



## REPORT OF THOROUGH EXAMINATION OF POWER DRIVEN WINCHES

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                  |
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| Date of Through Examination:<br>27/09/2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Report number:<br>MP/35467/17/09/05                                    | Job no:<br>35467 |
| Name and Address of the Owner of the Equipment<br><b>TRUCK OMAN (NORTH)<br/>SULTANATE OF OMAN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address of premises at which the examination was made:<br><b>HAIMA</b> |                  |
| Description and identification of the equipment:<br><b><u>Diesel Powered Hydraulically Operated Truck Mounted Winch.</u></b><br><br>Owners distinguishing: TO-2020<br>Make: Braden<br>Model No. : HS-50P-20B<br>Serial no. : 1256371<br>Truck Reg. No.: 918 YB<br>Maximum Hauling Load- 100000 lbs<br>Nominal size of winch- 8"x 21" x 23"<br>Winch type- Single Drum horizontal pull.<br>Steel rope size- 28mm x 50m<br>Wire rope Serial no.: B17-5620<br>Wire rope Cert. No.: A/727-17<br>Anchor type- 26mm x 1' tail piece chain. |                                                                        |                  |
| Visual inspection and Functional test carried out.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                  |
| Date of Previous Examination/ cert no:<br><b>03/04/2017 ; MP/34314/17/04/11</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date of Next Examination:<br><b>26/03/2018</b>                         |                  |
| 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:<br><b>NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                  |
| 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)<br><b>NONE</b>                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                  |
| 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/35467/17/09/05**

**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 | ✓ |   |         |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>Inspected by, Name &amp; Signature</b><br><b>Madhu Pillai</b><br>                                                                           | <b>Approved by, Name &amp; Signature</b><br><b>Gishin Thomas</b><br> |  |
| <b>Name and address of employer of persons making and authenticating this report:</b><br><b>SAFETY TECHNICAL SERVICES PO BOX 3288. SEEB. PC 111 MUSCAT.</b><br><a href="mailto:lifting@safetyoman.com">lifting@safetyoman.com</a> |                                                                                                                                                         |                                                                                       |