

1

- CG SERIES  
HOSE SIZE  
4 1/4"  
6 3/8"  
8 1/2"  
12 3/4"

4

- FITTING TYPE  
01 NPT MALE  
02 NPT FEMALE  
03 JIC MALE  
04 SAE 45 MALE  
05 SAE O-RING STRAIGHT THREAD  
06 JIC FEMALE SWIVEL  
07 FEMALE PIPE SWIVEL

8

- FITTING SIZE  
4 1/4"  
6 3/8"  
8 1/2"  
10 5/8"  
12 3/4"

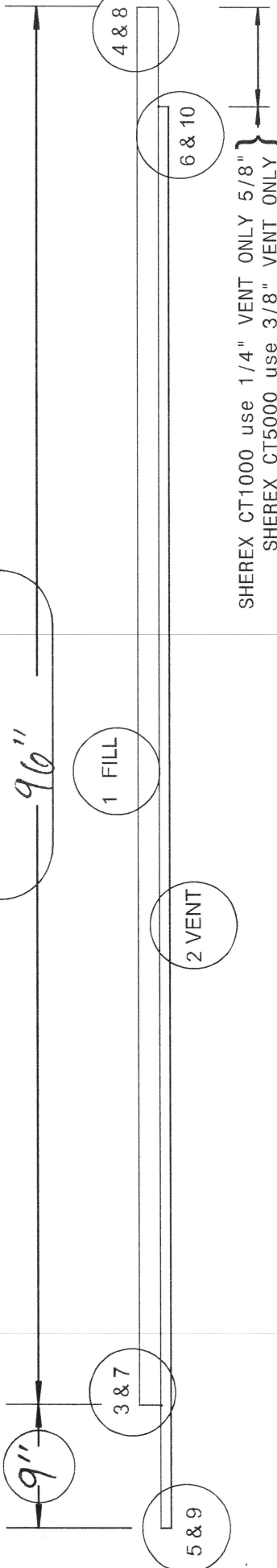
BREAK-AWAY OR  
DISPENSER END

cut 105"

11 FILL HOSE LENGTH

96"

FILL END



5

- FITTING TYPE  
01 NPT MALE  
02 NPT FEMALE  
03 JIC MALE  
04 SAE 45 MALE  
05 SAE O-RING STRAIGHT THREAD  
06 JIC FEMALE SWIVEL  
07 FEMALE PIPE SWIVEL

9

- FITTING SIZE  
2 1/8"  
4 1/4"  
6 3/8"

2

- CG SERIES  
HOSE SIZE  
4 1/4"  
6 3/8"

6

- FITTING TYPE  
01 NPT MALE  
02 NPT FEMALE  
03 JIC MALE  
04 SAE 45 MALE  
05 SAE O-RING STRAIGHT THREAD  
06 JIC FEMALE SWIVEL  
07 FEMALE PIPE SWIVEL

10

- FITTING SIZE  
2 1/8"  
4 1/4"  
6 3/8"

WORK ORDER # TRI 1218224

5CNG <sup>1</sup>12/5CNG <sup>2</sup>0606/0506-12/2/66-96"

|              |           |                                                                        |                   |
|--------------|-----------|------------------------------------------------------------------------|-------------------|
| FILL HOSE    |           | TUE SA OAS TECHNICAL CORP, INC.<br>10111 LINDA AVE<br>TUE SA, OK 74146 |                   |
| DATE:        | 03/27/87  | 918-666-2641                                                           | FAX: 918-666-2637 |
| DESIGNED BY: | C. SEWELL | CHECKED BY:                                                            |                   |
| DRAWN BY:    | C.R.S.    | SCALE:                                                                 | NONE              |

3

## FITTING TYPE

- 01 NPT MALE  
02 NPT FEMALE  
03 JIC MALE  
04 SAE 45 MALE  
05 SAE O-RING STRAIGHT THREAD  
06 JIC FEMALE SWIVEL  
07 FEMALE PIPE SWIVEL

7

## FITTING SIZE

- 4 1/4"  
6 3/8"  
8 1/2"  
10 5/8"  
12 3/4"

1

## CG SERIES

## HOSE SIZE

- 4 1/4"  
6 3/8"  
8 1/2"  
12 3/4"

4

## FITTING TYPE

- 01 NPT MALE  
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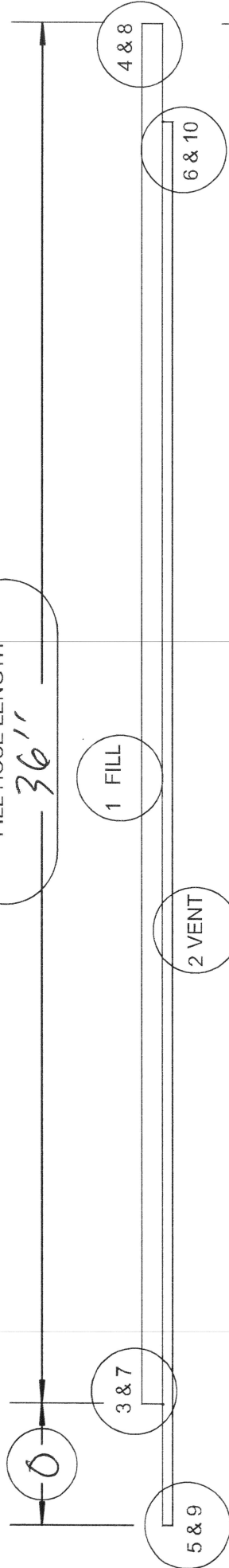
8

## FITTING SIZE

- 4 1/4"  
6 3/8"  
8 1/2"  
10 5/8"  
12 3/4"

BREAK-AWAY OR  
DISPENSER END11 FILL HOSE LENGTH  
36"

FILL END



5

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- 01 NPT MALE  
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07 FEMALE PIPE SWIVEL

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## FITTING SIZE

- 2 1/8"  
4 1/4"  
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2

## CG SERIES

## HOSE SIZE

- 4 1/4"  
6 3/8"

6

## FITTING TYPE

- 01 NPT MALE  
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10

## FITTING SIZE

- 2 1/8"  
4 1/4"  
6 3/8"

WORK ORDER # TRIL12/824

1 2 3 4 5 6 7 8 9 10 11  
5CNG 12/5CNG 6-0606 10506 1212 166 36"

## FILL HOSE

DATE: 03/27/87

DESIGNED BY: C. SEWELL

DRAWN BY: G.R.S.

SCALE: NONE

TULSA GAS TECHNOLOGIES, INC.  
10117 EAST 40TH STREET  
TULSA, OK 74146

918-466-2641 FAX: 018-466-2647

CHECKED BY:

TULSA GAS TECHNOLOGIES, INC.

