



THE UNITED REPUBLIC OF TANZANIA
PRIME MINISTER'S OFFICE
(YOUTH, LABOUR, EMPLOYMENT & DISABLED PEOPLE)
OCCUPATIONAL SAFETY AND HEALTH AUTHORITY (OSHA)

L.D. Form (F) 110. **Occupational Health and Safety Act, 2003 – Section 49**

See Note on Legal Requirement in OHS Act no 5 of 2003

Report of Examination of Air Receiver

1. Name of occupier ... (T) LTD

2. Address of factory where air receiver is situated P. O BOX..., DSM.
 ... STREET, SONGEA

3. Type, description and distinctive number of receivers. HORIZONTAL WELDED AIR RECEIVER,
 S/N 14606..

4. Country and year of manufacture. 2014
 The history should be briefly given, and the examiner should state where he has seen the last previous report.

5. Date of last hydraulic test (if any), and pressure applied. -

6. Receiver.
 (a) What parts (if any) were inaccessible? INTERNAL
 (b) What examination and tests were made? (See Note A overleaf.) EXTERNAL VISUAL INSPECTION AND
 (c) Condition of receiver. (State any defects materially affecting the safe working pressure. { External: GOOD
 Internal: NOT SEEN

7. Fittings.
 Are the required fittings and appliances provided in accordance with the OHS Act? YES
 Are all fittings and appliances properly maintained and in good condition? (See Note B.) YES

8. Repairs (if any) required, and period within which they should be executed, and any other conditions which the person making the examination thinks it necessary to specify for securing safe working. NIL

9. Safe working pressure calculated from dimensions and other data ascertained by the present examination, due allowance being made for conditions of working if unusual or exceptionally severe ... SWP 10 BAR
 Where repairs affecting the working pressure are required, state the safe working pressure:
 (a) before the expiration of the period specified in (8); (a) -
 (b) after the examination of such period if the required repairs have not been completed; (b) -
 (c) after the completion of the required repairs. (c) -

10. Other observations. (See Note C.) NEXT EXAMINATION: JANUARY, 2019

I (full name in BLOCK LETTER), ENG. MFAUME MUNISI Hereby that I am a person approved by the Chief Inspector for the purpose of Section 49 of the Occupational Health and Safety Act, 2003, by Certificate No. 00.. dated 9/9/2017 and that, subject to any reservation noted above of certain points for examination under normal pressure, on 23TH JANUARY 2018
 The air receiver above described was thoroughly clean and (so far its construction permits) made accessible for thorough examination and for such test were necessary for thorough examination, and that on the said date I thoroughly examined this receiver, including its fittings.

I certify that the above is true report of the result.
 Date 26TH JANUARY, 2018

Address OSHA SOUTHERN ZONE,
P. O. BOX 793
MTWARA.

Signature of approved Inspector