

Dryer - Commissioning Report

Dryer - Type and Serial No.	Commissioned By and Date
Type: TAC-150	Name: MD.KABIR HOSSEN
Serial No: 20220725018	Training Passport Number: N/A
	Date (dd/mm/yyyy): 25.10.2023

Options Fitted / Installed	
Receiver: N/A Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Condensate Drain Valve: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Receiver Size (Litres): Local	By-pass Installed: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Receiver Drain Valve: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Local / Remote Control: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Water Separator: Local Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Flow Control Device: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Pre-Filter: Local Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Compressor Details
Pre-Filter Type:	Oil Free Compressor's: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Pre-filter Sizes:	Max Flow Rate: 20.0 m ³ /hr <input type="checkbox"/> m ³ /min <input checked="" type="checkbox"/> CFM <input type="checkbox"/>
After Filter: Local Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Voltage: 399, 398, 398 V
After Filter Type:	Amperage: 6.70, 6.59, 6.34 A

Site Details	Sales Co. / Distributor Details
Company: PRAN RFL (HOBIGANJ INDUSTRIES)	Sales Co. / Distributor: TRIDENT AGENCY LTD.
Address: OLIPUR, HOBIGANJ, BANGLADESH	Address: AWAL CENTER (9TH FLOOR), 34 KEMAL ATATURK AVENUE BANANI C/A, DHAKA, BANGLADESH.
Postcode: 3300	Postcode: 1213.
Contract: JONAYED	Contract: MOHAMMAD ALI
Telephone: +88018446040001	Telephone: +8802 9821377-80.
Email:	Email: info@tridentbd.com
	Commissioning Engineer: MD.KABIR HOSSEN
	Commissioning Date: 25.10.2023

Dryer Application
FOR FOOD AND BEVARAGE

Site / Environmental Conditions	Installation Details
Clean Site Conditions: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Cable Size: 4 rm mm2
Installation Satisfactory: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Fuse Size: CIRCUIT BREAKER 20 amps
	Pipework Connections as per guidelines: Yes <input type="checkbox"/> No <input type="checkbox"/>

If answered "No" (*), please give full details in "Further Comments" on page 3.

Operational Values			
Ambient Air Temperature:	37 °C <input checked="" type="checkbox"/> °F <input type="checkbox"/>	Dewpoint Switching:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inlet Air Temperature:	41 °C <input checked="" type="checkbox"/> °F <input type="checkbox"/>	Auto Fault Re-set:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inlet Pressure:	7.1 bar <input checked="" type="checkbox"/> psi <input type="checkbox"/>	Auto Restart:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Outlet Pressure:	7 bar <input checked="" type="checkbox"/> psi <input type="checkbox"/>	Alarm / Trip Dewpoint:	20 °C <input checked="" type="checkbox"/> °F <input type="checkbox"/>
Dewpoint:	8.6 °C <input type="checkbox"/> °F <input type="checkbox"/>	Alarm / Trip Pressure:	400 bar <input type="checkbox"/> psi <input checked="" type="checkbox"/>
Purge Setting:	N/A bar <input type="checkbox"/> psi <input type="checkbox"/>	Alarm / Trip Temperature:	18 °C <input checked="" type="checkbox"/> °F <input type="checkbox"/>
Hydrometer Installed:	N/A Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Service Due:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Signatures	Print	Sign	Date (dd/mm/yyyy)
Operator:			
Training Completed: <input checked="" type="checkbox"/>			
Commissioning Engineer:	MD.KABIR HOSSEN	MD.KABIR HOSSEN	25.10.2023
Customer / End User:	JONAYED	JONAYED	25.10.2023

Further Comments:



If possible, and where applicable, please supply photographic evidence of fault/failure