3

- FITTING TYPE  
01 NPT MALE  
02 NPT FEMALE  
03 JIC MALE  
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05 SAE O-RING STRAIGHT THREAD  
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8

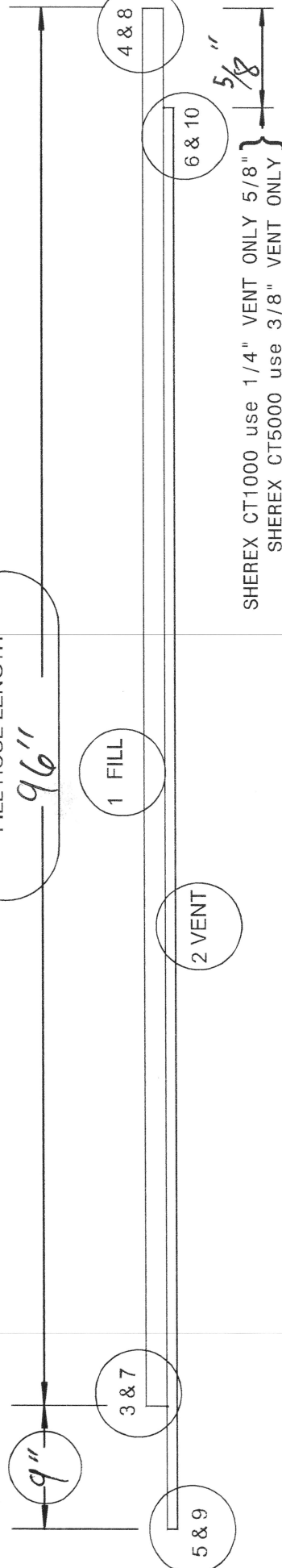
- FITTING SIZE  
4 1/4"  
6 3/8"  
8 1/2"  
10 5/8"  
12 3/4"

BREAK-AWAY OR  
DISPENSER END

cut 105"

11 FILL HOSE LENGTH  
96"

FILL END



SHEREX CT1000 use 1/4" VENT ONLY 5/8"  
SHEREX CT5000 use 3/8" VENT ONLY

5

- FITTING TYPE  
01 NPT MALE  
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07 FEMALE PIPE SWIVEL

10

- FITTING SIZE  
2 1/8"  
4 1/4"  
6 3/8"

WORK ORDER #TRIL121824

5CNG8/5CNG4-0606/0506-88/64-96"

11

10

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2

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3

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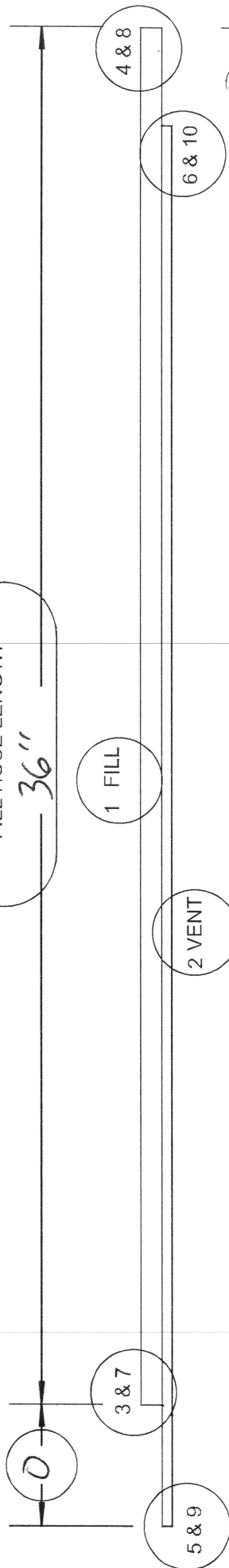
10 5/8"

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BREAK-AWAY OR  
DISPENSER END

11 FILL HOSE LENGTH  
36"

FILL END



5

FITTING TYPE

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FITTING SIZE

2 1/8"

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SHEREX CT1000 use 1/4" VENT ONLY 5/8" VENT ONLY  
SHEREX CT5000 use 3/8" VENT ONLY

WORK ORDER # TR121824

1 2 3 4 5 6 7 8 9 10 11  
5CNG 8 / 5CNG 4 - 06 06 / 06 05 - 12 8 / 6 6 - 36"

FILL HOSE

TULSA GAS TECHNOLOGIES, INC.

10117 EAST 40TH STREET

TULSA, OK 74116

DATE: 03/27/97

DESIGNED BY: C. SEWELL

CHECKED BY:

DRAWN BY: C.R.S.

SCALE: NONE

Tulsa Gas Technologies, Inc.  
4809 S. 101st. E. Ave.  
Tulsa, OK 74146  
918-665-2641

Work Order #  
Customer Name  
Customer PO  
Date Required

TRIL121824  
Tritium  
4500153427  
2-20-25

ASSEMBLY/CERTIFICATION SHEET

|                                                 |                                                                                                                                                                                                                                       | SIGN | DATE   |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------|
| 1                                               | <input checked="" type="checkbox"/> Review shop work order versus customer print and history                                                                                                                                          | PM   | 8-8-25 |
| 2                                               | <input checked="" type="checkbox"/> Component part numbers: 106CG-8-8, 106CG-8-8<br>Pack dates and/or QC codes                                                                                                                        | PM   | 8-8-25 |
| 3                                               | <input checked="" type="checkbox"/> ID band number 5220308620                                                                                                                                                                         | PM   | 8-8-25 |
| 4                                               | <input checked="" type="checkbox"/> Hose Cut Length 96"                                                                                                                                                                               | PM   | 8-8-25 |
| 5                                               | <input type="checkbox"/> Pre-expansion of hose (if required) Size _____<br>Remarks: _____                                                                                                                                             | PM   | 8-8-25 |
| 6                                               | <input checked="" type="checkbox"/> Audit and mark appropriate insertion depth                                                                                                                                                        | PM   | 8-8-25 |
| 7                                               | <input type="checkbox"/> Add special accessories _____<br>Remarks: _____                                                                                                                                                              |      |        |
| 8                                               | <input checked="" type="checkbox"/> Apply danger tag and ID band                                                                                                                                                                      | PM   | 8-8-25 |
| 9                                               | <input checked="" type="checkbox"/> Install bend restrictors _____<br>Remarks: _____                                                                                                                                                  | PM   | 8-8-25 |
| 10                                              | <input checked="" type="checkbox"/> Assemble fittings; check insertion depth<br>Remarks: _____                                                                                                                                        | PM   | 8-8-25 |
| 11                                              | <input type="checkbox"/> Set offset angle and/or orientation<br>Remarks: _____                                                                                                                                                        | PM   | 8-8-25 |
| 12                                              | <input checked="" type="checkbox"/> Perform crimp or swage on product crimp set die using Parker Catalog 4660, page K58<br>1/2) 80C-PO8H 3/8) 80C-PO6H<br>1/4) 80C-PO4H 1/8) 80C-PO2<br>3/8) 80C-PO6 3/4) 80C-P12H                    | PM   | 8-8-25 |
| 13                                              | <input type="checkbox"/> Add special accessories after crimping/swaging                                                                                                                                                               |      |        |
| 14                                              | <input type="checkbox"/> Perform and record burst test results, if applicable<br>Remarks: _____                                                                                                                                       |      |        |
| 15                                              | <input type="checkbox"/> Air test, if applicable<br>Test pressure Psi _____ Seconds _____ : Pass/Fail (Circle One)<br>Remarks: _____                                                                                                  |      |        |
| 16                                              | <input checked="" type="checkbox"/> Hydrostatic proof test<br>Test pressure Psi 10,000 Seconds 30 (Pass/Fail (Circle One))<br>Remarks: _____                                                                                          | PM   | 8-8-25 |
| 17                                              | <input checked="" type="checkbox"/> Flush method water, and then air                                                                                                                                                                  | PM   | 8-8-25 |
| 18                                              | <input checked="" type="checkbox"/> Perform and record conductivity test: Meter Megger Mlt200<br>Hose resistance 0.02 (-) Electrode resistance 0.03<br>(=) Final hose resistance 0.03                                                 | PM   | 8-8-25 |
| 19                                              | <input checked="" type="checkbox"/> Final audit: Check boxes for items inspected, as applicable:<br>Correct hose: <input checked="" type="checkbox"/> Correct fittings: <input checked="" type="checkbox"/> Correct customer PN _____ | PM   | 8-8-25 |
| 20                                              | <input checked="" type="checkbox"/> Check swage or crimp diameters: 5CNG-4-58 .668/.688<br>5CNG-6-58 .785/.805 5CNG-8-58 .900/.920<br>5CNG-6-55 .675/.695 5CNG-12-58 1.20/1.22                                                        | PM   | 8-8-25 |
| *****100% VISUAL INSPECT FOR THE FOLLOWING***** |                                                                                                                                                                                                                                       |      |        |
| 21                                              | <input checked="" type="checkbox"/> Hose fittings crimped; <input checked="" type="checkbox"/> Air passes through assembly;<br><input checked="" type="checkbox"/> Presence of threads                                                | PM   | 8-8-25 |
| 20                                              | <input checked="" type="checkbox"/> Cap and package nose                                                                                                                                                                              | PM   | 8-8-25 |
| 21                                              | <input checked="" type="checkbox"/> Certificate of Conformance for Materials Shipped (on back)                                                                                                                                        | PM   | 8-8-25 |

