



REPORT OF THOROUGH EXAMINATION & TEST

Date of Thorough Examination: 02/07/2019	Report number: O/40832/19/07/02	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: <u>STINGER FORKLIFT ATTACHMENT</u>		Test Load S.W.L
Make : Caterpillar Serial no.: 2299714 Owner ID No. : PLM 1528 Model no. 930 H		--- --- 1.55 t @ 3 rd boom 2.333 t @ 1 st boom 1.86 t @ 2 nd 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> x <input type="checkbox"/> 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
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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
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Description and identification of the equipment:

BUCKET FORKLIFT ATTACHMENT

Make : Caterpillar

Serial no. : 210054

Owner ID No. : 1528

Bucket Capacity : 2.1m³

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
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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

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		