



**MAGNETIC PARTICLE INSPECTION REPORT**

Date of Through Examination: 07/05/2019	Report number: O/40334/19/05/04	Job no: 40334
Name and Address of owner for whom the thorough examination was made:  TRUCK OMAN EQUIPMENT RENTAL SULTANATE OF OMAN		Address of premises at which the examination was made:  KHAZZAN
Method: WET Surface Condition: Acceptable	Material: Carbon Steel Equipment: Permanent magnet Yoke	Test temperature: Ambient
Area Inspected ( tick the appropriate box):  <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:  <b><u>Test Carried Out On Fork, Heel ; Toe &amp; Upper, Lower hooks weldings.</u></b>  <b><u>Forklift details</u></b>  Make : Caterpillar Owner id: PLM 1523 Registration no: 4870 MR  <b><u>Fork details</u></b> Fork id: 2 & 50  Qty: 1 pair  Date of Last MPI/ Cert No( If any): 23/05/2018 ; MA/37565/18/05/03		
Result of the above test :  MPI TEST CARRIED OUT SATISFACTORILY, FOUND NO RELEVANT INDICATIONS AT THE TIME OF INSPECTION		
Inspected by, Name & Signature : Qualification : ASNT L2	Infanso Oswin 	Latest date by which next MPI must be carried out:  06/05/2020
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>		



**REPORT OF THOROUGH EXAMINATION & TEST**




Date of Thorough Examination: 30/10/2019	Report number: A/41814/19/10/06	Job no: 41814								
Name and Address of the Owner of the Equipment TRUCK OMAN EQUIPMENT RENTAL SULTANATE OF OMAN		Address of premises at which the examination was made: UWAI SIYA (H51)								
Description and identification of the equipment: <b>MATERIAL HANDLING STINGER</b> Make : CATERPILLAR Serial no. : 229-9714 Owner ID No. : PLM-1523		<table border="1"><thead><tr><th>Test Load</th><th>S.W.L</th></tr></thead><tbody><tr><td>---</td><td>2.333 t @ 1<sup>st</sup> boom</td></tr><tr><td>---</td><td>1.86 t @ 2<sup>nd</sup> boom</td></tr><tr><td>---</td><td>1.55 t @ 3<sup>rd</sup> boom</td></tr></tbody></table>	Test Load	S.W.L	---	2.333 t @ 1 <sup>st</sup> boom	---	1.86 t @ 2 <sup>nd</sup> boom	---	1.55 t @ 3 <sup>rd</sup> boom
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Date of Previous Examination/ cert no: 07/05/2019 ; O/40334/19/05/03	Date of Next Examination: 29/04/2020									
Date of previous Load test/ Cert no: 07/05/2019 ; O/40334/19/05/03	Date of Next Load test: 06/05/2023									
Ref. Standards: ISO 13284 ; SP 2275										
Comments(If any): NONE										
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								

Inspected by, Name & Signature: Mohammed Anaz 	Approved by, Name & Signature Gishin Thomas 	
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>		



**REPORT OF THOROUGH EXAMINATION & TEST**

Date of Thorough Examination: 30/10/2019	Report number: A/41814/19/10/07	Job no: 41814
Name and Address of the Owner of the Equipment TRUCK OMAN EQUIPMENT RENTAL SULTANATE OF OMAN		Address of premises at which the examination was made: UWAI SIYA (H51)
Description and identification of the equipment: <b>WHEEL LOADER BUCKET</b> Make : CATERPILLAR Fleet No. : PLM-1523 Bucket Serial no. : 25154 Bucket Capacity : 2.8m <sup>3</sup>		
Date of Previous Examination/ cert no: 07/05/2019 ; O/40334/19/05/02		Date of Next Examination: 29/04/2020
Ref. Standards: BS EN 474-3 ; SP 2275		
Comments (If any): NONE		
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

Inspected by, Name & Signature: Mohammed Anaz 	Approved by, Name & Signature Gishin Thomas 	
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