



# 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 Inspection:<br>12/02/2021                                                                                                                                                                                                                                                                              | Report number:<br>K/46002/21/02/15                             | Job no:<br>46002          |
| Name and Address of the Owner of the Equipment<br>TRUCK OMAN<br>SULTANATE OF OMAN                                                                                                                                                                                                                              | Address of premises at which the examination was made:<br>ADAM |                           |
| 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 checked="" type="checkbox"/> Weldment areas <input checked="" type="checkbox"/> Stress Areas <input type="checkbox"/> Full Body <input type="checkbox"/> Others                                                                                          |                                                                |                           |
| WHITE CONTRAST PAINT: Magnavis 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><u>King Pin And Fillet Weld</u><br>Make : JOST ( 3.5")<br>Id No : TO 446<br>Trailer Reg: 8558 MK<br>[I] shaped cylindrical king pin.<br>Top head 114mmØ<br>Intermediate 89mmØ<br>Bottom head 111mmØ<br>Qty: 1nos<br>Date of Last MPI/ Cert No( If any):N/A |                                                                |                           |
| 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>Koshy Mathew<br>Qualification : ASNT L2                                                                                                                                                                                            |  | Latest date by which next MPI must be carried out:<br>After One Year As Per Client Requirement Or At The Discretion Of Lifting Inspector |
| Name and address of employer of persons making and authenticating this report:<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> |  |                                                                                                                                          |