



## REPORT OF THOROUGH EXAMINATION OF POWER DRIVEN WINCHES

Date of Through Examination: 16/08/2017	Report number: A/34844/17/08/17	Job no: 34844
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Name and Address of the Owner of the Equipment  TRUCK OMAN SULTANATE OF OMAN	Address of premises at which the examination was made:  NIMR
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**Description and identification of the equipment:**

**TRUCK MOUNTED WINCH - HOLLAND**

**Fleet no. : TS-206**

**Model no. : HP 450 P**

**Makers Serial no. : 114**

**Hauling load or maximum tension load : 45 t @ 1<sup>st</sup> layer**

**Power Source : Hydraulic**

**Winch System Direction : Horizontal Pull**

**Reg. No. : 7984 MA – MAN**

**Wire rope : 28mmØ x 50m Steel wire rope c/w 26mm chain, grab hook and rollock**

**Visual inspection and Functional test carried out.**

Date of Previous Examination/ cert no:  7/3/2017 ; MP/33390/17/3/21	Date of Next Examination:  15/02/2018
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**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:**

**NONE**

**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)**

**NONE**

**IS THIS EQUIPMENT FIT FOR PURPOSE?**

**YES    x    NO**

**Approved by, Name & Signature**  
Gishin Thomas

**Inspected by, Name & Signature**  
Mohammed Anaz



Annexure of Report of Thorough Examination of Lower driven Winches

**Certificate No: A/34844/17/08/17**

**Date of Inspection: 16/08/2017**

SECTION	✓	X	REMARKS
Structural Frame/Dogging Fixture	✓		
Drums/Sheaves/Pulleys	✓		
Wire Rope	✓		
Wire Rope Termination/ Structures	✓		
Ratchet & Pawl/Braking& Clutches	✓		
Electric Cables	N/A		
Hooking Devices	✓		
Operational Control Devices	✓		
General Maintenance	✓		
Name Plate/Safety Instructions	✓		
Cleanliness & Upkeep	✓		
Swivel / Boomer Chain / Accessories	✓		

**Inspected by, Name & Signature**  
Mohammed Anaz



**Approved by, Name & Signature**  
Gishin Thomas



**Name and address of employer of persons making and authenticating this report:**

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