



# الشركة الفنية لخدمات السلامة والفحص الفني ش.م.م

## SAFETY TECHNICAL SERVICES AND INSPECTIONS

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### MAGNETIC PARTICLE INSPECTION REPORT

|                                                                                                                                                                                                                                                                |                                                                          |                           |
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| Date of Thorough Examination:<br>04/02/2026                                                                                                                                                                                                                    | Report number:<br>GE/5740/26/02/08                                       | Job no:<br>5740           |
| Name and Address of the Owner of the Equipment<br>TRUCKOMAN EQUIPMENT RENTAL LLC.<br>Sultanate of Oman                                                                                                                                                         | Address of premises at which the examination was made:<br>SLB NIZWA BASE |                           |
| Method: WET<br>Surface Condition: Acceptable                                                                                                                                                                                                                   | Material: Carbon Steel<br>Equipment: Permanent magnet Yoke               | Test temperature: Ambient |
| Area Inspected ( tick the appropriate box):<br><input type="checkbox"/> Weldment areas <input checked="" type="checkbox"/> Stress Areas <input type="checkbox"/> Full Body <input type="checkbox"/> Others                                                     |                                                                          |                           |
| WHITE CONTRAST PAINT: Magnaflux WCP                                                                                                                                                                                                                            | MAGNETISING METHOD: Wet suspension black ink                             |                           |
| BLACK MAGNETIC INK: Magnaflux 7HF                                                                                                                                                                                                                              | ACCEPTANCE CODE: ASME V ARTICLE 7 , ASTM E709 ,AWS D1.1                  |                           |
| Description and identification of the equipment:<br><b><u>FORK ATTACHMENT</u></b><br>Fork Manufacturer: CASCADE<br>Fork Capacity: 5000 kg x 600 mm (each fork)<br>Fork Tines Length: 2000 mm<br>Fork Serial Number: 422100368<br>Mounted at: MAXTON (TER-1543) |                                                                          |                           |
|                                                                                                                                                                            |                                                                          |                           |
| Date of Last MPI/ Cert No( If any): 04/09/2024 / MN/0373/24/09/04                                                                                                                                                                                              |                                                                          |                           |
| Result of the above test :<br>MPI TEST CARRIED OUT SATISFACTORILY, FOUND NO RELEVANT INDICATIONS AT THE TIME OF INSPECTION                                                                                                                                     |                                                                          |                           |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Inspected by, Name & Signature :<br><br>KOSHY MATHEW<br>Qualification : ASNT LEVEL 2                                                                                                                                                                                       |    | Latest date by which next MPI must be carried out:<br><br>03/02/2027 |
| Name and address of employer of persons making and authenticating this report:<br><br>Address: SAFETY TECHNICAL SERVICES AND INSPECTIONS<br>P.O. Box 3288. Airport Heights PC 111 Sultanate of Oman.<br><a href="mailto:lifting@safetyoman.com">lifting@safetyoman.com</a> |  |                                                                      |