



**MAGNETIC PARTICLE INSPECTION REPORT**

|                                                                                                                                                                                                                                                |                                                                                                     |                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Date of Through Examination:<br>05/03/2020                                                                                                                                                                                                     | Report number:<br>MP/42145/20/03/32                                                                 | Job no:<br>42145                                                                      |
| 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>ADAM                                  |                                                                                       |
| 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 checked="" type="checkbox"/> Weldment areas <input checked="" type="checkbox"/> Stress Areas <input type="checkbox"/> Full Body <input 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><b>FIFTH WHEEL</b></u><br><br>Make : JOST<br><br>Type: JSK38C<br><br>Serial no; 2363411175<br><br>Id no: TO2024<br><br><br>Qty: 1nos<br><br>Date of Last MPI/ Cert No( If any): N/A |                                                                                                     |                                                                                       |
| Result of the above test :<br><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>04/03/2021                  |
| 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>                        |                                                                                                     |  |