

Dryer - Commissioning Report

| Dryer - Type and Serial No. | | Commissioned By and Date | | | | | | | | |
|--------------------------------|---------------|---|------------------------------|--|-----|----------|----|---|--|--|
| Type: TAC-30 | | | | Name: MD.SOHEL RANA | | | | | | |
| Serial No: 20220725002 | | | | Training Passport Number: N/A | | | | | | |
| | | | | Date (dd/mm/yyyy): 11.05.2023 | | | | | | |
| Options Fitted / Installed | | | | | | | | | | |
| Receiver: | Yes 🗹 | No | | Condensate Drain Valve: | Yes | V | No | | | |
| Receiver Size (Litres):500 L | | | | By-pass Installed: | Yes | 4 | No | | | |
| Receiver Drain Valve: | Yes \square | No | J | Local / Remote Control: | Yes | | No | 7 | | |
| Water Separator: TAF-035C | Yes 🔽 | No | | Flow Control Device: | Yes | | No | 7 | | |
| Pre-Filter: | Yes 🗹 | No | | Compressor Details | | | | | | |
| Pre-Filter Type: | TAF-035T | Γ | | Oil Free Compressor's: | Yes | | No | 7 | | |
| Pre-filter Sizes: | 3.5 m3/min | | | Max Flow Rate: 10.0 m³/h m³/min ☐ CFM ☐ | | | | | | |
| After Filter: | Yes 🔽 | No | | Voltage: 228 V | | | | | | |
| After Filter Type: | TAF-035A | 4 | | Amperage: 3.49 A | | | | | | |
| Site Details | | | | Sales Co. / Distributor Details | | | | | | |
| Company: C2C PHARMA | | | | Sales Co. / Distributor: TRIDENT AGENCY LTD. | | | | | | |
| Address: YEARPUR, ASHULIA, BAN | GLADESH | Address: AWAL CENTER (9TH FLOOR), 34 KEMAL ATATURK AVENUE BANANI C/A, DHAKA, BANGLADESH. | | | | | | | | |
| Postcode: 1341 | | | | Postcode: 1213. | | | | | | |
| Contract: MD. AL-EMRAN | | | | Contract: MOHAMMAD ALI | | | | | | |
| Telephone:+880 1955597804 | | | Telephone: +8802 9821377-80. | | | | | | | |
| Email: | | | | Email: info@tridentbd.com | | | | | | |
| | | | | Commissioning Engineer: MD. SOHEL RA | NA | | | | | |
| | | | | Commissioning Date: 11.05.2023 | | | | | | |

| Dryer Application | | | | | | | | | | | | |
|--|----------|-----------|----------|----------|----------------------|-------------------------------------|-------------------------|------------|------------|-------|----------|--|
| FOR PHARMA | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Site / Environmental Conditions | | | | | Installation Details | | | | | | | |
| Clean Site Conditions: | | Yes | V | No | | Cable Size: | | | 24 rn | n mm | 2 | |
| Installation Satisfactory: | | Yes | ~ | No | | Fuse Size: CIRCUIT BREAKER 220 amps | | | | | os | |
| | | | | | | Pipework Connect | ions as per guidelines: | Yes | V | No | | |
| If answered "No" (*), please give full details | in "Fu | rther C | Comme | ents" on | page 3. | | | | | | | |
| | | | | | | | | | | | | |
| Operational Values | | | | | | | | | | | | |
| Ambient Air Temperature: | 37 | °С | | °F | | Dewpoint Switchi | ing: | Yes | | No | 7 | |
| Inlet Air Temperature: | | οС | | °F | | Auto Fault Re-se | ıt: | Yes | | No | J | |
| Inlet Pressure: | | bar | | psi | | Auto Restart: | | Yes | V | No | | |
| Outlet Pressure: | | bar | | psi | | Alarm / Trip Dew | point: | °C | 1 | °F | | |
| Dewpoint: | 6 | °C | ~ | °F | | Alarm / Trip Pres | sure: | bar | V | psi | | |
| Purge Setting: | | bar | V | psi | | Alarm / Trip Tem | perature: | °C | V | °F | | |
| Hydrometer Installed: | | Yes | | No | V | Service Due: | | Yes | | No | V | |
| | | | | | | • | | | | | | |
| Signatures | | Prin | t | | | | Sign | Date | e (dd/ | /mm/y | уууу) | |
| Operator: | | | | | | | | 44.05.000 | | | | |
| Trainning Completed: | √ | MD.RA | | | | KIB | MD.RAKIB | | 11.05.2023 | | | |
| Commissioning | | MD COURT | | | | LDANA | MD COLIET DANIA | 44.05.0000 | | | | |
| Engineer: | | MD. SOHEL | | | | . RANA MD. SOHEL RANA | | 11.05.2023 | | | | |
| Customer / End User: | | | | | | | | | 44.05.0000 | | | |
| | | | | MD | .AL-É | MD.AL-EMRAN | | 11.05.2023 | | | | |



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