Tulsa Gas Technologies, Inc.  
4809 S. 101st. E. Ave.  
Tulsa, OK 74146  
918-665-2641

Work Order #  
Customer Name  
Customer PO  
Date Required

TRIL121824  
Trillium  
4500153927  
2-20-25

ASSEMBLY/CERTIFICATION SHEET

|    |                                                                                                                                                                 | SIGN                 | DATE   |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------|
| 1  | <input checked="" type="checkbox"/> Review shop work order versus customer print and history                                                                    | PM                   | 8-8-25 |
| 2  | <input checked="" type="checkbox"/> Component part numbers: 106CG-12-8, 106CG-8-8                                                                               |                      |        |
|    | Pack dates and/or QC codes                                                                                                                                      |                      |        |
| 3  | <input checked="" type="checkbox"/> ID band number 5220508621                                                                                                   | PM                   | 8-8-25 |
| 4  | <input checked="" type="checkbox"/> Hose Cut Length 36"                                                                                                         | PM                   | 8-8-25 |
| 5  | <input type="checkbox"/> Pre-expansion of hose (if required) Size                                                                                               | PM                   | 8-8-25 |
|    | Remarks:                                                                                                                                                        |                      |        |
| 6  | <input checked="" type="checkbox"/> Audit and mark appropriate insertion depth                                                                                  | PM                   | 8-8-25 |
| 7  | <input type="checkbox"/> Add special accessories                                                                                                                |                      |        |
|    | Remarks:                                                                                                                                                        |                      |        |
| 8  | <input checked="" type="checkbox"/> Apply danger tag and ID band                                                                                                | PM                   | 8-8-25 |
| 9  | <input checked="" type="checkbox"/> Install bend restrictors                                                                                                    | PM                   | 8-8-25 |
|    | Remarks:                                                                                                                                                        |                      |        |
| 10 | <input checked="" type="checkbox"/> Assemble fittings; check insertion depth                                                                                    | PM                   | 8-8-25 |
|    | Remarks:                                                                                                                                                        | PM                   | 8-8-25 |
| 11 | <input type="checkbox"/> Set offset angle and/or orientation                                                                                                    |                      |        |
|    | Remarks:                                                                                                                                                        |                      |        |
| 12 | <input checked="" type="checkbox"/> Perform crimp or swage on product crimp set die-using Parker Catalog 4660, page K58                                         |                      |        |
|    | <input checked="" type="checkbox"/> 1/2) 80C-PO8H                                                                                                               |                      |        |
|    | 1/4) 80C-PO4H                                                                                                                                                   | 3/8) 80C-PO6H        |        |
|    | 3/8) 80C-PO6                                                                                                                                                    | 1/8) 80C-PO2         |        |
|    |                                                                                                                                                                 | 3/4) 80C-P12H        |        |
| 13 | <input type="checkbox"/> Add special accessories after crimping/swaging                                                                                         | PM                   | 8-8-25 |
| 14 | <input type="checkbox"/> Perform and record burst test results, if applicable                                                                                   |                      |        |
|    | Remarks:                                                                                                                                                        |                      |        |
| 15 | <input type="checkbox"/> Air test, if applicable                                                                                                                |                      |        |
|    | Test pressure Psi _____ Seconds _____ ; Pass/Fail (Circle One)                                                                                                  |                      |        |
|    | Remarks:                                                                                                                                                        |                      |        |
| 16 | <input checked="" type="checkbox"/> Hydrostatic proof test                                                                                                      |                      |        |
|    | Test pressure Psi 10,000 Seconds 30 (Pass/Fail (Circle One))                                                                                                    |                      |        |
|    | Remarks:                                                                                                                                                        |                      |        |
| 17 | <input checked="" type="checkbox"/> Flush method water, and then air                                                                                            | PM                   | 8-8-25 |
| 18 | <input checked="" type="checkbox"/> Perform and record conductivity test: Meter Megger Mit200                                                                   | PM                   | 8-8-25 |
|    | Hose resistance 0.00 (-) Electrode resistance 0.03                                                                                                              |                      |        |
|    | (=) Final hose resistance 0.03                                                                                                                                  |                      |        |
| 19 | <input checked="" type="checkbox"/> Final audit: Check boxes for items inspected, as applicable:                                                                | PM                   | 8-8-25 |
|    | <input checked="" type="checkbox"/> Correct hose; <input checked="" type="checkbox"/> Correct fittings; <input checked="" type="checkbox"/> Correct customer PN | PM                   | 8-8-25 |
| 20 | <input checked="" type="checkbox"/> Check swage or crimp diameters:                                                                                             |                      |        |
|    | 5CNG-6-58 .785/.805                                                                                                                                             | 5CNG-4-58 .668/.688  |        |
|    | 5CNG-8-58 .900/.920                                                                                                                                             | 5CNG-12-58 1.20/1.22 |        |
|    | 5CNG-6-55 .675/.695                                                                                                                                             |                      |        |
|    | *****100% VISUAL INSPECT FOR THE FOLLOWING*****                                                                                                                 |                      |        |
| 21 | <input checked="" type="checkbox"/> Hose fittings crimped; <input checked="" type="checkbox"/> Air passes through assembly;                                     |                      |        |
|    | <input checked="" type="checkbox"/> Presence of threads                                                                                                         | PM                   | 8-8-25 |
| 20 | <input checked="" type="checkbox"/> Cap and package nose                                                                                                        | PM                   | 8-8-25 |
| 21 | <input checked="" type="checkbox"/> Certificate of Conformance for Materials Shipped (on back)                                                                  | PM                   | 8-8-25 |

Tulsa Gas Technologies, Inc.  
4309 S. 101st. E. Ave.  
Tulsa, OK 74146  
918-665-2641

