

FORM NO. 8
(Prescribed under Rule 57 of Factory Rules 1950)
Report of examination of Pressure Vessel

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| 1. Name of the occupier (or Factory) | : M/s L&T Construction |
| 2. Location and address of Factory | : Government Medical College and Hospital Dumka Dighi Dumka Near Sido Kanhu Murmu University Dumka, Jharkhand- 814101 |
| 3. Name description and distinctive number of Pressure Vessel | : Air Compressor Id.Sr. No. : L&T/AC-01 Location : Plant |
| 4. Name and Address of Manufacturer | : Elgi |
| 5. Nature of process in which it is used | : Storage of Compressed Air |
| 6. Particulars of vessel: a) Year of manufacture | : 2017 |
| b) Date of commissioning in service | : NA |
| c) Thickness of walls | : Shell : 4.5 mm Dish : 6.4 mm |
| d) Safe working pressure recommended by the manufacturer | : 10 Kg/cm ² |
| e) History of the vessels brief | : As reported, the vessel has been working in order since inspection |
| f) Has the examiner seen the last examination and test report | : Yes |
| g) Date of previous examination or test | |
| i) Was the vessel subjected to hydraulic test? | : No |
| ii) If yes the pressure applied | : - |
| 7. Is the vessel in open or otherwise exposed to weather or to damp | : No |
| 8. Details of examination made and test conducted by the examiner | : External Visible Examination & UTT |
| 9. What pressure was applied if Hydraulic test was conducted by the examiner? | : NA |
| 10. What parts, if any, were inaccessible? | : Internal |
| 11. Condition of vessel & safety Valve (state any defect materially affecting the safe working pressure or the safe working of the vessel) External | : Good |
| Internal | : Not accessible |
| 12. Are fittings and appliances provided in accordance with the rules for pressure Plants?(Name fittings and appliances provided) | : Yes |
| 13. Are all fittings and appliances properly maintained and in good condition? if not, the defects should be recorded | : Good condition |
| 14. Repairs, if any required and the period within which they should be executed and any other condition, which are necessary to specify for securing safe working | : Not required |
| 15. Safe working pressure calculated from dimensions and from the thickness other data as certified by the present examination, data allowance being made conditions of working if unusual or exceptionally severe | : 10.0 Kg/cm ² |
| 16. Where repair affecting safe working pressure are required, state the working pressure before the expiration of the period specified in (15) | : NA |
| a) After the expiration of such period if the required repairs have not been completed | : NA |
| b) After the completion of the required repairs | : NA |
| 17. Other Observation | : Nil |

I certify that on **11.08.2023** the pressure vessels described above was thoroughly cleaned and (so far its construction permits) made accessible for thorough examination and that on the said date. I thoroughly examined the pressure vessel including its fitting and that the above is report of my examination.

Reference No. 7/Com. 1027/2023

Certificate No: NI/JH/CIF/7/10850/2023

Competency No. - 985

Next examination due on or before: 10.02.2024

Signature & Stamp

Amit Kumar

Chartered Engineer & Competent Person



Narayan Industries

South Near Vivekanand School, Hazaribagh – 825301

Note The above report is issued subject to daily checking of above equipment and all its safety devices for its proper functioning and safe operations before using.