FORM 13 REPORT OF EXAMINATION OF PRESSURE PLANT / VESSEL / GAS HOLDER

			MADHURA DIE CAST PVT. LTD.	
1	Name and address of the Factory		D-168, MIDC, SHENDRA, AURANGABAD. AURANGABAD, AURANGABAD, 431154	
2	Name, Description and distinctive number of Pressure Plant / Vessel / Gas Holder		AIR RECEIVER 130768 SR NO 3855 1000 Ltrs	
3	Name and address of maker		I.R.	
4	Nature of process in which it is used		STORAGE OF COMPRESSED AIR	
5	Particulars of Plant/Vessel-	:	a sumbor muzica	
5 (a)	Date of Construction	:	27/11/2020	
5 (b)	Thickness of Walls		S-5.0MM D-6.0MM	
5 (c)	Date on which it was first taken into use		27/11/2020	
5 (d)	Safe working pressure recommended by maker	:	12.50 kg/cm2	
5A	Particulars of Plant/ Vessel/ Gas Holder	n	Pare Institution will be a second	
а	Parts of the gas holders examined by electronics or other accurate devices or by cutting sample discs and results thereof		N.A.	
b	Particulars as to the condition of:-	11	and Selection to political	
	i) Crown		N.A.	
	ii) Side sheeting including grips and cups		N.A.	
	iii) Guiding mechanism (roller carriages, roller, pins, guide, ropes etc.		N.A.	
	iv) Tank		N.A.	
	v) Other structure, if any, columns (Framing and bracking)		N.A.	
С	Particulars as to the position of the lift at the time of examination		N.A.	
d	Particulars as to whether the tank and lifts were found sufficiently level for safe working		N.A.	
6	Date of -			
i)	Last External Examination		22/12/2021	
ii)	Last Internal Examination		N.A.	
iii)	Last Hydraulic Examination		27/11/2020	
iv)	Last Ultrasonic Test		22/12/2021	

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6A	By Whom it is carried out?	BY MANUFACTURER
7	Whether lagging was removed for purpose of examination	N.A.
8	Description of examinations carried out and findings	Edition this was a second
I	External Examination (Give reasons if it is not carried out six monthly)	DONE
lí	Internal Examination (Give reasons if it is not carried out six monthly)	NOT ACCESSABLE
lii	Hydraulic Test (Give reasons if this is not carried out at interval of 2 years or 4 years.)	BY MANUFACTURER ON 27/11/2020
iv	Ultrasonic Test (Please quote number and date of the certificate issued by Chief Inspector, permitting ultrasonic test in lieu of internal examination and hydraulic test)	S-4.9mm 4.8mm D-5.8mm 5.8mm
9	Safe Working Pressure calculated as per methods given in sub rule 5 (c) (ii) for sizing cylinders-	N.A.
10	Condition of Pressure Plant	
а	Vessel	OK
b	Piping	ОК
11	Conditions of fittings and appliances	
i)	Pressure Gauges	ОК
ii)	Safety Valves	ОК
iii)	Stop Valve	ОК
iv)	Reducing Valves (give reasons if not necessary)	N.A.

100	FORM REPORT OF EXAMINATION OF PRESSUI	13 RE PLANT / VESSEL / GAS HOLDER
v)	Additional safety valve (required in case reducing valve is necessary)	N.A.
vi)	Other devices (please specify particularly in case of jacketed vessel)	N.A.
vii)	Are all fittings and appliances properly maintained and in good condition, repairs if any required and period within which they should be executed.	N.A.
12	Safe working pressure recommended after examination (specify the allowances made for condition of working such as heat, corrosion etc.)	12.50 kg/cm2
13	Specify repairs if any and period within which they should be executed	NIL
14	Specify reduced working pressure pending repairs	NIL
15	Other observation /conditions subject to which the plant is to be operated	NIL

I certify that on **09/12/2022** the pressure plant / vessel described above was 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/Plant including its fittings and that the above is true report of my examination.

Name of Competent Person	PARAG MAHAJAN
Qualification	M.I.E. COMPETENT PERSON C.P.C.:- M-038/2020
Address	W-29, MIDC, WALUJ, AURANGABAD.
Date	09/12/2022 SERSON 6

Signature of Competent Person :