Work Order #  
Customer Name  
Customer PO  
Date Required

TRIL121824  
Trillium  
4500153927  
2-20-25

ASSEMBLY/CERTIFICATION SHEET

|    |                                                                                                                                                                 | SIGN | DATE   |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------|
| 1  | <input checked="" type="checkbox"/> Review shop work order versus customer print and history                                                                    | PM   | 8-8-25 |
| 2  | <input checked="" type="checkbox"/> Component part numbers: <u>106CG-8-8, 106CG-8-8</u>                                                                         |      |        |
|    | Pack dates and/or QC codes                                                                                                                                      |      |        |
| 3  | <input checked="" type="checkbox"/> ID band number <u>5220508621</u>                                                                                            | PM   | 8-8-25 |
| 4  | <input checked="" type="checkbox"/> Hose Cut Length <u>96"</u>                                                                                                  | PM   | 8-8-25 |
| 5  | Pre-expansion of hose (if required) Size                                                                                                                        | PM   | 8-8-25 |
|    | Remarks:                                                                                                                                                        |      |        |
| 6  | <input checked="" type="checkbox"/> Audit and mark appropriate insertion depth                                                                                  | PM   | 8-8-25 |
| 7  | Add special accessories                                                                                                                                         |      |        |
|    | Remarks:                                                                                                                                                        |      |        |
| 8  | <input checked="" type="checkbox"/> Apply danger tag and ID band                                                                                                | PM   | 8-8-25 |
| 9  | <input checked="" type="checkbox"/> Install bend restrictors                                                                                                    | PM   | 8-8-25 |
|    | Remarks:                                                                                                                                                        |      |        |
| 10 | <input checked="" type="checkbox"/> Assemble fittings; check insertion depth                                                                                    | PM   | 8-8-25 |
|    | Remarks:                                                                                                                                                        | PM   | 8-8-25 |
| 11 | Set offset angle and/or orientation                                                                                                                             |      |        |
|    | Remarks:                                                                                                                                                        |      |        |
| 12 | <input checked="" type="checkbox"/> Perform crimp or swage on product; crimp set die using Parker Catalog 4660, page K58                                        |      |        |
|    | <input checked="" type="checkbox"/> 1/2) 80C-PO8H                                                                                                               |      |        |
|    | 1/4) 80C-PO4H                                                                                                                                                   |      |        |
|    | 3/8) 80C-PO6                                                                                                                                                    |      |        |
|    | 3/8) 80C-PO6H                                                                                                                                                   |      |        |
|    | 1/8) 80C-PO2                                                                                                                                                    |      |        |
|    | 3/4) 80C-P12H                                                                                                                                                   | PM   | 8-8-25 |
| 13 | Add special accessories after crimping/swaging                                                                                                                  |      |        |
| 14 | Perform and record burst test results, if applicable                                                                                                            |      |        |
|    | Remarks:                                                                                                                                                        |      |        |
| 15 | Air test, if applicable                                                                                                                                         |      |        |
|    | Test pressure Psi _____ Seconds _____ : Pass/Fail (Circle One)                                                                                                  |      |        |
|    | Remarks:                                                                                                                                                        |      |        |
| 16 | <input checked="" type="checkbox"/> Hydrostatic proof test                                                                                                      |      |        |
|    | Test pressure Psi <u>10,000</u> Seconds <u>30</u> (Pass/Fail (Circle One))                                                                                      |      |        |
|    | Remarks:                                                                                                                                                        |      |        |
| 17 | <input checked="" type="checkbox"/> Flush method water, and then air                                                                                            | PM   | 8-8-25 |
| 18 | <input checked="" type="checkbox"/> Perform and record conductivity test: Meter _____ Megger Mit200                                                             | PM   | 8-8-25 |
|    | Hose resistance <u>0.02</u> (-) Electrode resistance <u>0.03</u>                                                                                                |      |        |
|    | (=) Final hose resistance <u>0.03</u>                                                                                                                           |      |        |
| 19 | <input checked="" type="checkbox"/> Final audit: Check boxes for items inspected, as applicable:                                                                | PM   | 8-8-25 |
|    | <input checked="" type="checkbox"/> Correct hose; <input checked="" type="checkbox"/> Correct fittings; <input checked="" type="checkbox"/> Correct customer PN | PM   | 8-8-25 |
| 20 | <input checked="" type="checkbox"/> Check swage or crimp diameters:                                                                                             |      |        |
|    | 5CNG-4-58 .668/.688                                                                                                                                             |      |        |
|    | 5CNG-6-58 .785/.805                                                                                                                                             |      |        |
|    | 5CNG-8-58 .900/.920                                                                                                                                             |      |        |
|    | 5CNG-12-58 1.20/1.22                                                                                                                                            | PM   | 8-8-25 |
|    | *****100% VISUAL INSPECT FOR THE FOLLOWING*****                                                                                                                 |      |        |
| 21 | <input checked="" type="checkbox"/> Hose fittings crimped; <input checked="" type="checkbox"/> Air passes through assembly;                                     |      |        |
|    | <input checked="" type="checkbox"/> Presence of threads                                                                                                         | PM   | 8-8-25 |
| 22 | <input checked="" type="checkbox"/> Cap and package nose                                                                                                        | PM   | 8-8-25 |
| 23 | <input checked="" type="checkbox"/> Certificate of Conformance for Materials Shipped (on back)                                                                  | PM   | 8-8-25 |

Tulsa Gas Technologies, Inc.  
4309 S. 101st. E. Ave.  
Tulsa, OK 74146  
918-665-2641

