



## 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: <b>MPI ON MAIN HOOK50 T on</b> Including 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	Within an interval of 6 months?	YES		NO	X
					Within an interval of 12 months?	YES	X	NO	
					In accordance with an examination scheme?	YES	X	NO	
If the answer to the above question is YES has the equipment been installed correctly?	YES		NO		After the occurrence of exceptional circumstances?	YES		NO	X

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)						
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. <a href="mailto:lifting@safetyoman.com">lifting@safetyoman.com</a>		



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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: <u>MPI ON AUXILARYHOOK</u> 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?	YES		NO	X	Was the examination carried out:				
					Within an interval of 6 months?	YES		NO	X
					Within an interval of 12 months?	YES	X	NO	
If the answer to the above question is YES has the equipment been installed correctly?	YES		NO		In accordance with an examination scheme?	YES	X	NO	
					After the occurrence of exceptional circumstances?	YES		NO	X

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)						
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. <a href="mailto:lifting@safetyoman.com">lifting@safetyoman.com</a>		