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			MADHURA DIE CAST PVT. LTD.
1	Name and address of the Factory		D-168, MIDC, SHENDRA, AURANGABAD. AURANGABAD, AURANGABAD, 431154
2	Name, Description and distinctive number of Pressure Plant / Vessel / Gas Holder		AIR RECEIVER 130767 11.0.31117 3 Cumtr
3	Name and address of maker		UNITED ENGINEERING
4	Nature of process in which it is used		STORAGE OF COMPRESSED AIR
5	Particulars of Plant/Vessel-	:	r gill presid et bloddin et sullich et 5
5 (a)	Date of Construction		18/03/2011
5 (b)	Thickness of Walls	:	S-6.0MM D-6.0MM
5 (c)	Date on which it was first taken into use	:	18/03/2011
5 (d)	Safe working pressure recommended by maker	:	7 kg/cm2
5A	Particulars of Plant/ Vessel/ Gas Holder	1	e-un disposition and the
а	Parts of the gas holders examined by electronics or other accurate devices or by cutting sample discs and results thereof	1	N.A.
b	Particulars as to the condition of:-		Not the second second second
	i) Crown		N.A.
	ii) Side sheeting including grips and cups		N.A.
	iii) Guiding mechanism (roller carriages, roller, pins, guide, ropes etc.		N.A.
	iv) Tank		N.A.
	v) Other structure, if any, columns (Framing and bracking)		N.A.
С	Particulars as to the position of the lift at the time of examination		N.A.
d	Particulars as to whether the tank and lifts were found sufficiently level for safe working		N.A.
6	Date of -		
i)	Last External Examination		22/12/2021
ii)	Last Internal Examination	-	N.A.
iii)	Last Hydraulic Examination		31/12/2016
iv)	Last Ultrasonic Test		22/12/2021

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6A	By Whom it is carried out?	PARAG MAHAJAN
7	Whether lagging was removed for purpose of examination	N.A.
8	Description of examinations carried out and findings	enië nemetu
1	External Examination (Give reasons if it is not carried out six monthly)	DONE
li	Internal Examination (Give reasons if it is not carried out six monthly)	NOT ACCESSABLE
	Hydraulic Test (Give reasons if this is not carried out at interval of 2 years or 4 years.)	NOT OFFERED ON 31/12/2016
iv	Ultrasonic Test (Please quote number and date of the certificate issued by Chief Inspector, permitting ultrasonic test in lieu of internal examination and hydraulic test)	S-5.7mm 5.8mm D-5.8mm 5.9mm
9	Safe Working Pressure calculated as per methods given in sub rule 5 (c) (ii) for sizing cylinders-	N.A.
10	Condition of Pressure Plant	
а	Vessel	ОК
b	Piping	ОК
11	Conditions of fittings and appliances	COLUMN TO THE PARTY OF THE PART
i)	Pressure Gauges	ОК
ii)	Safety Valves	ОК
iii)	Stop Valve	OK THE STATE OF TH
iv)	Reducing Valves (give reasons if not necessary)	N.A.

REPORT OF EXAMINATION OF PRESSURE PLANT / VESSEL / GAS HOLDER Additional safety valve (required in case v) N.A. reducing valve is necessary) Other devices (please specify particularly in vi) N.A. case of jacketed vessel) Are all fittings and appliances properly maintained and in good condition, repairs if vii) N.A. any required and period within which they should be executed. Safe working pressure recommended after examination (specify the allowances made for 12 7 kg/cm2 condition of working such as heat, corrosion Specify repairs if any and period within which 13 NIL they should be executed Specify reduced working pressure pending 14 NIL repairs Other observation /conditions subject to 15 HY. TEST DUE which the plant is to be operated

I certify that on **09/12/2022** the pressure plant / vessel described above was 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/Plant including its fittings and that the above is true report of my examination.

Name of Competent Person	PARAG MAHAJAN
Qualification	M.I.E. COMPETENT PERSON C.P.C.:- M-038/2020
Address	W-29, MIDC, WALUJ, AURANGABAD.
. Date	09/12/2022 PERSON FOR

Signature of Competent Person :





(See Rule 62 & 64)

1	Name of the Occupier	:	MR. ARJUN GAIKE
			MADHURA DIE CAST PVT. LTD.
2	Name and address of the Factory	:	D-168, MIDC, SHENDRA, AURANGABAD. AURANGABAD AURANGABAD
3A	Type, Identification numbers and description of hoist, lift, lifting machine, chains, ropes and lifting tackles.		EOT Crane SR. NO. 01 5 TON SUPREME
3B	Date of construction or reconstruction and the date when the hoist, lift, lifting machine, chains, ropes and lifting tackles were first taken into use in the factory.		01/04/2011
4	Date of last examinations made under section 28(1)(a)(ii) and 29(1)(a)(iii) and by whom it was carried out.	:	22/12/2021 PARAG MAHAJAN
	Maintenance: (List of parts, if any, which were inaccessible) Are following parts of the hoist or lift properly maintained and in good working order? If not, state what defects have been found:	1	MAINTAINED PROPERLY
	a) Enclosure of hoistway or liftway.	:	N.A.
	b) Landing Gates and Cage gate(s).	:	N.A.
	c) Interlocks on the landing gates and cage gate(s).	:	N.A.
	d) Other gates fastenings.	i	N.A.
5A	e) Cage and platform and fittings, cage guides, buffers, interior of the hoistway or liftway.	:	N.A.
	f) Overrunning devices.	:	N.A.
	g) Suspension ropes or chains and their attachments.	:	N.A.
	h) Safety gear i.e. arrangements for preventing fall of platform or cage brakes.	:	N.A.
	i) Brakes	:	O.K.
	j) Work of spur gearing.	:	N.A.
	k) Other electrical equipment.	:	O.K.
	I) Other parts.	1	N.A.