Work Order #  
Customer Name  
Customer PO  
Date Required

TRJL121824  
Trillium  
4500153927  
2-20-25

ASSEMBLY/CERTIFICATION SHEET

|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SIGN | DATE   |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------|
| 1                                               | <input checked="" type="checkbox"/> Review shop work order versus customer print and history                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PM   | 8-8-25 |
| 2                                               | <input checked="" type="checkbox"/> Component part numbers: <u>106CG-12-8, 106CG-8-8</u><br>Pack dates and/or QC codes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PM   | 8-8-25 |
| 3                                               | <input checked="" type="checkbox"/> ID band number <u>5220508621</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PM   | 8-8-25 |
| 4                                               | <input checked="" type="checkbox"/> Hose Cut Length <u>36"</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PM   | 8-8-25 |
| 5                                               | <input type="checkbox"/> Pre-expansion of hose (if required): Size _____<br>Remarks: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PM   | 8-8-25 |
| 6                                               | <input checked="" type="checkbox"/> Audit and mark appropriate insertion depth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PM   | 8-8-25 |
| 7                                               | <input type="checkbox"/> Add special accessories _____<br>Remarks: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PM   | 8-8-25 |
| 8                                               | <input checked="" type="checkbox"/> Apply danger tag and ID band                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PM   | 8-8-25 |
| 9                                               | <input checked="" type="checkbox"/> Install bend restrictors _____<br>Remarks: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PM   | 8-8-25 |
| 10                                              | <input checked="" type="checkbox"/> Assemble fittings; check insertion depth<br>Remarks: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PM   | 8-8-25 |
| 11                                              | <input type="checkbox"/> Set offset angle and/or orientation<br>Remarks: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PM   | 8-8-25 |
| 12                                              | <input checked="" type="checkbox"/> Perform crimp or swage on product crimp set die using Parker Catalog 4660, page K58<br><div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> 1/2) 80C-PO8H</div><div><input type="checkbox"/> 3/8) 80C-PO6H</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> 1/4) 80C-PO4H</div><div><input type="checkbox"/> 1/8) 80C-PO2</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> 3/8) 80C-PO6</div><div><input type="checkbox"/> 3/4) 80C-P12H</div></div> | PM   | 8-8-25 |
| 13                                              | <input type="checkbox"/> Add special accessories after crimping/swaging                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |        |
| 14                                              | <input type="checkbox"/> Perform and record burst test results, if applicable<br>Remarks: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |        |
| 15                                              | <input type="checkbox"/> Air test, if applicable<br>Test pressure Psi _____ Seconds _____ : Pass/Fail (Circle One)<br>Remarks: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |        |
| 16                                              | <input checked="" type="checkbox"/> Hydrostatic proof test<br>Test pressure Psi <u>10,000</u> Seconds <u>30</u> <u>(Pass)</u> Fail (Circle One)<br>Remarks: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PM   | 8-8-25 |
| 17                                              | <input checked="" type="checkbox"/> Flush method water, and then air                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PM   | 8-8-25 |
| 18                                              | <input checked="" type="checkbox"/> Perform and record conductivity test: Meter <u>Megger Mit200</u><br>Hose resistance <u>0.00</u> (-) Electrode resistance <u>0.03</u><br>(-) Final hose resistance <u>0.03</u>                                                                                                                                                                                                                                                                                                                                                                                                                                  | PM   | 8-8-25 |
| 19                                              | <input checked="" type="checkbox"/> Final audit: Check boxes for items inspected, as applicable:<br><div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Correct hose;</div><div><input checked="" type="checkbox"/> Correct fittings;</div><div><input checked="" type="checkbox"/> Correct customer PN</div></div>                                                                                                                                                                                                                                                                               | PM   | 8-8-25 |
| 20                                              | <input checked="" type="checkbox"/> Check swage or crimp diameters:<br><div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> 5CNG-4-58 .663/.688</div><div><input checked="" type="checkbox"/> 5CNG-6-58 .785/.805</div><div><input checked="" type="checkbox"/> 5CNG-8-58 .900/.920</div><div><input checked="" type="checkbox"/> 5CNG-12-58 1.20/1.22</div></div>                                                                                                                                                                                                                                 | PM   | 8-8-25 |
| *****100% VISUAL INSPECT FOR THE FOLLOWING***** |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |        |
| 21                                              | <input checked="" type="checkbox"/> Hose fittings crimped; <input checked="" type="checkbox"/> Air passes through assembly;<br><input checked="" type="checkbox"/> Presence of threads                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PM   | 8-8-25 |
| 20                                              | <input checked="" type="checkbox"/> Cap and package hose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PM   | 8-8-25 |
| 21                                              | <input checked="" type="checkbox"/> Certificate of Conformance for Materials Shipped (on back)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PM   | 8-8-25 |

TRIL121824  
Trillium  
4500153927  
2-20-25

|    |                                                                                                                                                                 | SIGN | DATE   |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------|
| 1  | <input checked="" type="checkbox"/> Review shop work order versus customer print and history                                                                    | PM   | 8-8-25 |
| 2  | <input checked="" type="checkbox"/> Component part numbers: <u>106CG-12-12, 106CG-12-12</u>                                                                     |      |        |
|    | Pack dates and/or QC codes _____                                                                                                                                |      |        |
| 3  | <input checked="" type="checkbox"/> ID band number <u>5201413838</u>                                                                                            | PM   | 8-8-25 |
| 4  | <input checked="" type="checkbox"/> Hose Cut Length <u>96"</u>                                                                                                  | PM   | 8-8-25 |
| 5  | Pre-expansion of hose (if required) Size _____                                                                                                                  | PM   | 8-8-25 |
|    | Remarks: _____                                                                                                                                                  |      |        |
| 6  | <input checked="" type="checkbox"/> Audit and mark appropriate insertion depth                                                                                  | PM   | 8-8-25 |
| 7  | Add special accessories _____                                                                                                                                   |      |        |
|    | Remarks: _____                                                                                                                                                  |      |        |
| 8  | <input checked="" type="checkbox"/> Apply danger tag and ID band                                                                                                | PM   | 8-8-25 |
| 9  | <input checked="" type="checkbox"/> Install bend restrictors                                                                                                    | PM   | 8-8-25 |
|    | Remarks: _____                                                                                                                                                  |      |        |
| 10 | <input checked="" type="checkbox"/> Assemble fittings; check insertion depth                                                                                    | PM   | 8-8-25 |
|    | Remarks: _____                                                                                                                                                  |      |        |
| 11 | Set offset angle and/or orientation _____                                                                                                                       | PM   | 8-8-25 |
|    | Remarks: _____                                                                                                                                                  |      |        |
| 12 | <input checked="" type="checkbox"/> Perform crimp or swage on product crimp set die-using Parker Catalog 4660, page K58                                         |      |        |
|    | _____ 1/2) 80C-PO8H _____ 3/8) 80C-PO6H                                                                                                                         |      |        |
|    | _____ 1/4) 80C-PO4H _____ 1/8) 80C-PO2                                                                                                                          |      |        |
|    | _____ 3/8) 80C-PO6 <input checked="" type="checkbox"/> _____ 3/4) 80C-P12H                                                                                      |      |        |
| 13 | Add special accessories after crimping/swaging                                                                                                                  | PM   | 8-8-25 |
| 14 | Perform and record burst test results, if applicable                                                                                                            |      |        |
|    | Remarks: _____                                                                                                                                                  |      |        |
| 15 | Air test, if applicable                                                                                                                                         |      |        |
|    | Test pressure Psi _____ Seconds _____ ; Pass, Fail (Circle One)                                                                                                 |      |        |
|    | Remarks: _____                                                                                                                                                  |      |        |
| 16 | <input checked="" type="checkbox"/> Hydrostatic proof test                                                                                                      |      |        |
|    | Test pressure Psi <u>10,000</u> Seconds <u>30</u> <u>(Pass)</u> Fail (Circle One)                                                                               |      |        |
|    | Remarks: _____                                                                                                                                                  |      |        |
| 17 | <input checked="" type="checkbox"/> Flush method water, and then air                                                                                            | PM   | 8-8-25 |
| 18 | <input checked="" type="checkbox"/> Perform and record conductivity test: Meter _____ Megger Mit200                                                             | PM   | 8-8-25 |
|    | Hose resistance <u>0.02</u> (-) Electrode resistance <u>0.03</u>                                                                                                |      |        |
|    | (-) Final hose resistance _____ <u>0.03</u>                                                                                                                     |      |        |
| 19 | <input checked="" type="checkbox"/> Final audit: Check boxes for items inspected, as applicable:                                                                | PM   | 8-8-25 |
|    | <input checked="" type="checkbox"/> Correct hose; <input checked="" type="checkbox"/> Correct fittings; <input checked="" type="checkbox"/> Correct customer PN |      |        |
| 20 | <input checked="" type="checkbox"/> Check swage or crimp diameters: _____ 5CNG-4-58 .668/.688                                                                   | PM   | 8-8-25 |
|    | _____ 5CNG-6-58 .785/.805 _____ 5CNG-8-58 .900/.920                                                                                                             |      |        |
|    | _____ 5CNG-6-55 .675/.695 <input checked="" type="checkbox"/> _____ 5CNG-12-58 1.20/1.22                                                                        | PM   | 8-8-25 |
|    | ***** 100% VISUAL INSPECT FOR THE FOLLOWING *****                                                                                                               |      |        |
| 21 | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Hose fittings crimped; <input checked="" type="checkbox"/> Air passes through assembly; |      |        |
|    | <input checked="" type="checkbox"/> Presence of threads _____                                                                                                   |      |        |
| 20 | <input checked="" type="checkbox"/> Cap and package nose                                                                                                        | PM   | 8-8-25 |
| 21 | <input checked="" type="checkbox"/> Certificate of Conformance for Materials Shipped (on back)                                                                  | PM   | 8-8-25 |

