



Nurse Tank Testing Workshop

AGRIBUSINESS ASSOCIATION OF IOWA

900 DES MOINES STREET // DES MOINES, IOWA 50309 // 515.262.8323 // 800.383.1682 // FAX

Tuesday, July 8th (10am-5pm) & Wednesday July 9th (8am-2pm)

**Ziegler CAT Facility, 1500 Ziegler Drive NW, Altoona, IA
From I80, Take 142B Exit, continue Northeast, turn Right to Ziegler Dr.**

COST \$195 per participant

**Each student will receive the latest version of the CFR 49 Parts 100-185 manual.*

The Agribusiness Association of Iowa (AAI) is working with USDOT and IDALS to provide you with accurate information on becoming qualified to test your own tanks at your own facilities.

1. Contact your insurance agent with regards to your company liability if you choose to certify your own staff.
2. For a complete list of all of the requirements to be certified and the record keeping required please go to <http://www.nursetank.org/> and go to nurse tank inspector information (NH3 Tank Inspector Requirements attached)

For more information, contact Jackie Haley at 515-262-8323 or Jackie@agribiz.org

AGENDA

Art Fleener with the U.S. Department of Transportation will present the following:

- Introduction
- Overview of Part 180
- Registration/Inspector Qualifications/HM training
- External Visual Inspection
- Pressure Test
- Leakage Test
- Venting
- Thickness Test
- Record Keeping
- Hands-On Nurse Tank Testing Demonstration

Terry Jensen & John Whipple with the Iowa Department of Ag will be presenting the following:

- NH3 Data Plates & IDALS
- New NH3 Site Applications
- Inspectional Observations & Violations

Registration Form

Please enroll the following participant(s) from our firm in the Nurse Tank Testing Workshop. I understand the tuition fee of \$195 per participant covers educational material, including a copy of the CFR49 Parts 100-185 manual, breaks and lunch on both days. I also understand that **cancellations must be received fourteen (14) days prior to the class** to receive a full refund. ***Because of classroom size, class size will be limited to 75 students.**

Name of participant(s) _____

Enclosed is our registration fee in the amount of \$_____.

Signature _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

• Please register by June 24, 2008 (so we can plan for lunch and supplies) no refunds after this date •

Make Check Payable To:

Agribusiness Association of Iowa • 900 Des Moines Street • Des Moines, Iowa 50309