



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-05475-01
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Name and Address of employer for whom the thorough examination was made: OASIS TRADING & EQUIPMENT CO. LLC, P.O.BOX: 2 PC:114. SULTANATE OF OMAN			Address of premises at which the examination was made: MUSCAT		
Description and identification of the equipment: Wheel Loader with Fork Attachment: -Caterpillar -S/n: CAT0930KADYB00446			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: 1526 BM	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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N			Was the examination carried out:		
If the answer to the above question is YES has the equipment been installed correctly? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Within an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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				YES <input type="checkbox"/>	NO <input checked="" 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?				YES <input checked="" 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