



REPORT OF THOROUGH EXAMINATION OF POWER DRIVEN WINCHES

Date of Through Examination: 27/09/2017	Report number: MP/35467/17/09/23	Job no: 35467
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Name and Address of the Owner of the Equipment TRUCK OMAN (NORTH) SULTANATE OF OMAN	Address of premises at which the examination was made: HAIMA
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Description and identification of the equipment:

Diesel Powered Hydraulically Operated Truck Mounted Winch.

Owners distinguishing: TO-790

Make : Rufnek

Model No. : HS-50P- 20B

Serial no. : 52159

Truck Reg. No.: 6757 DS

Maximum Hauling Load- 100000 lbs

Nominal size of winch- 8"x 21" x 23"

Winch type- Single Drum horizontal pull.

Steel rope size- 28mm x 50m soft eye and other end connected winch

Anchor Type: 26mm x 1' tail piece chain

Wire rope serial no.: B17-1698

Wire rope cert. No.: A/148.17

Visual inspection and Functional test carried out.

Date of Previous Examination/ cert no: 03/04/2017 ; MP/34312/17/04/24	Date of Next Examination: 26/03/2018
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Ref. Standards: BS EN 14492 ,PR 1708

Comments(If any): Refer Annex for Checklist

Particulars of any repair, renewal or alteration required to remedy the defect identified above:

NONE

Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect:(If none state NONE)

NONE

IS THIS EQUIPMENT FIT FOR PURPOSE?

YES x NO

Approved by, Name & Signature
Gishin Thomas



Inspected by, Name & Signature
Madhu Pillai

Annexure of Report of Thorough Examination of Power driven Winches

Certificate No: MP/35467/17/09/23

Date of Inspection: 27/09/2017

SECTION	✓	X	REMARKS
Structural Frame/Dogging Fixture	✓		
Drums/Sheaves/Pulleys	✓		
Wire Rope	✓		
Wire Rope Termination/ Structures	✓		
Ratchet & Pawl/Braking& Clutches	✓		
Electric Cables	✓		
Hooking Devices	✓		
Operational Control Devices	✓		
General Maintenance	✓		
Name Plate/Safety Instructions	✓		
Cleanliness & Upkeep	✓		
Swivel / Boomer Chain / Accessories	✓		

Inspected by, Name & Signature
Madhu Pillai



Approved by, Name & Signature
Gishin Thomas



Name and address of employer of persons making and authenticating this report:

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