Tulsa Gas Technologies, Inc.  
4809 S. 101st. E. Ave.  
Tulsa, OK 74146  
918-665-2641

Work Order #  
Customer Name  
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TRIL121824  
Trillium  
4500153927  
2-28-23

ASSEMBLY/CERTIFICATION SHEET

|                                                 |                                                                                                                                                                                                                                                                                                                                         | SIGN          | DATE          |               |              |              |               |    |        |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|---------------|--------------|--------------|---------------|----|--------|
| 1                                               | <input checked="" type="checkbox"/> Review shop work order versus customer print and history                                                                                                                                                                                                                                            | PM            | 8-8-25        |               |              |              |               |    |        |
| 2                                               | <input checked="" type="checkbox"/> Component part numbers: 106CG-12-12, 106CG-12-12<br>Pack dates and/or QC codes                                                                                                                                                                                                                      | PM            | 8-8-25        |               |              |              |               |    |        |
| 3                                               | <input checked="" type="checkbox"/> ID band number 5201413837                                                                                                                                                                                                                                                                           | PM            | 8-8-25        |               |              |              |               |    |        |
| 4                                               | <input checked="" type="checkbox"/> Hose Cut Length 36"                                                                                                                                                                                                                                                                                 | PM            | 8-8-25        |               |              |              |               |    |        |
| 5                                               | <input type="checkbox"/> Pre-expansion of hose (if required) Size _____<br>Remarks: _____                                                                                                                                                                                                                                               | PM            | 8-8-25        |               |              |              |               |    |        |
| 6                                               | <input checked="" type="checkbox"/> Audit and mark appropriate insertion depth                                                                                                                                                                                                                                                          | PM            | 8-8-25        |               |              |              |               |    |        |
| 7                                               | <input type="checkbox"/> Add special accessories _____<br>Remarks: _____                                                                                                                                                                                                                                                                |               |               |               |              |              |               |    |        |
| 8                                               | <input checked="" type="checkbox"/> Apply danger tag and ID band                                                                                                                                                                                                                                                                        | PM            | 8-8-25        |               |              |              |               |    |        |
| 9                                               | <input checked="" type="checkbox"/> Install bend restrictors _____<br>Remarks: _____                                                                                                                                                                                                                                                    | PM            | 8-8-25        |               |              |              |               |    |        |
| 10                                              | <input checked="" type="checkbox"/> Assemble fittings; check insertion depth<br>Remarks: _____                                                                                                                                                                                                                                          | PM            | 8-8-25        |               |              |              |               |    |        |
| 11                                              | <input type="checkbox"/> Set offset angle and/or orientation<br>Remarks: _____                                                                                                                                                                                                                                                          | PM            | 8-8-25        |               |              |              |               |    |        |
| 12                                              | <input checked="" type="checkbox"/> Perform crimp or swage on product crimp set die using Parker Catalog 4660, page K58<br><table border="0" style="width: 100%;"><tr><td>1/2) 80C-PO8H</td><td>3/8) 80C-PO6H</td></tr><tr><td>1/4) 80C-PO4H</td><td>1/8) 80C-PO2</td></tr><tr><td>3/8) 80C-PO6</td><td>3/4) 80C-P12H</td></tr></table> | 1/2) 80C-PO8H | 3/8) 80C-PO6H | 1/4) 80C-PO4H | 1/8) 80C-PO2 | 3/8) 80C-PO6 | 3/4) 80C-P12H | PM | 8-8-25 |
| 1/2) 80C-PO8H                                   | 3/8) 80C-PO6H                                                                                                                                                                                                                                                                                                                           |               |               |               |              |              |               |    |        |
| 1/4) 80C-PO4H                                   | 1/8) 80C-PO2                                                                                                                                                                                                                                                                                                                            |               |               |               |              |              |               |    |        |
| 3/8) 80C-PO6                                    | 3/4) 80C-P12H                                                                                                                                                                                                                                                                                                                           |               |               |               |              |              |               |    |        |
| 13                                              | <input type="checkbox"/> Add special accessories after crimping/swaging                                                                                                                                                                                                                                                                 |               |               |               |              |              |               |    |        |
| 14                                              | <input type="checkbox"/> Perform and record burst test results, if applicable<br>Remarks: _____                                                                                                                                                                                                                                         |               |               |               |              |              |               |    |        |
| 15                                              | <input type="checkbox"/> Air test, if applicable<br>Test pressure Psi _____ Seconds _____ : Pass/Fail (Circle One)<br>Remarks: _____                                                                                                                                                                                                    |               |               |               |              |              |               |    |        |
| 16                                              | <input checked="" type="checkbox"/> Hydrostatic proof test<br>Test pressure Psi 10,000 Seconds 30 (Pass) Fail (Circle One)<br>Remarks: _____                                                                                                                                                                                            | PM            | 8-8-25        |               |              |              |               |    |        |
| 17                                              | <input checked="" type="checkbox"/> Flush method water, and then air                                                                                                                                                                                                                                                                    | PM            | 8-8-25        |               |              |              |               |    |        |
| 18                                              | <input checked="" type="checkbox"/> Perform and record conductivity test: Meter Megger Mit200<br>Hose resistance 0.00 (-) Electrode resistance 0.03<br>(=) Final hose resistance 0.03                                                                                                                                                   | PM            | 8-8-25        |               |              |              |               |    |        |
| 19                                              | <input checked="" type="checkbox"/> Final audit: Check boxes for items inspected, as applicable:<br><input checked="" type="checkbox"/> Correct hose; <input checked="" type="checkbox"/> Correct fittings; <input checked="" type="checkbox"/> Correct customer PN                                                                     | PM            | 8-8-25        |               |              |              |               |    |        |
| 20                                              | <input checked="" type="checkbox"/> Check swage or crimp diameters:<br>5CNG-6-58 .785/.805 <input checked="" type="checkbox"/> 5CNG-8-58 .900/.920<br>5CNG-6-55 .675/.695 <input checked="" type="checkbox"/> 5CNG-12-58 1.20/1.22                                                                                                      | PM            | 8-8-25        |               |              |              |               |    |        |
| *****100% VISUAL INSPECT FOR THE FOLLOWING***** |                                                                                                                                                                                                                                                                                                                                         |               |               |               |              |              |               |    |        |
| 21                                              | <input checked="" type="checkbox"/> Hose fittings crimped; <input checked="" type="checkbox"/> Air passes through assembly;<br><input checked="" type="checkbox"/> Presence of threads                                                                                                                                                  | PM            | 8-8-25        |               |              |              |               |    |        |
| 20                                              | <input checked="" type="checkbox"/> Cap and package nose                                                                                                                                                                                                                                                                                | PM            | 8-8-25        |               |              |              |               |    |        |
| 21                                              | <input checked="" type="checkbox"/> Certificate of Conformance for Materials Shipped (on back)                                                                                                                                                                                                                                          | PM            | 8-8-25        |               |              |              |               |    |        |

