






REPORT OF THOROUGH EXAMINATION & TEST

Date of Thorough Examination: 02/07/2019	Report number: O/40832/19/07/02	Job no: 40832
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Name and Address of the Owner of the Equipment TRUCK OMAN EQUIPMENT RENTAL LLC SULTANATE OF OMAN		Address of premises at which the examination was made: AL HUWAISHA	
Description and identification of the equipment: <u>STINGER FORKLIFT ATTACHMENT</u> Make : Caterpillar Serial no.: 2299714 Owner ID No. : PLM 1528 Model no. 930 H		Test Load	S.W.L
		---	2.333 t @ 1 st boom
		---	1.86 t @ 2 nd boom
		1.55 t @ 3 rd boom	1.55 t @ 3 rd boom
Date of Previous Examination/ cert no: 09/01/2019 ; K/39508/19/01/03		Date of Next Examination: 01/01/2020	
Date of previous Load test/ Cert no: 03/08/2016 ; A/32198/16/08/02		Date of Next Load test: 02/08/2020	
Ref. Standards: ISO 13284			
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 Infanso Oswin 	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. lifting@safetyoman.com		



INSPECTION REPORT

Date of Thorough Examination: 02/07/2019	Report number: O/40832/19/07/03	Job no: 40832
Name and Address of the Owner of the Equipment TRUCK OMAN EQUIPMENT RENTAL LLC SULTANATE OF OMAN		Address of premises at which the examination was made: AL HUWAISHA
Description and identification of the equipment: BUCKET FORKLIFT ATTACHMENT Make : Caterpillar Serial no. : 210054 Owner ID No. : 1528 Bucket Capacity : 2.1m ³		
Visual inspection carried out and Witnessed the functional test satisfactory.		
Date of Previous Examination/ cert no: 09/01/2019 ; K/39508/19/01/04	Date of Next Examination: 01/01/2020	
Ref. Standards: AS per manufacturer specifications.		
Comments(If any):Inspected as per customer requirement		
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: Infanso Oswin 	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. lifting@safetyoman.com		