



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-05475-01																	
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: -Caterpiller -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? If the answer to the above question is YES has the equipment been installed correctly?			Was the examination carried out: Within an interval of 6 months? Within an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?	<table border="1"> <tr> <td>YES</td> <td><input checked="" type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>YES</td> <td><input checked="" type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>YES</td> <td><input checked="" type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>YES</td> <td><input checked="" type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		YES	<input checked="" type="checkbox"/>	NO	<input checked="" type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input checked="" type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input checked="" type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input checked="" type="checkbox"/>
YES	<input checked="" type="checkbox"/>	NO	<input checked="" type="checkbox"/>																		
YES	<input checked="" type="checkbox"/>	NO	<input checked="" type="checkbox"/>																		
YES	<input checked="" type="checkbox"/>	NO	<input checked="" type="checkbox"/>																		
YES	<input checked="" 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 checked="" type="checkbox"/>																
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"/>																
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

