



FACTORY ACCEPTANCE TEST FOR IBC BIN (100 Litre)

Department: Quality Assurance	FAT No.:
Title: Factory Acceptance Test for IBC Bin (100 litre)	Effective Date:
Supersedes: Nil	Review Date:

**FACTORY ACCEPTANCE TEST
FOR
IPC BIN (100 Litre)**

IBC BIN-100 L

Vendor:

	Title	Name	Signature	Date
Prepared by	Project Engineer			
Reviewed by	Quality Engineer			
Approved By	Quality Manager			

Client Approvals:

Title	Name	Signature	Date
Quality Assurance			
Project Engineer			
Project Consultant			

REVISION HISTORY

Revision	Date	Comment
00		



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1 INTRODUCTION

The objective of this Factory Acceptance Test is to verify that the equipment has been built and engineered according to the design specification and as a result approves the equipment for shipping to site and handover will be following completion of successful site acceptance test.

This document will be completed as follows:

1. All people who enter data into this report will complete the section of this FAT titled 'FAT Personnel'. See Appendix. A, B, C, D, E, F.
2. Any corrections in handwriting will be made by deleting with a single pen stroke; the correction will be initialed and dated.
3. Entries shall be made in this document using a ballpoint pen or suitable indelible ink in Blue only.
4. Compliance will be indicated by a written YES or NO in the relevant boxes provided. 'Ticks' and 'crosses' must not be used.
5. Correction fluid is not allowed.
6. Each section will be signed and dated by the tester/s when it is complete.
7. Any non-compliance identified during the execution of the test protocols must be documented in a Deviation report. These report sheets must be attached to the appendix of this protocol. The report will describe the deviation in detail and, whenever possible, identifying the cause.



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2 OVERVIEW

Vendor has received an order for the material procurement, and manufacture and supply of 1 No. of IBC BIN 100 L from M/s. vide their purchase order No:Dated:

DOCUMENT VERIFICATION

Objective	Ensure that all relevant design documentation is in place and referenced.			
Method	Log the document title, reference number, and approval date and revision number. Any discrepancies to be noted on the review form and on the Deviation Report.			
Acceptance Criteria	All columns in the table should be completed. All documents should be identified, approved and referenced.			
Document Expected	Reference Number	Rev	Approval Date	Available Yes/No
1. Purchase Order				
2. URS				
3. FDS				
4. G A Drawing				
6. Material chart				

Comments:

	Signed	Date
Executed By:		
Reviewed By:		



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MAJOR COMPONENT VERIFICATION

Objective	To verify that the Major Components are installed in accordance with the approved Component List.		
Method	<p>Take a Copy of the Approved Component List. Highlight the components present on the machine in the .Approved G.A. Drawing Fill in the table below. Attach the Highlighted drawing with this document. Any discrepancies to be noted on the review form and on the Deviation Report.</p> <p>When the tester has completed the check they will date and sign the marked-up print and write the words: -</p> <p>'FACTORY ACCEPTANCE TEST COMPONENTS LIST CHECK'</p>		
Acceptance Criteria	There should not be any variations with approved Component List.		

S. No	Component Description	Make	MOC/Model/Size	Avail. Yes/No
1	Shell		SS 316, 2 TH	
2	Top Dish		SS 316, 2 TH	
3	Bottom Cone		SS 316, 2 TH	
4	Trolley pipe		SS 304	
5	Bottom valve		SS 316, 6"	
6	Caster wheels		3" x 1 1/4" PU, 2Nos Fixed 2nos swivel lockable Type	



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Comments

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EQUIPMENT MOC VERIFICATION

Objective	To verify that the material of construction of the machine is as per approved drawings.
Method	Verify the Material chart and certificates are available with respect to acceptable standards. Attach the copy of the Material chart along with this document. Use a yellow highlighter pen to mark the components verified. Note down any discrepancy in the discrepancy report in this document. When the tester has completed the check they will date and sign the marked-up print and write the words: - 'FACTORY ACCEPTANCE TEST MATERIAL CHART CHECK'
Acceptance Criteria	The MOC and test certificates thereof must comply with the requirement of approved documents.

Comments:

	Signed	Date
Executed By:		
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EQUIPMENT DIMENSION VERIFICATION

Objective:	To verify that the equipment manufactured is in accordance with approved drawing.
Procedure:	Refer the approved drawing and compare with the actual dimensions on the equipment. Recheck whether the drawing clearly specifies the manufacturing standards adopted. With a red pen clearly strike off the incorrect dimension and put the correct dimension. Correct the drawing with the proper dimensions name the drawing "AS BUILT". Attach the market drawing with this Document. Use yellow pen highlighter and mark the dimension.
Acceptance Criteria	The measured dimensions should be within the acceptable limits.
Drawing no.:	

Comments:

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	Signed	Date
Executed By:		
Reviewed By:		



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EQUIPMENT FINISH VERIFICATION

Objective: To ensure that the equipment finish is as per the approved GA drawing.

Procedure:

Stainless Steel Internal finish:

- Using an RA meter or comparative plate check the internal finish
- There should be a No. exposed threads.
- There should be no crevices or sharp corners, weld splatters.
- Edges should be smooth and rounded off.

Stainless steel External Finish:

- No scratches should be present on the surface.

Mild Steel:

- The part should be properly de scaled, degreased and painted.

Other equipments/Components should be properly cleaned; de burred and should have no sharp edges. Any discrepancies to be noted on the review form and on the Deviation Report.

