



الشركة الفنية لخدمات السلامة ش.م.م.  
**SAFETY technical SERVICES CO. LTD.**



**MAGNETIC PARTICLE INSPECTION REPORT**

This report complies with the Lifting Equipment Engineers Association Technical requirements  
PDO LIFTING PROCEDURE PR1708, LOLER 1998

Date of Thorough Examination 06/10/2016	Date of Report: 06/10/2016	Report number RA/32940/16/10/1	Job no: 32940
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Name and Address of owner for whom the thorough examination was made: PREMIER LOGISTICS MUSCAT SULTANATE OF OMAN	Address of premises at which the examination was made: JIFFNAIN		
Description and identification of the equipment: MPI on a crane hook block(STRIPE DOWN) <u>Hook details</u> Hook id : 3962 Hook weight : 360kg Hook capacity : 40t <u>Crane details</u> Make: Grove manitowoc Model No; RT530E2 Serial no; 258577, Owner id : PLM- 1483 Registration no; 6243YR	Equipment used:  Permanent Magnet	Date of manufacture if known:  N/A	Date of last MPI  N/A
WHITE CONTRAST PAINT:Magnavis WCP	MAGNETISING METHOD: Wet suspension black ink		
BLACK MAGNETIC INK:Magnaflux 7HF	ACCEPTANCE CODE: ASME V ARTICLE 7		

Is this the first examination after installation or assembly at a new site or location?	YES		NO	X	Was the examination carried out:				
					Within an interval of 6 months?	YES		NO	X
					Within an interval of 12 months?	YES		NO	X
If the answer to the above question is YES has the equipment been installed correctly?	YES		NO		In accordance with an examination scheme?	YES		NO	x
					After the occurrence of exceptional circumstances?	YES		NO	X

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 the above a defect which is of immediate danger to persons			YES		NO	
Is the above a defect which is not yet but could become a danger to persons: (If YES state the date by when)			YES by:			
Particulars of any repair, renewal or alteration required to remedy the defect identified above: NONE						
Particulars of any tests carried out as part of the examination: (If none state NONE) MPI TEST CARRIED OUT						
IS THIS EQUIPMENT FIT FOR PURPOSE?			YES	X	NO	

Inspected by, Name & Signature OSWIN 	Approved by & Name and Signature GISHIN THOMAS 	Latest date by which next MPI must be carried out: 05/10/2020
Name and address of employer of persons making and authenticating this report: SAFETY TECHNICAL SERVICES PO BOX 3288. SEEB. PC 111 MUSCAT. <a href="mailto:lifting@safetyoman.com">lifting@safetyoman.com</a>		