



**BUREAU
VERITAS**

REPORT No DBA.4.21.123.150224.CCU.007.DJ

REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT

Name and address of employer / owner for whom the examination was made:	Address of premises at which the examination was made:	Name and address of the manufacturer / supplier of the equipment:
M/s AMOS GROUP, P.O.BOX 51469, SHARJAH, UAE END USER : INTERNATIONAL RIG AND EQUIPMENT LIMITED	M/s AMOS GROUP, P.O.BOX 51469, SHARJAH, UAE	M/s AMOS GROUP, P.O.BOX 51469, SHARJAH, UAE

(1) Distinguishing mark	(2) Description of item to include type, size, dimensions etc., as known to enable the equipment to be easily identified	(3) Quantity	(4) Test load	(5) Maximum Gross Weight (MGW)
A007096	Tugger Winch PNEUMATIC POWERED TUGGER WINCH C/W 2 X TOP BOLTED PAD EYE LIFTING POINTS WINCH DIMENSIONS: 1750MM X 900MM X 1100MM PAD EYE DIMS: THICK: 19MM, HOLE: 47MM TARE LOAD: 849 KG PAY LOAD: 815 KG GROSS LOAD: 1664 KG	01 no	16.5 t (1.5 x MGW)	11.0 t

Reason for issuing the report: <input checked="" type="checkbox"/> Initial examination <input type="checkbox"/> Refresh examination; Interval: <input type="checkbox"/> Examination after repair, renewal or alteration Details: _____ _____	Test amount: <input checked="" type="checkbox"/> Visual inspection: no objections <input type="checkbox"/> NDT: N/A <input checked="" type="checkbox"/> Load test: successful <input type="checkbox"/> Other: Reference standard: Client Request If applicable: Load measuring device: 12T LOADCELL # 13812
Colour code: As per Project	
Date of Last of Inspection: New testing	

S T U S E R	<input checked="" type="checkbox"/> Safe to Future use On the date to which the gear shown in column (1) was tested and thoroughly examined no defects or permanent deformation were found and that safe working load is as shown.
	<input type="checkbox"/> Safe to operate. – TIME LIMITED – On the date to which the gear shown in column (1) was tested and thoroughly examined the safe working load is as shown. Following defects were found which are not yet but become a danger to persons
	All above described defects have to be corrected till: xxxx-xx-xx . After correction the gear has to be examined again.
	<input type="checkbox"/> Not safe to operate. On the date to which the gear shown in column (1) was tested and thoroughly examined following defects or permanent deformations were found which are or can become a danger to persons:

I report that the item described above was examined in the prescribed manner and all parameters mentioned above were correct at the time of inspection.	
Name of Inspector: <u>DIPU JACOB</u> Signature _____ Date of Inspection: <u>15.02.2024</u>	Reviewer: <u>BIBIN LAL</u> Signature _____ Date of next thorough examination: <u>14.08.2024</u>

BUREAU VERITAS - DUBAI BR. is a legal entity organized and existing under the laws of the United Arab Emirates under the Government of Dubai Professional License no. 102366, with its registered office at Al Hudaiba Awards Building, Block C, 2nd Floor, Jumeirah Road with 2nd December Interchange, P.O. Box 9110, Dubai, UAE, represented by Michael MORENO, in his capacity as Country Chief Executive for Dubai.

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DXB-IVS-029-R1

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CERTIFICATE OF TEST & THOROUGH EXAMINATION OF WINCH

Name and address of employer / owner for whom the examination was made:	Address of premises at which the examination was made:	Name and address of the manufacturer / supplier of the equipment:
M/s AMOS GROUP, P.O.BOX 51469, SHARJAH, UAE END USER : INTERNATIONAL RIG AND EQUIPMENT LIMITED	M/s AMOS GROUP, P.O.BOX 51469, SHARJAH, UAE	M/s AMOS GROUP, P.O.BOX 51469, SHARJAH, UAE

Distinguishing mark	Description of item to include type, size, dimensions etc., as known to enable the equipment to be easily identified	Quantity	Test load in tonnes	Safe Working Load (SWL) in tonnes
A007096	Tugger Winch PNEUMATIC POWERED TUGGER WINCH C/W MANUAL BAND BRAKE Type : Pneumatic Winch Make : INGERSOLL RAND Model : FA5I-30MXG Y.O.M : 2007	01	6.25 tonne @ Bottom Layer	5.0 tonne

