

FORM13
(See Rule 65 And 73-A)
REPORT OF EXAMINATION OF PRESSURE PLANT / VESSEL / GAS HOLDER

Report No:ISPL/F11/

1.	Name and address of the Factory	M/s. Sterlite Technologies Ltd. Plot no. AL-23, MIDC Shendra, Aurangabad.
2.	Name, Description and distinctive number of Pressure Plant /Vessel/ Gas Holder	Sr No:- Capacity:- Location:-
3.	Name and address of maker	gg
4.	Nature of process in which it is used	gg
5.	Particulars of Plant/Vessel-	
	(a) Date of Construction	
	(b) Thickness of Wall	Shell Thickness:- Dish Thickness:-
	(c) Date on which it was first taken into use	
	(d) Safe working pressure recommended by maker	5.44
	A. Particulars of Plant/ Vessel/ Gas Holder	
6.	Date of -	
	i) Last External Examination	
	ii) Last internal examination	
	iii) Last hydraulic examination	
	iv) Last ultrasonic test	
	A. By whom it is carried out?	Tested by us
7.	Whether lagging was removed for purpose of examination	Unlagged
8.	Description of examinations carried out and findings	
	i) External Examination (Give reasons if it is not carried out six monthly)	Externally examined for pitting, corrosion etc & found O.K.
	ii) Internal Examination (Give reasons if it is not carried out annually)	Inaccessible
	iii) Hydraulic Test (Give reasons if this is not carried out at interval of 2 years or 4 years.)	Not Due
	iv) Ultrasonic Test (Please quote number and date of the certificate issued by Chief Inspector, permitting ultrasonic test in lieu of internal examination and hydraulic test)	Ultrasonically tested & Found O.K. Shell Thickness:- Dish Thickness:-
9.	Safe Working Pressure calculated as per methods given in sub rule 5 (c) (ii) for sizing cylinders- (1) (2) (3)	5.44
10.	Condition of Pressure Plant	
	a) Vessel	O.K.
	b) Piping	Checked & found O.K.
11.	Conditions of fittings and appliances	
	i) Pressure Gauges	Checked & found O.K.
	ii) Safety Valves	Checked & found O.K.
	iii) Stop Valve	Checked & found O.K.
	iv) Reducing Valves (give reasons if not necessary)	Not Applicable
	v) Additional safety valve (required in case reducing valve is necessary)	Not Applicable
	vi) Other devices (please specify particularly in case of jacketed vessel)	Not Applicable
	vii) Are all fittings and appliances properly maintained and in good condition, repairs if any required and period within which they should be executed	Not Applicable
12.	Safe working pressure recommended after examination (specify the allowances made for condition of working such as heat, corrosion etc.)	
13.	Specify repairs if any and period within which they should be executed	Nil
14.	Specify reduced working pressure pending repairs	Not Applicable
15.	Other observations /conditions subject to which the plant is to be operated	Condition is satisfactory to be operated in safe working pressure.

I/We certify that on **21/08/2024** the pressure plant / vessel described above was thoroughly cleaned and (so far as its construction permits) made accessible for thorough examination and for such tests as were necessary for thorough examination and that on the said date. I thoroughly examined this pressure vessel/Plant including its fittings and that the above is true report of my examination.

Next Due Date:- 29/08/2024

INSAFE SERVICES PVT LTD G-24, ANAND PLAZA, NEAR HOTEL AMARPREET SIGNAL, JALNA ROAD, AURANGABAD - 431001	Signature of Competent Person		
	Name of Competent Person	RAJENDRA PANDE	
	Qualification	B.E. (Mech), COMPETENT PERSON, C.P.C.NO. P-110/2023	
	Address	AURANGABAD	
	Date	21/08/2024	