

## COMMISSIONING CERTIFICATE



CUSTOMER :- M/S. Indian immunologicals limited.  
 DEPARTMENT :- Production  
 EQUIPMENT :- DRY HEAT STERILIZER CLASS-100  
 SIZE / CAP. :- 1100 (W) x 1350 (H) x 1350 (D) mm  
 Sr. No. :- 4116

		SATISFACTORY	
		YES	NO
A. UTILITY CONNECTION TO THE MACHINE	:-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Connection / Pressure / Flow rate			
B. OPERATION OF THE MACHINE	:-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
As per process diagram No. <u>23-8-2336</u>			
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 :- 15 12 2021

For Machinfabrik Ind. Pvt. Ltd.

For M/s. Indian immunologicals limited

NAME	SIGN.
1. <u>Gopal sonawane</u>	<u>GSAP</u>
2. _____	

NAME	SIGN.
1. <u>P. Subramaniam - P.Sul</u>	<u>PS</u> 20-12-21
2. <u>P.V. Sridha Reddy</u>	<u>PS</u> 20-12-21

## COMPLETION REPORT



**CUSTOMER** :- M/s. Indian Immunologicals Limited  
**DEPARTMENT** :- production  
**EQUIPMENT** :- DRY HEAT STERILIZER CLASS-100  
**SIZE / CAP.** :- 1100 (W) x 1350 (H) x 1350 (D) mm  
**Sr. No.** :- 4116

		<b>COMPLETED</b>	
		<b>YES</b>	<b>NO</b>
<b>A. INSTALLATION</b>	:-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>B. COMMISSIONING</b>	:-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>C. DOCUMENTATION</b>	:-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>D. TRAINING</b>	:-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>E. VALIDATION</b>	:-	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

**DATE :-**

20	12	2021
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For Machinfabrik Ind. Pvt. Ltd.

For M/s. Indian Immunologicals Limited

NAME	SIGN.	NAME	SIGN.
1. <u>Geopet sonaware</u>	<u>SGH</u>	1. <u>P. Sankaran - Phuley</u>	20.12.21
2. _____		2. <u>P.V. Sridha Reddy - Reddy</u>	20.12.21

## TRAINING REPORT



**CUSTOMER** :- M/s. Indian Immunologicals Limited  
**DEPARTMENT** :- Production  
**EQUIPMENT** :- DRY HEAT STERILIZER CLASS -100  
**SIZE / CAP.** :- 1100 (W) x 1350 (H) x 1350 (D) mm  
**Sr. No.** :- 4116  
**TRAINING DATE** :- 17/12/2021

**FOLLOWING PERSON ARE TRAINED FOR**

- OPERATIONS
  MAINTENANCE  
 TROUBLE SHOOTING
  LEAK TEST PROCEDURE (NA)

Sr.No.	NAME	DEPARTMENT	DESIGNATION	SIGNATURE
1.	P. Sukuman	Production	Manager	<i>[Signature]</i>
2.	Bhadru. J	Production	Sr. Executive	<i>[Signature]</i>
3.	N. Sankaran	Production	Sr. officer	<i>[Signature]</i>
4.	G. Akhila	Production	Sr. officer	<i>[Signature]</i>
5.	N. Venkatesh.	production	Trainee	<i>[Signature]</i>
6.				
7.				
8.				
9.				

For Machinfabrik Ind. Pvt. Ltd.

For M/s. Indian Immunologicals Limited

**NAME**                      **SIGN.**

1. Chopal sonawane      *[Signature]*

2. \_\_\_\_\_

**NAME**                      **SIGN.**

1. P. Sukuman - Phd      20.12.21

2. P. V. Srida Reddy - Phd      20.12.21