Reason for issuing the report: <input checked="" type="checkbox"/> Initial examination <input type="checkbox"/> Refresh examination; Interval: <input type="checkbox"/> Examination after repair, renewal or alteration Details: _____ _____	Test amount: <input checked="" type="checkbox"/> Visual inspection: No Objection <input type="checkbox"/> NDT: Nil <input checked="" type="checkbox"/> Functional test: No Objection <input checked="" type="checkbox"/> Load test: No Objection <input type="checkbox"/> Other:
Date of Last Proof Load Test : n/a	Reference standard:
Date of Last Inspection : n/a	Equipment used: Vernier Caliper: IN23-878 Measuring Tape : IN23-877 Load Cell : 12T LOADCELL # 13812

Results of the Examination:
The above mentioned equipment has been found satisfactory at the time of inspection and is considered **safe for further use**, subject to continuous maintenance being applied and qualified operator being employed

I report that the item described above was examined in the prescribed manner and all parameters mentioned above were correct at the time of inspection.			
Name of Inspector: <u>DIPU JACOB</u>		Reviewer: <u>BIBIN LAL</u>	
Signature _____		Signature _____	
Date of Inspection: <u>15.02.2024</u>		Date of next thorough examination: <u>14.08.2024</u>	
		Date Of Next Proof Load Test : <u>14.02.2025</u>	

DXB-IVS-033-R1



**BUREAU
VERITAS**

CHECKLIST OF TEST & THOROUGH EXAMINATION OF WINCH

S.No	Section	Satisfactory	Not Satisfactory	Not Applicable	Remarks
1	Space Bars and End Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Controls / Operational Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Brakes / Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Wire Rope Drum, Rope Guide & Sheaves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Motor / Electric System	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Air System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Hydraulic System	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8	Main Gears & Reduction Gears	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Drum Guard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Wire Rope	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Labels and Tags	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Speed limit switches (fast & slow)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Steering System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Gauges in Cab	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	End Termination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Load Limiting Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	Emergency Stop	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	Major Repair / Alteration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	SWL marking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	Cleanliness/'up-keep'	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Results of the Examination:

The above mentioned equipment has been found satisfactory at the time of inspection and is considered **safe for further use**, subject to continuous maintenance being applied and qualified operator being employed

I report that the item described above was examined in the prescribed manner and all parameters mentioned above were correct at the time of inspection.

Name of Inspector: _____

Reviewer: _____

Signature _____

Signature _____

Date of Inspection: _____

Date of next thorough examination: _____

Date Of Next Proof Load Test : _____

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RECORD OF TEST AND/OR THOROUGH EXAMINATION OF LIFTING EQUIPMENT (IN ACCORDANCE WITH L.O.L.E.R 98)

Document No:	F-OPS-120	Revision No.:	1.00
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Organization for whom the examination was made:
INTERNATIONAL RIG AND EQUIPMENT LIMITED
E-43, G-07, HAMRIYAH FREEZONE
SHARJAH, P O BOX 42915
UNITED ARAB EMIRATES

Location at which the examination was made:
AMOS ME YARD

Date of Examination: 15.02.2024	Date of Last Examination: N/A	Colour Code: N/A
Date of Report: 15.02.2024	Report No.: 20505-3	
Customer Order No.: TS/612/788 REV 1	Works Order No.: 20505	
Customer Req. No.: N/A	PL Cert Number: N/A	PL Test Date: N/A

Equipment Information

Identification Mark	QTY	Description (sufficient to identify equipment examined)	Test Details	Safe Working Load(s)	Internal Location
A007096	1	PNEUMATIC POWERED TUGGER WINCH C/W MANUAL BAND BRAKE MFR: INGERSOLL RAND MODEL NO: FA5I-30MXG YEAR OF MFR.: 2007 EQUIPMENT USED: AMOS 12T LOADCELL # 13812 CALIBRATED ON: 01.03.2023	6.25 TONNE STATIC PULL TEST AT BOTTOM LAYER (HELD FOR 5 MINUTES)	5 TONNE	N/A

