

INSTALLATION REPORT

CUSTOMER :- M/s. Indian Immunologicals Ltd.
 DEPARTMENT :- Production
 EQUIPMENT :- H.P.H.V. Steam Sterilizer
 SIZE / CAP. :- 1200 (W) x 1200 (H) x 1800 (D) mm.
 Sr. No. :- 4404

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"/>
<hr/>				
C. Missing material :-		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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D. Is the machine installed as per layout drg. :-		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Ref. Drg. No. <u>J-21-16604-1786</u> dtd. <u>24/11/2021</u>)				
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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 :-		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Ref. Drg. No. <u>22-2-2496</u> dtd. <u>18/12/2021</u>)				
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"/>

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No of days spend for installation.

2 Days

Date of Installation: -	11	10	2022
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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. *Endrian Immunologicals*

NAME	SIGN.
1. <u>CEOPAL SONAVANE</u>	<i>[Signature]</i> 22/11/2022
2. _____	
3. _____	

NAME	SIGN.
1. <u>E. Venkat Reddy</u>	<i>[Signature]</i> 22-11-22
2. <u>P. Veera Srida Reddy</u>	<i>[Signature]</i> 22-11-22
3. <u>S. Srikanth</u>	<i>[Signature]</i> 22-11-22