|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Safety F1rst - Check** | | | | | |
| Engineer Name: Click or tap here to enter text. | | | | Start Date: Click or tap here to enter text. | |
| Project / Customer Name: Click or tap here to enter text. | | | | Job Order No: Click or tap here to enter text. | |
| Site Safety Contact: Click or tap here to enter text. | | | | Contact No: Click or tap here to enter text. | |
| **Compliance check** | | | | | |
| **Sl.No:** | **Check points** | **Yes/No** | | | **Remarks** |
| 1 | STOP-THINK-ACT |  | | |  |
| 2 | Permit to work (PTW) |  | | |  |
| 3 | Fitness of personnel |  | | |  |
| 4 | Work area evaluation |  | | |  |
| 5 | Evacuation plan |  | | |  |
| 6 | Method statement review |  | | |  |
| 7 | Risk assesment review |  | | |  |
| 8 | Mandatory PPE |  | | |  |
| 9 | Condition of tools / gears |  | | |  |
| 10 | First Aid |  | | |  |
| Additional comments: | | | | | |
| Click or tap here to enter text. | | | | | |
| Participants: | | | | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | |
| **Declaration:** | | | | | |
| Above points are checked, inducted to co-workers and compliance confirmed. | | | | | |
| Alfa Laval Engineer | | Date | | Customer Representative | |
|  | | Click or tap here to enter text. | |  | |

|  |  |  |
| --- | --- | --- |
| **Customer:**  **Click here to enter text.** | **Service Engineer:**  **Click here to enter text.** | Sub Order no: **Click here to enter text.** |
| **Previous Service Date:**  Choose date. | **Current Service Date:**  Choose date. | **Report Date:**  Choose date. |
| **Equipment:** Choose an item. | **Site Location: Click here to enter text.** | |

**Equipment Details:**

| **Decanter Model:**  **Click here to enter text.** | **Decanter Serial No:**  **Click here to enter text.** | **Bowl Serial No:**  **Click here to enter text.** | **Customer Ref:**  **Click here to enter text.** | | | **Running Hours:**  **Click here to enter text.** |
| --- | --- | --- | --- | --- | --- | --- |
| **Controller:**  **Click here to enter text.** | **HMI Model:**  **Click here to enter text.** | **HMI Software Version:**  **Click here to enter text.** | | **CPU Model:**  **Click here to enter text.** | **CPU Software Version:**  **Click here to enter text.** | |

**Activity:**

|  |  |
| --- | --- |
| **Scope of Work:** Choose an item. | **\*If Others: Click here to enter text.** |
| **Work Status:** Choose an item. | **Decanter Status:** Choose an item. |

**Vibration Analysis Report:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| dec4Process Variables | | | | | | | | Bearing Temperature (Degree C) | | Vibration measurements (mm/sec) | | | |
| Main Drive (MD) | | Back Drive (BD) | |
| **Test Condition**  **Dry / Water/Production** | | | **Feed Rate**  **(m3/hr)** | **Polymer**  **Feed (lph)** | **Diff: rpm** | **Bowl rpm** | **Torque (NM)** | **Temp: MD** | **Temp: BD** | **Min** | **Max** | **Min** | **Max** |
| **Before service** | Dry Run |  |  |  |  |  |  |  |  |  |  |  |  |
| Production |  |  |  |  |  |  |  |  |  |  |  |  |
| **After service** | Dry Run |  |  |  |  |  |  |  |  |  |  |  |  |
| Water Test |  |  |  |  |  |  |  |  |  |  |  |  |
| Production |  |  |  |  |  |  |  |  |  |  |  |  |
| Drive Motors Vibration Measurements | | | | | | | | | | **Min** | | **Max** | |
| **MD Motor** |  | | Drive End | | | | | | |  | |  | |
| Non- Drive End | | | | | | |  | |  | |
| **BD**  **Motor** |  | | Drive End | | | | | | |  | |  | |
| Non- Drive End | | | | | | |  | |  | |
| **Remarks:** Click or tap here to enter text. | | | | | | | | | | | | | |

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|  | **Recommendations** | **Immediate Action** | **Mid Term Action** | **Observation** |

|  |  |
| --- | --- |
| *Observation Title* | Observations: |

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| --- | --- | --- | --- |
| **Spare Parts Used** | | | |
| Item No. | Parts Descriptiion | Part No. | Qty. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Spare Parts Recommended** | | | |
| Item No. | Parts Descriptiion | Part No. | Qty. |

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| **Additional Comments if Any:**   |  | | --- | |  |   **Customer Comments if any:**   |  | | --- | |  |  |  |  |  |  | | --- | --- | --- | --- | | **Alfa Laval** | | **Customer** | | | **Name:** |  | **Name:** |  | | **Signature:** |  | **Signature:** |  | | **Date:** |  | **Date:** |  | |