Acceptance Criteria The finish should be as per the approved drawing and as above

Part	Finish SS Surface	Internal finish as specified in the approved documents	Pass/Fail
Shell	Internal	240 Grit mirror	
	External	180 Grit matt	
Bottom Cone	Internal	240 Grit mirror	
	External	180 Grit matt	
Trolley	External	180 Grit matt	

Comments:

	Signed	Date
Executed By:		
Reviewed By:		



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WATER FILL-UP TEST

Objective	To check the leakages in bin.
Method	Fill the bin with water to the volume specified. Check for the water leakages from weld Joints and from the bottom discharge valve. Any discrepancies to be noted on the review form and on the Deviation Report.
Acceptance Criteria	No leakages should be observed.

Comments:

	Signed	Date
Executed By:		
Reviewed By:		



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Post approval

Acceptance of the successful completion of the FAT, including satisfactory resolution of all discrepancies noted during execution, will be documented below, signed by the person with overall review responsibility for the protocol and by the client's authorized signatories who approved the protocol.

The FAT data for this equipment has been reviewed and found to be acceptable as per acceptance criteria.

Agreed criteria	Agreement YES / NO
1. Approval subjected to shipment as is	
2. Machine is approved with correction of all Deviation noted during FAT	
3. Machine is not approved & will require repeat FAT following correction of all deviation.	

Vendor			
Reviewed By	Print Name	Signature	

Client			
	Print Name	Signature	Date
Consultant			
Engineering			
Quality Assurance			



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Comments

Tested By: (Vendor)

Approved By (Client)

Date

Date



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APPENDIX C - DEVIATION REPORTS PROCEDURE

During FAT testing, a Deviation Report must be raised when there is a failure to meet acceptance criteria. The aim is to:

- Clearly describe the deviation.
- To document and approve the evaluation of the impact of the deviation.
- To document and approve the corrective action required to resolve it.
- To document the closing out of the deviation with the appropriate approvals.

Procedure

- a. If a test step fails to meet test acceptance criteria/method then a Deviation Report must be raised. See Appendix.
- b. All Deviation Reports must be logged by completing the Deviation Report Register. See Appendix
- c. Each Deviation Report must reference the following identification numbers: -
 - a. Protocol document reference number.
 - b. The applicable test reference number (XX) as defined in the protocol.
 - c. A unique deviation reference number, which comprises the specific test number and a sequential deviation number (YY) for that test in the format XX/YY. Subsequent deviations on the same
- d. The person raising the deviation must clearly describe the exact nature of the deviation (why acceptance criteria/method has not been met) using the 'details of deviation noted' box provided.
- e. The deviation must be fully evaluated and the necessary corrective action formulated and must be pre-approved by Vendor & the Client. The findings of this evaluation together with details of corrective action required to resolve the deviation should be clearly documented by completing the 'evaluation of deviation/corrective actions to be taken' box.
- f. Once the proposed corrective action has been pre-approved, the tester will execute the corrective work and verify implementation of corrective action by completing



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the 'Results of Corrective Action' box. The tester will then sign and date the Deviation report.

g. The completed Deviation Report will require approval by the appropriate personnel on the

h. Deviation Report.

Completed Deviation Reports must be attached to the Appendix of this FAT protocol.



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APPENDIX E - DEVIATION REPORT SHEET

Deviation No:		Test Reference:		
Details of Deviation Noted:				
Completed By:			Date:	
Evaluation of Deviation / Corrective Actions to be taken:				
Completed By:			Date:	
PRE-APPROVALS - EVALUATION / CORRECTIVE ACTIONS				
The following signatures pre-approve the content of the evaluation and the necessary corrective actions to be taken.				
Function	Pre-Approval Required (Yes / No)	Name (Print)	Signature	Date
Vendor				
Client				
Results Of Corrective Action:				



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Completed By:	Date:
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APPROVALS - RESULTS OF CORRECTIVE ACTIONS/ DEVIATION CLOSE OUT

The following signatures approve the results corrective actions taken and the closure of the deviation.

Approvals	Name (Print)	Signature	Date
Vendor			
Client			



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CLEANLINESS AND APPEARANCE (..... ONLY)

Objective	Equipment and parts thereof properly cleaned after the Factory acceptance tests
Method	Physically examine the internal wetted part of equipment. Ensure there is no material retention, all surfaces are properly washed and fit for client use fill out the table below. External Surface: All surfaces should be cleaned for stains or marks if any. Visually inspect the cleaning after it is complete. Any discrepancies to be noted on the review form and on the Deviation Report.
Acceptance Criteria	Machine should be thoroughly cleaned

Part		Part Cleaned Yes/No
BIN	Internal	
	External	
Trolley	External	
Butterfly valve	External	

Comments:

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POST FAT DOCUMENT (..... ONLY)

Objective	The machine has been dismantled and packed in accordance with PO and site conditions
Method	Machine should be dismantled, marked and matched to facilitate ease of Installation. Individual Sub-assemblies/components so dismantled should be wrapped in plastic and packed in accordance with the Shipment protocol. In case of overseas assignments painted parts should be greased and labeled” DE-GREASE BEFORE USE”. Sub-assemblies/components should be properly secured to packing to prevent transit damage A detailed packing list will be filled as per format and signed out.
Acceptance Criteria	Packing list should be complete and no. of components must tally with list. Packing sizes should be in accordance with commercial documentation.

Comments:

	Signed	Date
Executed By:		
Reviewed By:		