Tulsa Gas Technologies, Inc.  
4809 S. 101st. E. Ave.  
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TRIL121824  
Trillium  
4500153927  
2-20-25

ASSEMBLY/CERTIFICATION SHEET

|               |                                                                                                                                                                                                                                                                                                                                          | SIGN          | DATE          |               |              |              |               |    |        |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|---------------|--------------|--------------|---------------|----|--------|
| 1             | <input checked="" type="checkbox"/> Review shop work order versus customer print and history                                                                                                                                                                                                                                             | PM            | 8-8-25        |               |              |              |               |    |        |
| 2             | <input checked="" type="checkbox"/> Component part numbers: 106CG-12-12, 106CG-12-12<br>Pack dates and/or QC codes                                                                                                                                                                                                                       | PM            | 8-8-25        |               |              |              |               |    |        |
| 3             | <input checked="" type="checkbox"/> ID band number 5201413838                                                                                                                                                                                                                                                                            | PM            | 8-8-25        |               |              |              |               |    |        |
| 4             | <input checked="" type="checkbox"/> Hose Cut Length 96"                                                                                                                                                                                                                                                                                  | PM            | 8-8-25        |               |              |              |               |    |        |
| 5             | <input type="checkbox"/> Pre-expansion of hose (if required) Size _____<br>Remarks: _____                                                                                                                                                                                                                                                | PM            | 8-8-25        |               |              |              |               |    |        |
| 6             | <input checked="" type="checkbox"/> Audit and mark appropriate insertion depth                                                                                                                                                                                                                                                           | PM            | 8-8-25        |               |              |              |               |    |        |
| 7             | <input type="checkbox"/> Add special accessories _____<br>Remarks: _____                                                                                                                                                                                                                                                                 |               |               |               |              |              |               |    |        |
| 8             | <input checked="" type="checkbox"/> Apply danger tag and ID band                                                                                                                                                                                                                                                                         | PM            | 8-8-25        |               |              |              |               |    |        |
| 9             | <input checked="" type="checkbox"/> Install bend restrictors _____<br>Remarks: _____                                                                                                                                                                                                                                                     | PM            | 8-8-25        |               |              |              |               |    |        |
| 10            | <input checked="" type="checkbox"/> Assemble fittings; check insertion depth<br>Remarks: _____                                                                                                                                                                                                                                           | PM            | 8-8-25        |               |              |              |               |    |        |
| 11            | <input type="checkbox"/> Set offset angle and/or orientation<br>Remarks: _____                                                                                                                                                                                                                                                           | PM            | 8-8-25        |               |              |              |               |    |        |
| 12            | <input checked="" type="checkbox"/> Perform crimp or swage on product; crimp set die using Parker Catalog 4660, page K58<br><table border="0" style="width: 100%;"><tr><td>1/2) 80C-PO8H</td><td>3/8) 80C-PO6H</td></tr><tr><td>1/4) 80C-PO4H</td><td>1/8) 80C-PO2</td></tr><tr><td>3/8) 80C-PO6</td><td>3/4) 80C-P12H</td></tr></table> | 1/2) 80C-PO8H | 3/8) 80C-PO6H | 1/4) 80C-PO4H | 1/8) 80C-PO2 | 3/8) 80C-PO6 | 3/4) 80C-P12H | PM | 8-8-25 |
| 1/2) 80C-PO8H | 3/8) 80C-PO6H                                                                                                                                                                                                                                                                                                                            |               |               |               |              |              |               |    |        |
| 1/4) 80C-PO4H | 1/8) 80C-PO2                                                                                                                                                                                                                                                                                                                             |               |               |               |              |              |               |    |        |
| 3/8) 80C-PO6  | 3/4) 80C-P12H                                                                                                                                                                                                                                                                                                                            |               |               |               |              |              |               |    |        |
| 13            | <input type="checkbox"/> Add special accessories after crimping/swaging                                                                                                                                                                                                                                                                  |               |               |               |              |              |               |    |        |
| 14            | <input type="checkbox"/> Perform and record burst test results, if applicable<br>Remarks: _____                                                                                                                                                                                                                                          |               |               |               |              |              |               |    |        |
| 15            | <input type="checkbox"/> Air test, if applicable<br>Test pressure Psi _____ Seconds _____ ; Pass/Fail (Circle One)<br>Remarks: _____                                                                                                                                                                                                     |               |               |               |              |              |               |    |        |
| 16            | <input checked="" type="checkbox"/> Hydrostatic proof test<br>Test pressure Psi 10,000 Seconds 30 (Pass/Fail (Circle One))<br>Remarks: _____                                                                                                                                                                                             | PM            | 8-8-25        |               |              |              |               |    |        |
| 17            | <input checked="" type="checkbox"/> Flush method water, and then air                                                                                                                                                                                                                                                                     | PM            | 8-8-25        |               |              |              |               |    |        |
| 18            | <input checked="" type="checkbox"/> Perform and record conductivity test: Meter Magger Mit200<br>Hose resistance 0.01 (-) Electrode resistance 0.03<br>(=) Final hose resistance 0.03                                                                                                                                                    | PM            | 8-8-25        |               |              |              |               |    |        |
| 19            | <input checked="" type="checkbox"/> Final audit: Check boxes for items inspected, as applicable:<br>Correct hose; Correct fittings; Correct customer PN                                                                                                                                                                                  | PM            | 8-8-25        |               |              |              |               |    |        |
| 20            | <input checked="" type="checkbox"/> Check swage or crimp diameters:<br>5CNG-6-58 .785/.805 5CNG-8-58 .900/.920<br>5CNG-6-55 .675/.695 5CNG-12-58 1.20/1.22                                                                                                                                                                               | PM            | 8-8-25        |               |              |              |               |    |        |
| 21            | *****100% VISUAL INSPECT FOR THE FOLLOWING*****                                                                                                                                                                                                                                                                                          |               |               |               |              |              |               |    |        |
| 21            | <input checked="" type="checkbox"/> Hose fittings crimped; <input checked="" type="checkbox"/> Air passes through assembly;                                                                                                                                                                                                              |               |               |               |              |              |               |    |        |
|               | <input checked="" type="checkbox"/> Presence of threads                                                                                                                                                                                                                                                                                  | PM            | 8-8-25        |               |              |              |               |    |        |
| 20            | <input checked="" type="checkbox"/> Cap and package nose                                                                                                                                                                                                                                                                                 | PM            | 8-8-25        |               |              |              |               |    |        |
| 21            | <input checked="" type="checkbox"/> Certificate of Conformance for Materials Shipped (on back)                                                                                                                                                                                                                                           | PM            | 8-8-25        |               |              |              |               |    |        |

Tulsa Gas Technologies, Inc.  
4309 S. 101st. E. Ave.  
Tulsa, OK 74146  
918-665-2641

