



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

## SAFETY TECHNICAL SERVICES AND INSPECTIONS

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### MAGNETIC PARTICLE INSPECTION REPORT

|                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                           |
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| Date of Thorough Examination:<br>09/11/2020                                                                                                                                                                                                                                                                                                                       | Report number:<br>A/44737/20/11/01                                     | Job no:<br>44737          |
| 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>JIFFNAIN |                           |
| Method: WET<br>Surface Condition: Acceptable                                                                                                                                                                                                                                                                                                                      | Material: Carbon Steel<br>Equipment: Permanent magnet Yoke             | Test temperature: Ambient |
| Area Inspected ( tick the appropriate box):<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><u>KING PIN AND FILLET WELD</u><br><br>Make :JOST ( 3.5")<br><br>Trailer Reg: 1510 DA<br><br>FLEET NO: PLM-1615<br><br>[I] shaped cylindrical king pin.<br>Top head 114mmØ<br>Intermediate 89mmØ<br>Bottom head 111mmØ<br><br>Qty: 1nos<br><br>Date of Last MPI/ Cert No( If any): 11/09/19; MA/41417/19/09/2 |                                                                        |                           |
| 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>Koshy Mathew<br><br>Qualification : ASNT L2                                                                                                                                                                                            |  | Latest date by which next MPI must be carried out:<br>08/11/2021 |
| 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> |  |                                                                  |

