



# الشركة الفنية لخدمات السلامة والفحص الفني ش.م.م

## SAFETY TECHNICAL SERVICES AND INSPECTIONS

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### MAGNETIC PARTICLE INSPECTION REPORT

|                                                                                                                                                                                                                                                                                    |                                                                    |                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------|
| Date of Thorough Examination:<br>16/03/2023                                                                                                                                                                                                                                        | Report number:<br>50547/23/03/01/SA                                | Job no:<br>50547          |
| Name and Address of owner for whom the thorough examination was made:<br><br>TRUCK OMAN EQUIPMENT RENTAL<br>SULTANATE OF OMAN                                                                                                                                                      | Address of premises at which the examination was made:<br><br>DUQM |                           |
| 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>Fork Heel &amp; WELDS</u><br><br>Make: CAT<br><br>REG NO : 4870 MR<br><br>OWNER ID : PLM 1523<br><br>SERIAL NO : (TU917C234350X24) (PAIR)<br><br><br><br><br>Qty: 1 PAIR<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                                                                                                                                                     |                                                                    |                           |

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| Inspected by, Name & Signature :<br>SULAIMAN AL-ANBORI                                                                                                                                                                                                                     |  | Latest date by which next MPI must be carried out:<br><br>After One Year as Per Client Requirement Or At The Discretion Of Lifting Inspector |
| Qualification : ASNT L2                                                                                                                                                                                                                                                    |  |                                                                                                                                              |
| Name and address of employer of persons making and authenticating this report:<br><br>Address: SAFETY TECHNICAL SERVICES AND INSPECTIONS<br>P.O. Box 3288. Airport Heights PC 111 Sultanate of Oman.<br><a href="mailto:lifting@safetyoman.com">lifting@safetyoman.com</a> |  |                                                                                                                                              |

