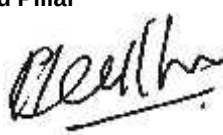




## MAGNETIC PARTICLE INSPECTION REPORT

|                                                                                                                                                                                                                                                                                         |                                                                    |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------|
| Date of Through Examination:<br>10/03/2019                                                                                                                                                                                                                                              | Report number:<br>MP/39039/19/03/153                               | Job no:<br>39039          |
| Name and Address of owner for whom the thorough examination was made:<br><br>TRUCK OMAN<br>SULTANATE OF OMAN                                                                                                                                                                            | Address of premises at which the examination was made:<br><br>NIMR |                           |
| Method: WET<br>Surface Condition: Acceptable                                                                                                                                                                                                                                            | Material: Carbon Steel<br>Equipment: Permanent magnet Yoke         | Test temperature: Ambient |
| Area Inspected ( tick the appropriate box):<br><br><input type="checkbox"/> Weldment areas <input type="checkbox"/> Stress Areas <input checked="" type="checkbox"/> Full Body <input checked="" type="checkbox"/> Others (TOP PLATE)                                                   |                                                                    |                           |
| 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><br><u>FIFTH WHEEL</u><br><br>Make : Holland<br><br>Size : 3½"<br><br>Fleet No. : TO 785<br><br>Reg. No. : 1374 RK<br><br><br><br><br><br><br><br><br><br>Qty: 1no.<br><br>Date of Last MPI/ Cert No( If any): 12/04/2018 ; A/36961 |                                                                    |                           |
| Details of tools/equipments used: Magnet (STS-LD-68)                                                                                                                                                                                                                                    |                                                                    |                           |
| Result of the above test :<br>MPI TEST CARRIED OUT SATISFACTORILY, FOUND NO RELEVANT INDICATIONS AT THE TIME OF INSPECTION                                                                                                                                                              |                                                                    |                           |

|                                                                                                                                                                                                                         |                                                                                                     |                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Inspected by, Name & Signature :<br><br>Qualification : ASNT L2                                                                                                                                                         | Madhu Pillai<br> | Latest date by which next MPI must be carried out:<br><br>09/03/2020                  |
| Name and address of employer of persons making and authenticating this report:<br><br>SAFETY TECHNICAL SERVICES PO BOX 3288. SEEB. PC 111 MUSCAT.<br><a href="mailto:lifting@safetyoman.com">lifting@safetyoman.com</a> |                                                                                                     |  |