Work Order #  
Customer Name  
Customer PO  
Date Required

TRIL12-1824  
Trillium  
4500153927  
2-20-25

ASSEMBLY/CERTIFICATION SHEET

|                                                 |                                                                                                                                                                                                                                                                                                                                                                             | SIGN                | DATE                |                     |                    |                    |                     |    |        |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|---------------------|--------------------|--------------------|---------------------|----|--------|
| 1                                               | <input checked="" type="checkbox"/> Review shop work order versus customer print and history                                                                                                                                                                                                                                                                                | PM                  | 8-8-25              |                     |                    |                    |                     |    |        |
| 2                                               | <input checked="" type="checkbox"/> Component part numbers: <u>106CG-12-12, 106CG-12-12</u><br>Pack dates and/or QC codes                                                                                                                                                                                                                                                   | PM                  | 8-8-25              |                     |                    |                    |                     |    |        |
| 3                                               | <input checked="" type="checkbox"/> ID band number <u>5201413837</u>                                                                                                                                                                                                                                                                                                        | PM                  | 8-8-25              |                     |                    |                    |                     |    |        |
| 4                                               | <input checked="" type="checkbox"/> Hose Cut Length <u>36"</u>                                                                                                                                                                                                                                                                                                              | PM                  | 8-8-25              |                     |                    |                    |                     |    |        |
| 5                                               | <input type="checkbox"/> Pre-expansion of hose (if required) Size _____<br>Remarks: _____                                                                                                                                                                                                                                                                                   | PM                  | 8-8-25              |                     |                    |                    |                     |    |        |
| 6                                               | <input checked="" type="checkbox"/> Audit and mark appropriate insertion depth                                                                                                                                                                                                                                                                                              | PM                  | 8-8-25              |                     |                    |                    |                     |    |        |
| 7                                               | <input type="checkbox"/> Add special accessories _____<br>Remarks: _____                                                                                                                                                                                                                                                                                                    |                     |                     |                     |                    |                    |                     |    |        |
| 8                                               | <input checked="" type="checkbox"/> Apply danger tag and ID band                                                                                                                                                                                                                                                                                                            | PM                  | 8-8-25              |                     |                    |                    |                     |    |        |
| 9                                               | <input checked="" type="checkbox"/> Install bend restrictors _____<br>Remarks: _____                                                                                                                                                                                                                                                                                        | PM                  | 8-8-25              |                     |                    |                    |                     |    |        |
| 10                                              | <input checked="" type="checkbox"/> Assemble fittings; check insertion depth<br>Remarks: _____                                                                                                                                                                                                                                                                              | PM                  | 8-8-25              |                     |                    |                    |                     |    |        |
| 11                                              | <input type="checkbox"/> Set offset angle and/or orientation<br>Remarks: _____                                                                                                                                                                                                                                                                                              | PM                  | 8-8-25              |                     |                    |                    |                     |    |        |
| 12                                              | <input checked="" type="checkbox"/> Perform crimp or swage on product crimp set die using Parker Catalog 4660, page K58<br><table border="0" style="width: 100%;"><tr><td>_____ 1/2) 80C-PO8H</td><td>_____ 3/8) 80C-PO6H</td></tr><tr><td>_____ 1/4) 80C-PO4H</td><td>_____ 1/8) 80C-PO2</td></tr><tr><td>_____ 3/8) 80C-PO6</td><td>_____ 3/4) 80C-P12H</td></tr></table> | _____ 1/2) 80C-PO8H | _____ 3/8) 80C-PO6H | _____ 1/4) 80C-PO4H | _____ 1/8) 80C-PO2 | _____ 3/8) 80C-PO6 | _____ 3/4) 80C-P12H | PM | 8-8-25 |
| _____ 1/2) 80C-PO8H                             | _____ 3/8) 80C-PO6H                                                                                                                                                                                                                                                                                                                                                         |                     |                     |                     |                    |                    |                     |    |        |
| _____ 1/4) 80C-PO4H                             | _____ 1/8) 80C-PO2                                                                                                                                                                                                                                                                                                                                                          |                     |                     |                     |                    |                    |                     |    |        |
| _____ 3/8) 80C-PO6                              | _____ 3/4) 80C-P12H                                                                                                                                                                                                                                                                                                                                                         |                     |                     |                     |                    |                    |                     |    |        |
| 13                                              | <input type="checkbox"/> Add special accessories after crimping/swaging                                                                                                                                                                                                                                                                                                     |                     |                     |                     |                    |                    |                     |    |        |
| 14                                              | <input type="checkbox"/> Perform and record burst test results, if applicable<br>Remarks: _____                                                                                                                                                                                                                                                                             |                     |                     |                     |                    |                    |                     |    |        |
| 15                                              | <input type="checkbox"/> Air test, if applicable<br>Test pressure Psi _____ Seconds _____ : Pass/Fail (Circle One)<br>Remarks: _____                                                                                                                                                                                                                                        |                     |                     |                     |                    |                    |                     |    |        |
| 16                                              | <input checked="" type="checkbox"/> Hydrostatic proof test<br>Test pressure Psi <u>10,000</u> Seconds <u>30</u> <u>(Pass)</u> Fail (Circle One)<br>Remarks: _____                                                                                                                                                                                                           | PM                  | 8-8-25              |                     |                    |                    |                     |    |        |
| 17                                              | <input checked="" type="checkbox"/> Flush method water, and then air                                                                                                                                                                                                                                                                                                        | PM                  | 8-8-25              |                     |                    |                    |                     |    |        |
| 18                                              | <input checked="" type="checkbox"/> Perform and record conductivity test: Meter <u>Megger Mit200</u><br>Hose resistance <u>0.00</u> (-) Electrode resistance <u>0.03</u><br>(=) Final hose resistance <u>0.03</u>                                                                                                                                                           | PM                  | 8-8-25              |                     |                    |                    |                     |    |        |
| 19                                              | <input checked="" type="checkbox"/> Final audit: Check boxes for items inspected, as applicable:<br><input checked="" type="checkbox"/> Correct hose; <input checked="" type="checkbox"/> Correct fittings; <input checked="" type="checkbox"/> Correct customer PN                                                                                                         | PM                  | 8-8-25              |                     |                    |                    |                     |    |        |
| 20                                              | <input checked="" type="checkbox"/> Check swage or crimp diameters: _____ 5CNG-4-58 .668/.688<br>_____ 5CNG-6-58 .785/.805 <input checked="" type="checkbox"/> 5CNG-8-58 .900/.920<br>_____ 5CNG-8-55 .675/.695 <input checked="" type="checkbox"/> 5CNG-12-58 1.20/1.22                                                                                                    | PM                  | 8-8-25              |                     |                    |                    |                     |    |        |
| *****100% VISUAL INSPECT FOR THE FOLLOWING***** |                                                                                                                                                                                                                                                                                                                                                                             |                     |                     |                     |                    |                    |                     |    |        |
| 21                                              | <input checked="" type="checkbox"/> Hose fittings crimped; <input checked="" type="checkbox"/> Air passes through assembly;<br><input checked="" type="checkbox"/> Presence of threads                                                                                                                                                                                      | PM                  | 8-8-25              |                     |                    |                    |                     |    |        |
| 20                                              | <input checked="" type="checkbox"/> Cap and package nose                                                                                                                                                                                                                                                                                                                    | PM                  | 8-8-25              |                     |                    |                    |                     |    |        |
| 21                                              | <input checked="" type="checkbox"/> Certificate of Conformance for Materials Shipped (on back)                                                                                                                                                                                                                                                                              | PM                  | 8-8-25              |                     |                    |                    |                     |    |        |