



Installation and Operational Qualification Test Datasheet #D04 for Infrared Ray Dryer

Identification No.:

Document Number:

Effective Date:

Revision No.: 00

Write the Name plate details of the equipment (name of equipment, vendor name and address, serial number and other detail as written)

Enclose a photograph of the equipment as installed in the specified location.

| Acceptance Criteria | Compliance Y/N/NA | Document Reference | | Comment Ref No. |
|--|----------------------|-----------------------|-------------------------------|--------------------|
| | | Document Name/Type | Document No. &/or Location | |
| The equipment is provided with the identification tag. | | | | |
| Equipment installation location matches the description of Section 3 of protocol and equipment layout. | | | | |
| The equipment is supplied with - <ul style="list-style-type: none"> • Electricity as per Specification: Three Phase, 440V±5% V, 50 Hz • Compressed Air- 6Kg/cm² | | | | |
| Equipment is earthed | | | | |
| The equipment is installed with proper leveling (Check the leveling using spirit level) | | | | |
| The equipment is free from dust and debris | | | | |

Checked By (signature / date):

Verified By (signature / date):