

COMMISSIONING CERTIFICATE

CUSTOMER :- M/s. Indian Immunologicals Limited
 DEPARTMENT :- Production (R & D)
 EQUIPMENT :- HPHV Steam Sterilizer
 SIZE / CAP. :- 1200(w) x 1200(h) x 1200(d) mm
 SR. NO. :- 4495

	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>23-3-2715</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 :-

26	09	2022
----	----	------

For Machinfabrik Ind. Pvt. Ltd.

For M/s. M/s. Indian Immunologicals Ltd.

NAME	SIGN.	NAME	SIGN.
1. <u>Gopal sonawane</u>	<u>[Signature]</u>	1. <u>Y. Venugopala</u>	<u>[Signature]</u>
2. <u>G. Vinod</u>	<u>[Signature]</u>	2. <u>D. Prasad Kumar</u>	<u>[Signature]</u> 30.9.2022 31.09.22

COMPLETION REPORT

CUSTOMER :- M/s Indian Immunologicals Limited.
DEPARTMENT :- Production (R & D)
EQUIPMENT :- HPHV Steam Sterilizer
SIZE / CAP. :- 1200(W) X 1200(H) X 1200(D) mm
SR. NO. :- 4495

		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"/>




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

DATE :-

30	09	2022
----	----	------

For Machinfabrik Ind. Pvt. Ltd.

For M/s. M/s. Indian Immunologicals Ltd.

	NAME	SIGN.		NAME	SIGN.
1.	<u>GOPAL SONAWANE</u>		1.	<u>Y. VENUGOPAL</u>	 30-09-2022
2.	<u>G. V. Mad</u>		2.	<u>D. PHANDE KUMAR</u>	 30-09-22

TRAINING REPORT

CUSTOMER :- M/s. Indian Immunologicals Limited.
 DEPARTMENT :- Production (R&D)
 EQUIPMENT :- HPHV Steam Sterilizer
 SIZE / CAP. :- 1200(W) X 1200(H) X 1200(D) mm
 SR. NO. :- 4495
 TRAINING DATE :- 29/09/2022.

FOLLOWING PERSON ARE TRAINED FOR

- OPERATIONS MAINTENANCE SAFETY
 TROUBLE SHOOTING LEAK TEST PROCEDURE

SR. NO.	NAME	DEPARTMENT	DESIGNATION	SIGNATURE
1.	<u>P. VENUGOPAL Y</u>	<u>R&D</u>	<u>manager</u>	<u>[Signature] 29.09.2022</u>
2.	<u>D. phani Kumar</u>	<u>R&D - Engineer</u>	<u>Sr. executive</u>	<u>[Signature] 29.09.22</u>
3.	<u>R. Vijay chandra prasad</u>	<u>R&D</u>	<u>executive</u>	<u>[Signature] 29.09.2022</u>
4.	<u>S. Anand Kumar</u>	<u>R&D-casual</u>	<u>Casual</u>	<u>[Signature] 29.9.2022</u>
5.	<u>S. Harish Kumar</u>	<u>R&D</u>	<u>casual</u>	<u>[Signature] 29.9.22</u>
6.	<u>T. Ravi</u>	<u>R&D</u>	<u>casual</u>	<u>[Signature] 29.9.22</u>
7.	<u>Ch. Anjanayulu</u>	<u>R&D</u>	<u>Casual</u>	<u>[Signature] 29.9.22</u>
8.				
9.				
10.				
11.				
12.				

For Machinfabrik Ind. Pvt. Ltd.

For M/s. Indian Immunologicals Limited.

NAME	SIGN.	NAME	SIGN.
1. <u>Geopal sonawane</u>	<u>[Signature]</u>	1. <u>Y. Venugopale</u>	<u>[Signature] 30.09.2022</u>
2. <u>G. Vinod</u>	<u>[Signature]</u>	2. <u>D. PHANI Kumar</u>	<u>[Signature] 30.09.22</u>

CUSTOMER FEEDBACK

CUSTOMER : M/s Indian Immunologicals Limited.
EQUIPMENT : HPHV Steam Sterilizer
SIZE/ CAPACITY : 1200(W) X 1200(H) X 1200(D) mm
SERIAL NUMBER/ : _____
JOB NUMBER : 4495

- | | Yes | No |
|---|-------------------------------------|--------------------------|
| 1. Is the Equipment suitable for intended use? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the Equipment complies' requirements Size/ Capacity? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the Equipment delivered in good condition? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the Documentation package comply with the requirements? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are the Installation/ Commissioning requirement complied with? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Would Machinfabrik be preferred for future requirement? | <input type="checkbox"/> | <input type="checkbox"/> |

Customer's Product specific feedback.

* Tool box to be provided. (must Required)
* Required Training may be for future

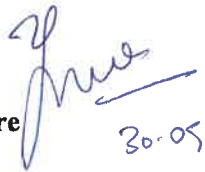
Suggestion for Improvement:

Date: 30.09.2022

Name of Company : ILL

Place: Hyderabad

Seal & Signature


30.09.2022