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REPORT NO :

CUSTOMER NAME :

CUSTOMER P.O. NO . :

END-USER NAME :

PROJECT NAME :

MANUFACTURER :

TRK SO NO. :

QTY :

ACTUATOR MAKE / MODEL NO.

SERIAL NO.

OPERATING PRESSURE

VALVE SIZE / RATING

VALVE SERIAL NO.

ASSEMBLY FAIL SAFE MODE

**Test A – Valve / Actuator Assembly End Stop Adjustment**

*(Indicate where appropriate)*

|  |  |
| --- | --- |
| *Satisfactory* | *Unsatisfactory* |
| *Travel Stop Setting :* |  |  |  |

**Test B – Valve / Actuator Assembly Fitting & Control Accessories Leak Test**

**Test C – Valve / Actuator Stroke Response Test & Timing at No Differential Pressure**

**(Actuator Test Pressure @5.0Barg)**

**Gouge Certificate Number:\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **TIMING** | | | |
|  | **Cycle 1** | **Cycle 2** | **Cycle 3** | **Cycle 4** |
| **CLOSING (Secs)** |  |  |  |  |
| **OPENING (Secs)** |  |  |  |  |

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**TEST D-Valve / Actuator Completed Assembly Functional Test:**

|  |  |
| --- | --- |
| Satisfactory | Unsatisfactory |
| Completed Assembly cycle tested (4) Four times  Verify smooth Operation and Timing |  |  |

**TAG NO.: ACTUATOR S.N.:**

**TEST E- Accessories & Control Components Function Test:**

(Indicate √ where appropriate)

|  |  |  |
| --- | --- | --- |
| Satisfactory | Unsatisfactory | Not Applicable |
|  |  |  |  |  |
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**Verify all Qc Checklist have been completed**

Checklist completed by Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name / Signature

Test ‘A’ to ‘E’ verified by Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name / Signature

PT.TEKNOLOGI REKAYASA KATUP WITNESSING AUTHORITY

( Tested by ) (if applicable)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name and Signature) (Name and Signature)

Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_