

**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 ?

Yes

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 (&gt; 30 cm)

Yes

No

Is the Instrument Pump working ?

Yes

No

Sr. NO: DL0001

Are the filters cleaned and working condition ?

Yes No

Test software logic as per type approval specifications ?

a. Leak Check (Always on Power ON)

Yes No

b. HC Residue

(Always on Power ON and Before every measurement)

Yes No

c. Low Flow

Yes No

Is the RPM Measurement facility provided ?

Yes No

### 4.0 Test Results

	RPM	CO%	HC ppm	CO2 %	O2 %	Lambda	
						Indicated	Calculated
Idle							
High Idle							

### 5.0 PUC Equipment (Smoke meter)

Model Name of the Instrument

Manufacturer / Supplier

Whether Type Approved ?

Yes No

Is Instrument Calibrated ?

Yes No

Calibration Report No. and Date

Is RPM sensor provided ?

Yes No

Is Oil temperature sensor available ?

Yes No

Is the GO / NOGO guage provided for fuel injection pipe dia measurement?

Yes No

Test software logic as per type approval specifications ?

a. Requirement of 60°C oil temperature Cut-off

Yes No

b. RPM measurement during the flushing cycles

Yes No

c. Smoke results are varified for validity

Yes No

### 6.0 Test Results

	Min RPM	Max. RPM	Oil Tem.	SMOKE
1				
2				
3				
4				
5				
6				

Flushing Cycles

1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Actual Measurement

AVG 

--	--	--	--	--

### 7.0 Remarks

### 8.0 Points to be verified in next Audit

### 9.0 Photographs

Yes	No
-----	----

Signature of PUC test Center  
Owner / Representative

Signature of Inspection Engineer