



Development Member



CERTIFICATE OF TEST & THOROUGH EXAMINATION

This report complies with the Lifting Equipment Engineers Association Technical requirements

Date of Through Examination: 16.May.2017		Date of Report: 16.May.2017		Report number: L17-AA-05475-02	
Name and Address of employer for whom the thorough examination was made: TRUCK OMAN, P.O. BOX: 367, PC 116. MINA AL FAHAL. SULTANATE OF OMAN			Address of premises at which the examination was made: MUSCAT		
Description and identification of the equipment: Wheel Loader with Fork Attachment: -Caterpiller -S/n: CAT0930KEDYB00399			Safe Working Load(s): 5 t	Date/ Report No of last thorough examination: NEW	Standard / Regulation: BS EN 474-3:2006
Date of manufacture: 2015	Model number: 930 K	Registration number: 6601 HM	proof load applied: 6 t	Date/ Report No of last load test: 15.May.2021	Next load test date: NA
Is this the first examination after installation or assembly at a new site or location?			Was the examination carried out:		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> <input type="checkbox"/> NO <input checked="" type="checkbox"/> N			<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> Y <input type="checkbox"/> NO <input type="checkbox"/>		
If the answer to the above question is YES has the equipment been installed correctly?			<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> Y <input type="checkbox"/> NO <input type="checkbox"/>		
			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N		
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 the above a defect which is of immediate danger to persons					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N
Is the above a defect which is not yet but could become a danger to persons: (If YES state the date by when)					by:
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
NONE					
Particulars of any tests carried out as part of the examination: (If none state NONE)					
None					
IS THIS EQUIPMENT FIT FOR PURPOSE?					<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> Y <input type="checkbox"/> NO <input type="checkbox"/>
Name & Qualifications of person making this report: Mohamed Alkhateeb LEEA III		Name of person authenticating this report: Anas Alkhateeb Lifting & Training Manager Signature:		Latest date by which next thorough examination must be carried out: 15.11.2017	
Name and address of employer of persons making and authenticating this report: OILFIELD INSPECTION SERVICES, P.O. Box No. 86, PC:103 BAREEQ AL SHATTI SULTANATE OF OMAN, CR No: 1069033 Phone: +968 24492230, Fax: +968 24492113					

Job No: L17-AA-05475