PUC Center Audit Format

Date :______
City :_____

1.0	PUC Center		Date of Upo	dation : 1 Dec 20	009
	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 d	isplayed		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 Pro	cedure 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 (> 30 cm)			Yes	No
	Is the Instrument Pump working?			Yes	No

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Are th	Are the filters cleaned and working condition?							
Test s	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

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

	J								
5.0	PUC Equ	ipment (Smoke me	eter)					
	Model Nam	ne of the Ins	trument						
	Manufacturer / Supplier								
	Whether Ty	ype Approve	ed ?					Yes	No
	Is Instrume	nt Calibrate	d ?					Yes	No
	Calibration	Report No.	and Date						
	Is RPM ser	nsor provide	d ?					Yes	No
	Is Oil tempe	erature sen	sor available	?				Yes	No
	Is the GO /	NOGO gua	ge provided	for fuel inje	ction pipe dia me	easurement	?	Yes	No
	Test software logic as per type approval specifications ?								
	a.	Requireme	nt of 60°C oi	l temperatu	re Cut-off			Yes	No
	b.	RPM meas	urement dur	ing the flush	ning cycles			Yes	No
	C.	Smoke res	ults are varifi	ed for validi	ty			Yes	No

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Date :_____

6.0	0 Test Results								
						I			
		Min RPM	Max. RPM	Oil Tem.	SMOKE				
⊐	1								
Flushing Cycles	2								
iing	3 4								
S	5								
cle	6								
co									
	1								
Actual Measurement	2								
ual	3 4								
≤	5								
ası	6								
ırer	7								
ner	8								
=	9 10								
	10								
AVG									
7.0	Remarks								
7.0	Remarks								
8.0	Points to be	e verified in	next Audit						
0.0	Disease area de a						Voc. No.		
9.0	Photograph	15					Yes No		
	Cianatura	4 DUO 41	Contor				Cianatura of Audit Taran		
	Signature of Owner / Re	nresentativ	Center				Signature of Audit Team		
	OWING! / INC	Pioseilally	C						