



# الشركة الفنية لخدمات السلامة والفحص الفني ش.م.م

## SAFETY TECHNICAL SERVICES AND INSPECTIONS

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### MAGNETIC PARTICLE INSPECTION REPORT

|                                                                                                                                                                                                                                                                                                                                                                        |                                                                 |                           |
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| Date of Thorough Examination:<br>02/07/2023                                                                                                                                                                                                                                                                                                                            | Report number:<br>MP/51274/23/07/48                             | Job no:<br>51274          |
| Name and Address of the Owner of the Equipment<br>TRUCK OMAN - NORTH<br>SULTANATE OF OMAN                                                                                                                                                                                                                                                                              | Address of premises at which the examination was made:<br>SAFAH |                           |
| Method: WET<br>Surface Condition: Acceptable                                                                                                                                                                                                                                                                                                                           | Material: Carbon Steel<br>Equipment: Permanent magnet Yoke      | Test temperature: Ambient |
| Area Inspected ( tick the appropriate box):<br><input type="checkbox"/> Weldment areas <input type="checkbox"/> Stress Areas <input type="checkbox"/> Full Body <input checked="" type="checkbox"/> Others [ TOP SURFACE ONLY ]                                                                                                                                        |                                                                 |                           |
| WHITE CONTRAST PAINT: Magnavis WCP                                                                                                                                                                                                                                                                                                                                     | MAGNETISING METHOD: Wet suspension black ink                    |                           |
| BLACK MAGNETIC INK: Magnaflux 7HF                                                                                                                                                                                                                                                                                                                                      | ACCEPTANCE CODE: ASME V ARTICLE 7 , ASTM E709 ,AWS D1.1         |                           |
| Description and identification of the equipment:<br><b>FIFTH WHEEL</b><br>Make: JOST<br>Type: JSK 38C<br>Serial No: 12038814<br>Reg no: 1998 BA / TO 2048<br><br>Qty: 1 no<br>Date of Last MPI/ Cert No( If any): 30/06/2022;MP/48939/21<br>Result of the above test :<br>MPI TEST CARRIED OUT SATISFACTORILY, FOUND NO RELEVANT INDICATIONS AT THE TIME OF INSPECTION |                                                                 |                           |

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| Inspected by, Name & Signature :<br>Madhu Pillai<br>Qualification : ASNT L2                                                                                                                                                                                            |  | Latest date by which next MPI must be carried out:<br>01/07/2024 |
| Name and address of employer of persons making and authenticating this report:<br>Address: SAFETY TECHNICAL SERVICES AND INSPECTIONS<br>P.O. Box 3288, Airport Heights PC 111 Sultanate of Oman.<br><a href="mailto:lifting@safetyoman.com">lifting@safetyoman.com</a> |  |                                                                  |