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(See Rule 62 & 64)

5B	Date and number of the certificate relating to any test and examination made under sub-rule (1) of rule 64 together with the name of the person who issued the certificates.		09/12/2022 111040 PARAG MAHAJAN
	i) Date of annealing or their heat treatment of the chain and lifting tackle carried out under sub-rule (5) of Rule 64 and by whom it was carried out.	·	N.A. N.A.
5C	ii) Particulars of any defect found at any such examination or after annealing and affecting the safe working load and of the steps taken to remedy such defect.	:	NIL
6	Repairs, renewals or alterations (if any) required and the period within which they should be executed and maximum safe working load subject to repairs, renewals or alterations (if any).		NIL

I/We certify that on **09/12/2022** I/We thoroughly examined the hoist or lift, lifting machine, ropes and lifting tackles and details of examination/tests carried out is enclosed herewith that the above is a correct report of the result.

Signature of Competent Person :

Name of Competent Person		PARAG MAHAJAN
Qualification		M.I.E. COMPETENT PERSON C.P.C.:- M-038/2020
Address		W-29, MIDC WALUJ, AURANGABAD.
Date		09/12/2022

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(See Rule 62 & 64)

1	Name of the Occupier	:	MR. ARJUN GAIKE
			MADHURA DIE CAST PVT. LTD.
2	Name and address of the Factory	:	D-168, MIDC, SHENDRA, AURANGABAD. AURANGABAD AURANGABAD
3A	Type, Identification numbers and description of hoist, lift, lifting machine, chains, ropes and lifting tackles.		EOT Crane SR. NO. 02 2 TON SUPREME
3B	Date of construction or reconstruction and the date when the hoist, lift, lifting machine, chains, ropes and lifting tackles were first taken into use in the factory.		01/04/2014
4	Date of last examinations made under section 28(1)(a)(ii) and 29(1)(a)(iii) and by whom it was carried out.	•	22/12/2021 PARAG MAHAJAN
	Maintenance: (List of parts, if any, which were inaccessible) Are following parts of the hoist or lift properly maintained and in good working order? If not, state what defects have been found:	1	MAINTAINED PROPERLY
	a) Enclosure of hoistway or liftway.	:	N.A.
	b) Landing Gates and Cage gate(s).	:	N.A.
	c) Interlocks on the landing gates and cage gate(s).	i	N.A.
	d) Other gates fastenings.	1	N.A.
5A	e) Cage and platform and fittings, cage guides, buffers, interior of the hoistway or liftway.	:	N.A.
	f) Overrunning devices.	:	N.A.
	g) Suspension ropes or chains and their attachments.	:	N.A.
	h) Safety gear i.e. arrangements for preventing fall of platform or cage brakes.	:	N.A.
	i) Brakes	:	O.K.
	j) Work of spur gearing.	1	N.A.
	k) Other electrical equipment.	:	O.K.
	I) Other parts.	1	N.A.

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(See Rule 62 & 64)

5B	Date and number of the certificate relating to any test and examination made under sub-rule (1) of rule 64 together with the name of the person who issued the certificates.		09/12/2022 111041 PARAG MAHAJAN
	i) Date of annealing or their heat treatment of the chain and lifting tackle carried out under sub-rule (5) of Rule 64 and by whom it was carried out.	:	N.A. N.A.
5C	ii) Particulars of any defect found at any such examination or after annealing and affecting the safe working load and of the steps taken to remedy such defect.	:	NIL
6	Repairs, renewals or alterations (if any) required and the period within which they should be executed and maximum safe working load subject to repairs, renewals or alterations (if any).		NIL

I/We certify that on **09/12/2022** I/We thoroughly examined the hoist or lift, lifting machine, ropes and lifting tackles and details of examination/tests carried out is enclosed herewith that the above is a correct report of the result.

Signature of Competent Person :

Name of Competent Person	PARAG MAHAJAN
Qualification	M.I.E. COMPETENT PERSON C.P.C.:- M-038/2020
Address	W-29, MIDC WALUJ, AURANGABAD.
Date	09/12/2022

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