

THE FACTORIES ACT: VOLUME VI
THE FACTORIES REGULATIONS, 1961
FORM B

(Regulations 40,43,44)

**REPORT ON EXAMINATION AND TEST OF STEAM RECEIVER
AND AIR RECEIVER**

1. Name of Factory.....
2. Address.....
3. Name of Owner.....
4. Name of Manger.....
5. Description or distinguishing number or mark (if any) of air receiver or steam receiver
.....
6. Nature of Examination
7. Hydraulic pressure applied
8. Condition -
State any defects materially affecting) External.....
the permissible working pressure) Internal.....
9. Mountings -
(a) Are there proper mountings
including safety valves
and pressure gauge?
- (b) Are all mountings
properly maintained and
in good working order?
- (c) Is the permissible
working pressure marked
on the receiver?
10. Permissible working pressure for
the ensuing 12 months

I CERTIFY THAT on.....I thoroughly examined
theabove described and that the above is true report of the result.

(*steam receiver or*)
(*air receiver*)

Signature.....
Qualification.....
Address.....
Date.....