

REPORT

OF THOROUGH EXAMINATION

AIR COMPRESSOR & AIR RECEIVER



Issued By:



Date of Issue: 16-04-2025

Report No.: JO-10324/5

This equipment certificate complies with the requirements of Emirates International Accreditation Centre for inspection bodies working in the field of (EIAC-RQ-IB-004), reference standards API 510, NBIC NB23 Part 2, BS 13445-5:2009, and ASME BPVC V Sec VIII Div. 1 and Manufacturer's Specification.

Owner Name: Mr. Shijoy 050-8731283

Office Address: P.O.Box: 65826

Sharjah

United Arab Emirates

Equipment Location: Gallagher Yard

INSPECTION DETAILS					
Date of Inspection:	16-04-2025		Expiry Date:	16-04-2025	
Inspection Type:	THOROUGH				
Previous Inspection Report:	ff		Next Hydro Test Date:	16-04-2025	
Test Method	CSI-25		Calibrated Test Equipment:	dd	
			Client Test Equipment:	xd	
EQUIPMENT INSPECTION					
Equipment Description:	c		Details	Air Compressor	Receiver
Details	Air Compressor	Receiver	Temperature Cut On & Cut Off	d	s
ID & Serial No.	cf	d	Shell / Core-Shell Thickness	4	4
Model	dd	e	Test Pressure (150% for Hydro 110% for Pneumatic)	s	a
Equipment Type	<input type="checkbox"/> Reciprocating Type <input checked="" type="checkbox"/> Screw Type	<input type="checkbox"/> Vertical <input checked="" type="checkbox"/> Horizontal	Safety Valve Set Pressure	6	d
Equipment Manufacturer & Year	x 16-04-2025	x 16-04-2025	Pressure Cut on & Cut Off	w	s
Capacity of Air Receiver / tank / Boiler	s		Pressure Gauge Range	4	4
Design Pressure	s		Actual Working Pressure	4	w
1. Is this the first examination after installation or assembly at a new location?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. If the answer to the above question is Yes, then has the equipment been installed correctly?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Was the inspection carried out in accordance with an examination scheme?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The owner shall perform the next inspection no later than 6 Months From the date of issue.					

This is to certify that the above item/s described in this certificate was tested and particulars are correct.

CSSC has inventoried, inspected, verified and tested above mentioned equipment in accordance with the reference standards cited herein and consistent with CSSC policies and procedure. We certify this above mentioned equipment is **SAFE TO USE**, condition prevails at the time of this inspection, safe to use further with qualified operator. That the owner or his designated agent or contractor, hereafter owner, continues to perform maintenance in accordance with the original equipment manufacturer's preventive maintenance guideline and procedures and makes no unauthorized changes to the equipment's controls and mechanisms. CSSC makes no claims regarding the condition or safety of the equipment after we have completed this inspection and departed the property. CSSC disclaims any warranty of any kind either expressed or implied including without limitation warranties of merchantability or fitness for a particular purpose. This certificate becomes invalid in the event of any repair or alterations are done, in which case it must be retested.

All the information obtained /gathered during the inspection shall be preserved as confidential.

This inspection has been carried out as per local order no. : 2/2010;

This inspection certificate / report shall not be reproduced except in full without the approval of Claymore and the Client.

Inspected By: Wazeem Ibrahim

Name & Signature of Inspector

Claymore Security and Safety Consultants, P.O. Box 23420 Dubai & Abu Dhabi, U.A.E., Tel. No.: 04 884 8446,

E-mail: claysafe@claycss.ae, Website: www.claymoresafe.ae

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EXAMINATION REPORT						
EQUIPMENT PARTS		S	NS	NA	SE	REMARKS
Document Verification						
1.	Previous inspection report	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.	Maintenance log sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3.	Mfg. Manual & technical instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Source						
4.	Fuel system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Electrical system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Earthling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Air filter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Motor & motor guard / engine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Belt condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Indicators	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Emergency switch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vessel						
12.	External condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Identification mark	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Paint/surface	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Corrosion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Drain valve system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Safety valve system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.	Automatic pressure load switch on/off	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19.	Automatic temperature load switch on/off	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20.	Pipe connections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21.	Internal tube condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22.	Insulation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23.	Water level cut on & cut off	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24.	Any leakage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25.	Lubricant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26.	Suction & inlet fittings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27.	Other valves	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28.	Pressure / Temp. Gauges	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Support						
29	Base frames condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30	Bolt fittings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Accessories						
31	Fire extinguisher	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32	Safety instruction	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33	Warning sign	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Load Test						
34	Hydro test (1.5 times of design pressure)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35	Hydro test for safety valve (100% & above)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

S-Satisfactory, NS-Not Satisfactory, NA-Not Applicable, SE-Serviceable • Finding • Critical Finding

Finding: g	Critical Finding: d	Other Remarks: f
Target Date of Closure:	Target Date of Closure:	

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Stage Of Inspection: f
Owner Name: *Mr. Shijoy 050-8731283*
Equipment Name: Air Compressor and Air Receiver
Equipment Location: *Gallagher Yard*

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