	YES	NO		YES	NO
Has the equipment been;			Was the examination carried out;		
Supplied New	<input type="checkbox"/>	<input type="checkbox"/>	Before being issued for the first time	<input type="checkbox"/>	<input type="checkbox"/>
Supplied Reconditioned	<input type="checkbox"/>	<input type="checkbox"/>	Within an interval of 6 months	<input type="checkbox"/>	<input type="checkbox"/>
Examined Only	<input type="checkbox"/>	<input type="checkbox"/>	Within an interval of 12 months	<input type="checkbox"/>	<input type="checkbox"/>
Examined & Tested Only	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As part of an Examination scheme	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Examined, Repaired/Tested	<input type="checkbox"/>	<input type="checkbox"/>	After exceptional circumstances	<input type="checkbox"/>	<input type="checkbox"/>

Defected Equipment (If found) **Note:** Defected Equipment can also be recorded on separate form [F-OPS-121](#)

Identification of any part found to have a defect that 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 person? YES NO

If not an immediate danger, when might it become dangerous to persons without rectification? (If YES, state date by when) YES by NO

Details of 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)

IS THIS EQUIPMENT SAFE TO USE? (NO = REMOVED FROM SERVICE) YES NO

Qualification, name & signature of person completing this report:

FRANKLIN BASI

Name & signature of person authenticating this report:

MANU XAVIOUR

Latest date by which next exam must be carried out:

14.08.2024

Safe use instructions of the new equipment detailed in this record are available from our website:
www.amosgroup.com



RECORD OF TEST AND/OR THOROUGH EXAMINATION OF LIFTING EQUIPMENT (IN ACCORDANCE WITH L.O.L.E.R 98)

Document No:	F-OPS-120	Revision No.:	1.00
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Organization for whom the examination was made:
INTERNATIONAL RIG AND EQUIPMENT LIMITED
E-43, G-07, HAMRIYAH FREEZONE
SHARJAH, P O BOX 42915
UNITED ARAB EMIRATES

Location at which the examination was made:
AMOS ME YARD

Date of Examination: 15.02.2024	Date of Last Examination: N/A	Colour Code: N/A
Date of Report: 15.02.2024	Report No.: 20505-4	
Customer Order No.: TS/612/788 REV 1	Works Order No.: 20505	
Customer Req. No.: N/A	PL Cert Number: N/A	PL Test Date: N/A

Equipment Information

Identification Mark	QTY	Description (sufficient to identify equipment examined)	Test Details	Safe Working Load(s)	Internal Location
A007096	1	PNEUMATIC POWERED TUGGER WINCH C/W 2 X TOP BOLTED PAD EYE LIFTING POINTS WINCH DIMENSIONS: 1750MM X 900MM X 1100MM PAD EYE DIMS: THICK: 19MM, HOLE: 47MM TARE LOAD: 849 KG PAY LOAD: 815 KG GROSS LOAD: 1664 KG	3328 KG	1664 KG	N/A

	YES	NO		YES	NO
Has the equipment been;			Was the examination carried out;		
Supplied New	<input type="checkbox"/>	<input type="checkbox"/>	Before being issued for the first time	<input type="checkbox"/>	<input type="checkbox"/>
Supplied Reconditioned	<input type="checkbox"/>	<input type="checkbox"/>	Within an interval of 6 months	<input type="checkbox"/>	<input type="checkbox"/>
Examined Only	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Within an interval of 12 months	<input type="checkbox"/>	<input type="checkbox"/>
Examined & Tested Only	<input type="checkbox"/>	<input type="checkbox"/>	As part of an Examination scheme	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Examined, Repaired/Tested	<input type="checkbox"/>	<input type="checkbox"/>	After exceptional circumstances	<input type="checkbox"/>	<input type="checkbox"/>

Defected Equipment (If found)

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NONE

Is the above a defect which is of immediate danger to person? YES NO

If not an immediate danger, when might it become dangerous to persons without rectification? (If YES, state date by when) YES by NO

Details of 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)

IS THIS EQUIPMENT SAFE TO USE? (NO = REMOVED FROM SERVICE) YES NO

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FRANKLIN BASI

Name & signature of person authenticating this report:

MANU XAVIOUR

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