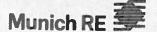
THE PRESSURE SYSTEMS SAFETY REGULATIONS 2000 SI 128



HSB Engineering Insuran

THE PRESSURE SYSTEMS SAFETY REGULATIONS (NI) 2004 No. 222

REPORT OF EXAMINATION OF SYSTEM OR PARTS THEREOF

Policy: H9S086179 00001

Plant Code: B57G14 Schedule: B0024

Previous Report: 230315-011-0025SB2

Report Number: 220316-010-0027PL1

WRITTEN SCHEME NUMBER: WS02

PS₁ 1. Name and address of owner THE GALLEON LEISURE CENTRE 99 Titchfield Street, Kilmarnock East Ayrshire, KA1 10Y Subject to written agreement under No the relevant Schedule of the regulations Location of systems and name of Plant Room user if different from above (a) System identification PS028 (b) identification of part of system Whole (c) Description of part of system Refrigerant Pressure System Sabroe Serial No.:- 37372 Plant No.:- CIRCUIT 1 Results of examination and condition Working Examination Only of parts examined in accordance with Written Scheme of Examination No apparent defects at normal working pressure. Suitable for further service. 6. Repairs (if any) required in order None to prevent imminent danger if none enter "None" 7. Defects (other than those specified None at 6 above) which require attention If none enter "None" 8. (a) Safe operating limit 28 bar (b) Change in safe operating limits None and date by which required if none enter "None" Change in written scheme if required None if none enter "None" ostponement (Section 9(7))* None Name of Competent Person Name of Users Representative Date of Postponement **Date of limit of Postponement** * If none enter "None" 11. Other observations Year of manufacture: 2013. Rated: 75 kW. Safety valves: Twin low pressure, rated 16.2 bar. High and low pressure cut-outs via electronic control circuit.

Certification :- I certify that the above system or parts thereof was examined in accordance with the Written Scheme of Examination and that the above is a true report of the result.

Inspecting Engineer: Mr. R. Chambers

Date of Examination:

Working

Qualification:

Engineer Surveyor

10 Mar 2016

Signature:

Date of Last Examination:

12 Mar 2015

Date of Next Examination: 30 Jun 2017

Thorough

10 Apr 2017

HSB Engineering Insurance Services Limited

Registered in England and Wales: 03010292, New London House, 6 London Street, London EC3R 7LP Registered as a branch in Ireland: 906105

Telephone: 0845 345 5510

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THE PRESSURE SYSTEMS SAFETY REGULATIONS 2000 SI 128

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THE PRESSURE SYSTEMS SAFETY REGULATIONS (NI) 2004 No. 222

REPORT OF EXAMINATION OF SYSTEM OR PARTS THEREOF

Policy: H9S086179

Plant Code: B57G14

Previous Report: 230315-012-0025SB2

Site: 00001

Schedule: B0025

Report Number: 220316-011-0027PL1

1.	Name and address of owner	Trum Grand	PS
	reality and addition of Owlide	THE GALLEON LEISURE CENTRE 99 Titchfield Street, Kilmarnock East Ayrshire, KA1 1QY	
2.	Subject to written agreement under the relevant Schedule of the regulations	No	
3.	Location of systems and name of user if different from above	Plant Room	
4.	(a) System identification	PS03S	
	(b) Identification of part of system	Whole	
	(c) Description of part of system	Refrigerant Pressure System	
		Sabroe Serial No.:- 37561 Plant No.:- CIRCUIT 2	
	Results of examination and condition of parts examined in accordance with Written Scheme of Examination	Working Examination Only No apparent defects at normal working pressure. Suitable for further service.	
	Repairs (if any) required in order to prevent imminent danger if none enter "None"	None	•
3	Defects (other than those specified at 6 above) which require attention if none enter "None"	None	
	(a) Safe operating limit	28 bar	
((b) Change in safe operating limits and date by which required If none enter "None"	None	
	Change in written scheme if required if none enter "None"	None	
1	Postponement (Section 9(7))* Name of Competent Person Name of Users Representative Date of Postponement Date of limit of Postponement If none enter "None"	None	
1. 0		Year of manufacture: 2013. Rated: 75 kW. Safety valves: Twin low pressure, rated 16.2 bar. High and low pressure cut-outs via electronic control circuit.	

Certification :- I certify that the above system or parts thereof was examined in accordance with the Written Scheme of Examination and that the above is a true report of the result.

inspecting Engineer: Mr. R. Chambers

Date of Examination:

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