



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

## SAFETY TECHNICAL SERVICES AND INSPECTIONS

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### MAGNETIC PARTICLE INSPECTION REPORT

|                                                                                                                                                                                                                                                 |                                                                     |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------|
| Date of Thorough Examination:<br>23/05/2023                                                                                                                                                                                                     | Report number:<br>MP/51259/23/05/47                                 | Job no:<br>51259          |
| Name and Address of owner for whom the thorough examination was made:<br><br>TRUCK OMAN NORTH<br>SULTANATE OF OMAN                                                                                                                              | Address of premises at which the examination was made:<br><br>SAFAH |                           |
| 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 type="checkbox"/> Full Body <input checked="" 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><br><u>FIFTH WHEEL</u><br><br>Make: JOST<br><br>Type: JSK 38C<br><br>Reg no: 6558 HM / TO 2302<br><br><br><br><br>Qty: 1 no<br><br>Date of Last MPI/ Cert No( If any): 26/05/2023; MP/48916 |                                                                     |                           |
| Result of the above test :<br><br>MPI TEST CARRIED OUT SATISFACTORILY, FOUND NO RELEVANT INDICATIONS AT THE TIME OF INSPECTION                                                                                                                  |                                                                     |                           |

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| Inspected by, Name & Signature :<br>Madhu Pillai                                                                                                                                                                                                                           |  | Latest date by which next MPI must be carried out:<br><br>22/05/2024 |
| Qualification : ASNT L2                                                                                                                                                                                                                                                    |  |                                                                      |
| 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> |  |                                                                      |