

REPORT OF EXAMINATION OF PRESSURE VESSEL OR PLANT

1. Name of factory : M/s. Dey's Medical Stores Pvt. Ltd.
2. Situation and address of factory : 542, Anandapur, Kasba Industrial Estate, Kolkata - 700107.
3. Name, description and distinctive number of pressure vessel or plant : Horizontal type Air Receiver. Capacity-500 Liters.
Size: Dia-618mm. x Length-1800mm.
ID Mark: AR-2, SL No: SHI - 376
CCNC-47694052001
4. Name and address of manufacturer and reference to their certificate or certificate of competent person : M/s. Ingersoll Rand.
5. Nature of process in which it is used : For storing of Compressed Air.
6. Particulars of pressure vessel or plant
- (a) Date of construction : No Record.
- (b) Thickness of walls : 6.0mm.
- (c) Date on which the pressure vessel or plant was first taken into use : No Record.
- (d) Maximum permissible working pressure recommended by the manufacturer : No Record.
- (e) Design pressure, if known : No Record.
- (The history should be briefly given, and the examiner should state whether he has seen the last previous report) : It is all M.S. Welded Construction. (Previous report seen)
7. Date of last hydrostatic test (if any) and pressure applied : 29.11.2022 at 11.5 Kg/Cm².
8. Is the pressure vessel or plant in open, or otherwise exposed to weather or to damp? : Under Shed.
9. What parts (if any) were inaccessible? : Inside the Receiver.
10. What examination and tests were made? : External examination & Ultrasonic thickness test.
(Specify pressure if hydrostatic or pneumatic test was carried out)
11. Condition of pressure vessel or plant. (State any defects materially affecting the maximum permissible working pressure or the safe working of the Pressure Vessel or Plant.) : External: Good.
Internal: Inaccessible.
12. Are the required fittings and appliances provided in accordance with the Rules? : Yes.
13. Are all fittings and appliances properly maintained and in good conditions? : Yes.
Have the pressure setting been checked and corrected?
14. Repairs (if any) required, and period within which they should be executed and any other condition which the person making the examination thinks it necessary to specify for securing safe working : Repairs not required.
15. Maximum permissible working pressure calculated from dimensions and from the thickness and other data ascertained by the present examination, due allowance being made for conditions of working if unusual or exceptionally severe. : 7.6 Kg/Cm².
(State minimum thickness of walls measured during the examination) : Shell : 6.1mm, 5.9mm, 5.7mm.
Disc: 6.0mm, 5.8mm, 5.7mm.
16. Where repairs affecting the maximum working pressure are required, state the working pressure -
- a. Before the expiration of the period specified in (14) : Not applicable.
- b. After the expiration of such period if the required repairs have not been completed : Not applicable.
- c. After the completion of the required repairs : Not applicable.
17. Other observations : Satisfactory

I certify that on **29.05.2023** the pressure vessel or plant described above thoroughly cleaned and (so far as its construction permits) made accessible for thorough examination and for such tests as were necessary for thorough examination and that on the said date, I thoroughly examined this pressure vessel or plant, including its fittings, and that the above is a true report of my examination.

Precision Engineering Safety Enterprise
P.O. & Village-Dasghara (Purbapara),
P.S.-Dhaniakhali, District: Hoogly-712402.
Telephone : (033) 2358-3144
E mail : pese2012@gmail.com

Next Test within: 28.11.2023

Signature : A Banerjee
Qualification :
Address : **AYAN KR. BANERJEE, B.E. (Mech.,)**
Date : **Chartered Engineer, Competent Person**
Under the Factories Act., 1948.