



# الشركة الفنية لخدمات المسالمة والتجارة ش.م.م

## SAFETY technical SERVICES & TRADING CO LLC

C.R. No.: 1/54421/7, Tel.: 00968 24502589 / 24596588 / Fax: 00968 24590272, P.O. Box 3288  
Seeb Code 111, Sultanate of Oman, E-mail: lifting-training@safetyoman.com / lifting-admin@safetyoman.com

### Customer

Premier Logistics . No. 37719

### Name & Address

P.O. Box P.C.

### Job Description

Mobile Crane Visual + 3 Nos Trailers King Pin MRI

### Job Location

Tiffen

### Special tools used (Load Cell)

N/D

### Certificates or Reports Issued

No Follow.

### Comment on Job

Mobile Crane Pm 1493. King Pin MRI  
3 Nos. Pm 392, Pm 254. Pm 1615.

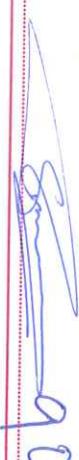
Mobile Crane Pm 1493.

I confirm that the work carried out on my equipment by the lifting division of the Safety Technical Service has been completed to my satisfaction and (where necessary) correctly supervised.

### Customer Representative :

SAROV

### Signature



### Name of the Engineer :

Maheen

### Signature



Ref. No: C/1493  
SAR/139.

Seb/404  
SAR/41  
King  
Pm  
SAR/143

# الشركة الفنية لخدمات الإسلامة والتجارة م.م

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Customer	PREMIER LOGISTICS :		No. 37617
Name & Address	P.O: PC:		
Job Description	Workshop Tools Inspection		
Job Location	JIPMAN		
Special tools used (Load Cell)	N.T.O.O.S		
Certificates or Reports Issued	To BE ISSUED		
Comment on Job	Done Inspection of 30 plus Workshop tools		
Found Satisfactory at the time of Inspection			
I confirm that the work carried out on my equipment by the lifting division of the Safety Technical Service has been completed to my satisfaction and (where necessary) correctly supervised.			
Customer Representative :	Signature : 		
Signature	Signature : 		
Name of the Engineer	George Issa		
Telephone <input type="checkbox"/>	Fax <input type="checkbox"/>	Verbal <input type="checkbox"/>	
COST :	100/-		

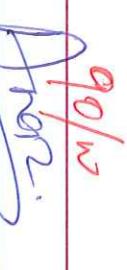
# م.م. التجارية لخدمات السلامة والفنية

## SAFETY technical SERVICES & TRADING CO LLC



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Customer	PLM.	No.	36994
Name & Address	MPT of King Pin (3 nos) PLM (M.R) 18/000617 - Tifnein -		
Job Description	Date Started : 26/6/18		
Job Location	Date Completed :		
Special tools used (Load Cell)	No. of Days :		
Certificates or Reports Issued	To be issued.		
Comment on Job	Fleet # PLM- 398, 399 & 400.		
Kilometers	:		
Travelling Time	:		
Originated From :	:		
Telephone <input type="checkbox"/>	Fax <input type="checkbox"/>	Verbal <input type="checkbox"/>	
I confirm that the work carried out on my equipment by the lifting division of the Safety Technical Service has been completed to my satisfaction and (where necessary) correctly supervised.			
Customer Representative :	Signature : 		
Signature	Name of the Engineer : 		
Signature : 			