

## MAGNETIC PARTICLE EXAMINATION REPORT

|                                                                                                                                                                  |                                              |                                                                                                      |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------|------------|
| Date of Examination: <b>25/05/2025</b>                                                                                                                           |                                              | Report No: <b>HITECH/TJN-2025-467/MT-005</b>                                                         |            |
| Client: <b>M/S.TRUCKOMAN EQUIPMENT RENTAL LLC, OMAN</b>                                                                                                          |                                              | Contractor: <b>N/A</b>                                                                               |            |
| Project: <b>N/A</b>                                                                                                                                              |                                              | Location: <b>TER WORKSHOP-ADAM, SULTANATE OF OMAN</b>                                                |            |
| Procedure No. & Rev. No.: <b>HITIS/GEN/MT/01 REV.05</b>                                                                                                          |                                              | Referencing Code / Specification: <b>ASTM E709, AWS D1.1</b>                                         |            |
| Acceptance Criteria: <b>AWS D1.1 ED 2020</b>                                                                                                                     |                                              | Material: <b>N/A</b>                                                                                 |            |
| Surface Condition: <b>Acceptable</b>                                                                                                                             |                                              | Surface Temperature: <b>Ambient</b>                                                                  |            |
| PWHT: <b>N/A</b>                                                                                                                                                 |                                              |                                                                                                      |            |
| Method: <input checked="" type="checkbox"/> Wet <input checked="" type="checkbox"/> Visible<br><input type="checkbox"/> Dry <input type="checkbox"/> Fluorescent |                                              | Technique: <input checked="" type="checkbox"/> Continuous<br><input type="checkbox"/> Residual       |            |
| Magnetization: <input checked="" type="checkbox"/> Longitudinal<br><input type="checkbox"/> Circular                                                             |                                              |                                                                                                      |            |
| Equipment Type: <b>Permanent Magnetic Yoke</b>                                                                                                                   |                                              | Equipment Sr. No: <b>GAMMATEC SN 00810</b>                                                           |            |
| Cal. Validity: <b>Prior to Job</b>                                                                                                                               |                                              |                                                                                                      |            |
| Type of Current: <b>N/A</b>                                                                                                                                      |                                              | Lifting Power of Yoke: <b>18.1 KG</b>                                                                |            |
| Sensitivity: <input checked="" type="checkbox"/> Burnah Strip <input type="checkbox"/> Pie Gauge <b>III Lines Visible</b>                                        |                                              |                                                                                                      |            |
| Source of Light: <b>Day light</b>                                                                                                                                |                                              | Light Intensity: <b>≥ 1000 lux min</b>                                                               |            |
| Consumables: <b>MAGNAFLUX</b>                                                                                                                                    |                                              |                                                                                                      |            |
| Cleaner : <b>MAGNAFLUX SKC-S</b><br>Batch No: <b>230602 BBE</b><br>Validity: <b>JUNE-2026</b>                                                                    |                                              | White contrast : <b>MAGNAFLUX WCP-2</b><br>Batch No: <b>230605 BBE</b><br>Validity: <b>JUNE-2026</b> |            |
| Magnetic Ink : <b>MAGNAFLUX 7 HF</b><br>Batch No: <b>230604 BBE</b><br>Validity: <b>JUNE-2026</b>                                                                |                                              |                                                                                                      |            |
| Item Description/Line No./<br>Drawing No.                                                                                                                        | Weld No                                      | Welder<br>No                                                                                         | Size       |
| Sch. /<br>WT                                                                                                                                                     | Observation<br>(Map or Record of Indication) | Result<br>(Acc./Rej.)                                                                                |            |
| <b>REGISTRATION NO &amp; OWNER ID NO: - 6210 MA / TO 2018 (PRIME MOVER FIFTH WHEEL)</b>                                                                          |                                              |                                                                                                      |            |
| <b>FIFTH WHEEL</b><br><b>MAKE: JOST</b><br><b>TYPE: JSK 38C</b>                                                                                                  | <b>N/A</b>                                   | <b>N/A</b>                                                                                           | <b>N/A</b> |
| <b>N/A</b>                                                                                                                                                       | <b>N/A</b>                                   | <b>N/A</b>                                                                                           | <b>N/A</b> |
| <b>NO RELEVANT INDICATION<br/>OBSERVED</b>                                                                                                                       |                                              | <b>ACCEPTED</b>                                                                                      |            |



**"MPI TEST CARRIED OUT SATISFACTORILY, FOUND NO RELEVANT INDICATIONS AT THE TIME OF INSPECTION"**

**LATEST DATE BY WHICH NEXT MPI MUST BE CARRIED OUT:**

**24/05/2026**

|                                        |  |                   |  |               |  |
|----------------------------------------|--|-------------------|--|---------------|--|
| <b>Hi-Tech Inspection Services LLC</b> |  | <b>Contractor</b> |  | <b>Client</b> |  |
| Signature:                             |  | Signature:        |  | Signature:    |  |
|                                        |  |                   |  |               |  |
| Name: <b>ANSON DCOSTA</b>              |  | Name:             |  | Name:         |  |
| Qualification: <b>NDT Level II</b>     |  | Date:             |  | Date          |  |
| Date: <b>25/05/2025</b>                |  |                   |  |               |  |