

INSTALLATION REPORT



CUSTOMER :- ms. indian Immunological Ltd.
 DEPARTMENT :- Production
 EQUIPMENT :- H.P.H.V. steam sterilizer
 SIZE / CAP. :- 1200 (W) x 1200 (H) x 1800 (D) mm
 Sr. No. :- 3360

PLEASE TICK APPROPRIATE BOX

	YES	NO	N.A.
A. Unpacked In presence of MF Engg. :-	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Found Any Damage while transit / shifting at site :-	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Missing material :-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Is the machine installed as per layout drg. (Ref. Drg. No. <u>24-6-1098</u> dtd. <u>15/11/2017</u>) :-	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Is leveling found as per requirement :-	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Fixing of front fascia paneling ST / NST side :-	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Fixing of all accessories / pipelines :-	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Explained required utilities (Ref. Drg. No. <u>22-8-1553</u> dtd. <u>15/11/2017</u>) :-	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Explained inter connecting pipes & cabling :-	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Handover the utility checklist for commissioning :-	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No of days spend for installation.

3 Days

Date of Installation: -

25

07


2020


NOTE: -

1. In case utility of required quality, pressure, flow rate etc. are not supplied. the performance of the machine could be affected, for which MF will not be responsible.
2. All incoming utilities to be provided with isolation valves & pressure gauges.
3. Unless installation report is signed machine will not be commissioned.
4. Machine should be kept covered free from dust / dirt.
5. Customer is responsible for safe keeping of the machine and MF will not be responsible for loss / damages of machine / components.
6. Customer will give advance intimation of 10 days to MF for starting commissioning of the machine.

For Machinfabrik Ind. Pvt. Ltd.

For M/s. IDL

NAME	SIGN.
1. <u>GOPAL SONAWANE</u>	
2. _____	
3. _____	

NAME	SIGN.
1. <u>S. Pradeep</u>	
2. _____	
3. _____	

COMMISSIONING CERTIFICATE



CUSTOMER :- M/s. Indian Immunological Ltd.
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		SATISFACTORY	
		YES	NO
A. UTILITY CONNECTION TO THE MACHINE Connection / Pressure / Flow rate	:-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. OPERATION OF THE MACHINE As per process diagram No. <u>23-3-1658</u>	:-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. OPERATION OF SAFTY FEATURES	:-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. OPERATION OF ALARMS		<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. MACHINE PRINTOUT/BATCH REPORTS	:-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. RATED CAPACITY / OUTPUT	:-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. TRAINING	:-	<input checked="" type="checkbox"/>	<input type="checkbox"/>

This is to certify that the machine has been installed & commissioned to the satisfaction of the customer.

DATE OF COMMISSIONING :- 30 07 20

For Machinfabrik Ind. Pvt. Ltd.

For M/s. Indian Immunologicals Ltd.

NAME	SIGN.
1. <u>PROPAL SONAWANG</u>	<u>[Signature]</u>
2. _____	

NAME	SIGN.
1. <u>VSR Anjaneyulu</u>	<u>[Signature]</u>
2. <u>B. Vinay Sundar</u>	<u>[Signature]</u>

COMPLETION REPORT



CUSTOMER :- M/s. Indian Immunological Ltd.
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		COMPLETED	
		YES	NO
A. INSTALLATION	:-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. COMMISSIONING	:-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. DOCUMENTATION	:-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. TRAINING	:-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. VALIDATION	:-	<input type="checkbox"/>	<input checked="" type="checkbox"/>

The machine has been handed over to the customer for operation / use.

DATE :-

30	07	20
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For Machinfabrik Ind. Pvt. Ltd.

For M/s. Indian Immunologicals Ltd.

NAME	SIGN.
1. <u>GOPAL SONAWANE</u>	
2. _____	

NAME	SIGN.
1. <u>VSR Anjaneyulu</u>	
2. <u>B. Vinay Sundar</u>	