

REPORT OF THOROUGH EXAMINATION BLASTING POT



Issued By:



Date of Issue: 13-11-2025

ReportNo.: **DRAFT**

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, ASME BPVC V Section VIII Div. 1 and Manufacturer's Specification.

Owner Name: Mr. Noyal , Mr. Gajendra (050-6567812)
Office Address: P.O. Box 261271
Dubai
United Arab Emirates
Equipment Location: Abu Dhabi

INSPECTION DETAILS			
Date of Inspection:	13-11-2025	Expiry Date:	FAILED
Inspection Type:	THOROUGH		
Previous Inspection Report:	gg	Next Hydro Test:	13-11-2025
Test Method	CSI-25	Calibrated Test Equipment:	gg
		Client Test Equipment:	hh
EQUIPMENT INSPECTION			
Equipment Description:	uh		
ID & Serial No.:	y	Design Pressure:	h
Model:	h	Actual Working Pressure:	h
Equipment Type:	g	Shell / Core Thickness:	g
Equipment Manufacturer and year:	28-11-2025	Test Pressure	bb
Capacity:	g	Pressure Gauge Range	g
1. Is this the first examination after installation or assembly at a new location?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. If the answer to the above question is Yes, then has the equipment been installed correctly?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Was the inspection carried out in accordance with an examination scheme?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 **UNSAFE TO USE**, condition prevails at the time of this inspection.

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: Katrina



Name & Signature of Inspector

EXAMINATION REPORT					
EQUIPMENT PARTS	S	NS	NA	SE	REMARKS
Document Verification					

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1.	Previous inspection report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Maintenance log sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Mfg. Manual & technical instruction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Source						
4.	Fuel system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Electrical system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Earthling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Air filter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Motor & motor guard / engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Belt condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Indicators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Emergency switch	<input checked="" type="checkbox"/>	<input 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:	Critical Finding:	Other Remarks:
Target Date of Closure:	Target Date of Closure:	

Stage Of Inspection: h
Owner Name: Mr. Noyal , Mr. Gajendra (050-6567812)
Equipment Name: **Blasting Pot**
Equipment Location: Abu Dhabi

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PHOTOS OF INSPECTED BLASTING POT