



MPI REPORT

REPORT OF THOROUGH EXAMINATION & TEST

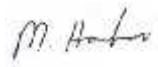
This report complies with the Lifting Equipment Engineers Association Technical requirements
PDO LIFTING PROCEDURE PR1708, LOLER 1998 BS EN 1726-1 & BS EN 1757-1 ASTM E709-8

Date of Through Examination: 13.01.2015	Date of Report: 13.01.2015	Report number: V.28671.15.01.04	Job no: 28671
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Name and Address of owner for whom the thorough examination was made: PREMIER LOGISTICS MUSCAT P.O.BOX367 PC116 SULTANATE OF OMAN	Address of premises at which the examination was made: WATTAYAH
Description and identification of the equipment: MPI ON MAIN HOOK50 T onIncluding wedge& socket &pin Hook# 4311 Hook Serial no.FT-19.11.13 Hook mass 500kgs Fleet no PLM 1490	Equipment used: Permanent Magnet Date of manufacture if known: N/A Date of last thorough examination: New
WHITE CONTRAST PAINT: Magnavis WCP BLACK MAGNETIC INK: Magnaflux 7HF	MAGNETISING METHOD: Wet suspension black ink ACCEPTANCE CODE: ASME V ARTICLE 7

Is this the first examination after installation or assembly at a new site or location?	Was the examination carried out:			
	YES	NO	X	YES
If the answer to the above question is YES has the equipment been installed correctly?	Within an interval of 6 months?			
	YES	NO	X	YES
If the answer to the above question is YES has the equipment been installed correctly?	Within an interval of 12 months?			
	YES	X	NO	YES
If the answer to the above question is YES has the equipment been installed correctly?	In accordance with an examination scheme?			
	YES	X	NO	YES
If the answer to the above question is YES has the equipment been installed correctly?	After the occurrence of exceptional circumstances?			
	YES	NO	X	YES

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)	YES	NO		
Is the above a defect which is of immediate danger to persons	YES	NO		
Is the above a defect which is not yet but could become a danger to persons: (If YES state the date by when	YES by:			
Particulars of any repair, renewal or alteration required to remedy the defect identified above:				
Particulars of any tests carried out as part of the examination: If none state NONE)				
MPI TEST CARRIED OUT				
IS THIS EQUIPMENT FIT FOR PURPOSE?	YES	X		

Name & Qualifications of person making this report: MADHU PILLAI	Name of person authenticating this report: M. HAMILTON Signature: 	Latest date by which next thorough examination must be carried out: 12.01.2019
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		



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Date of Through Examination: 13.01.2015	Date of Report: 13.01.2015	Report number: V.28671.15.01.05	Job no: 28671
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Name and Address of owner for whom the thorough examination was made: PREMIER LOGISTICS MUSCAT P.O.BOX367 PC116 SULTANATE OF OMAN	Address of premises at which the examination was made: wattayya
Description and identification of the equipment: MPI ON AUXILIARYHOOK Hook# 4323 Hook Serial no.50-12-13 Hook mass 150kgs Fleet no PLM 1490	Equipment used: Permanent Magnet Date of manufacture if known: N/A Date of last thorough examination: New
WHITE CONTRAST PAINT: Magnavis WCP BLACK MAGNETIC INK: Magnaflux 7HF	MAGNETISING METHOD: Wet suspension black ink ACCEPTANCE CODE: ASME V ARTICLE 7

Is this the first examination after installation or assembly at a new site or location?	Was the examination carried out:			
	YES	NO	X	Within an interval of 6 months?
If the answer to the above question is YES has the equipment been installed correctly?	YES X NO X			
	Within an interval of 12 months?			
In accordance with an examination scheme?	YES X NO X			
	After the occurrence of exceptional circumstances?			

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)	YES	NO		
Is the above a defect which is of immediate danger to persons	YES	NO		
Is the above a defect which is not yet but could become a danger to persons: (If YES state the date by when	YES by:			
Particulars of any repair, renewal or alteration required to remedy the defect identified above:				
Particulars of any tests carried out as part of the examination: If none state NONE)				
MPI TEST CARRIED OUT				
IS THIS EQUIPMENT FIT FOR PURPOSE?	YES	X NO		

Name & Qualifications of person making this report: MADHU PILLAI	Name of person authenticating this report: M. HAMILTON Signature:	Latest date by which next thorough examination must be carried out: 12.01.2019
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		