## ARAI Sr. NO: DL0001

## **PUC Center Inspection Format**

Date : City:

1.0 PUC Center Name Address Name of the Center Owner / Representative RTO License Number License Validity AMC Details and Validity Is Copy of Type Approval Certificate Displayed Yes No Are copies Training Certificates of Operators displayed Yes No Is the Mask and Ear Plug available for the test operator? Yes No Is sufficient space available for testing all types of vehicles? Yes No 2.0 PUC Test Operator Name Qualification Training Details Is the understanding of Measurement Test Procedure Correct Yes No Is Mask and Ear Plug used by Test Operator Yes No 3.0 PUC Equipment (Gas analyser) Model Name of the Instrument Manufacturer / Supplier Whether Type Approved? No Is Instrument Calibrated? Yes No Calibration Report No. and Date Is Sample Handling Leak Proof? Yes No Are Extension Pipes available? Yes No Is the Probe length sufficient (> 30 cm) Yes No Is the Instrument Pump working? Yes No

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Sr. NO: DL	7001		A		***************************************			
Are the fi	Iters cleaned	and working	condition?				Yes	No
Test softv	vare logic as	per type app	oroval specif	ications?				
a.	Leak Check	k (Always or	Power ON)	)			Yes	No
b.	HC Residu	e					***************************************	
		ower ON and B	lefore every me	asurement)			Yes	No
C.	Low Flow						Yes	No
Is the RP	M Measurem	ent facility p	rovided?				Yes	No
Test Re	sults							
	RPM	C0%	HC ppm	CO2 %	02%	Lan Indicated	Calculated	
Idle								
1								
High Idle  PUC Ed  Model Na	quipment (	strument	eter)					
High Idle	quipment (		eter)					
High Idle  PUC Ed  Model Na	quipment (	strument	eter)					
High Idle  PUC Ed  Model Na  Manufact	quipment (	strument	eter)				Yes	No
High Idle  PUC Ed  Model Na  Manufact  Whether	quipment (	etrument er ed ?	eter)				Yes	No
High Idle  PUC Ed  Model Na  Manufact  Whether  Is Instrum	quipment ( ame of the Insurer / Supplie Type Approve	er ed?	eter)					***************************************
High Idle  PUC Ed  Model Na  Manufact  Whether  Is Instrum  Calibratio	quipment ( ame of the Insurer / Supplie Type Approvement Calibrate	etrument er ed ? ed ? and Date	eter)					***************************************
Model Na Manufact Whether Is Instrum Calibration	quipment ( ame of the Insurer / Supplie Type Approvement Calibrate on Report No.	er ed? ed? and Date					Yes	No
Model Na Manufact Whether Is Instrum Calibratic Is RPM s Is Oil term	quipment ( ame of the Instrumer / Supplies Type Approvement Calibrate on Report No. ensor provide	etrument er ed ? ed ? and Date ed ? sor available	е?	ction pipe dia m	Emmanust, and an annual and an annual and an annual and an annual and an an annual and an an an an an an an an	1?	Yes	No
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High Idle  PUC Ed  Model Na  Manufact  Whether  Is Instrum  Calibratic  Is RPM s  Is Oil term  Is the GC  Test soft	quipment ( ame of the Instrumer / Supplies Type Approvement Calibrate on Report No. ensor provide apperature sen O / NOGO gua ware logic as Requirement	etrument er ed ? ed ? and Date ed ? sor available age provided per type ap ent of 60°C of	e ? d for fuel inje proval specif	fications?	Emmanust, and an annual and an annual and an annual and an annual and an an annual and an an an an an an an an	7?	Yes Yes Yes	No No No

## **PUC Center Inspection Format**

Date : City:

Sr. NO: DL0001 6.0 Test Results Min RPM Max. RPM Oil Tem. SMOKE Flushing Cycles 2 4 5 Maria de la compansión de 6 Actual Measurement 3 5 6 9 10 7.0 Remarks 8.0 Points to be verified in next Audit State of the same 9.0 Photographs Yes No Signature of PUC test Center Signature of Inspection Engineer Owner / Representative