



BUREAU VERITAS

REPORT No DBA.4.21.123:150224.CCU.006.DJ

REPORT OF THOROUGH EXAMINATION OF LIFTING EQUIPMENT

Table with 3 columns: 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.

Table with 5 columns: (1) Distinguishing mark; (2) Description of item to include type, size, dimensions etc.; (3) Quantity; (4) Test load; (5) Maximum Gross Weight (MGW). Item: Tugger Winch, A007100.

Reason for issuing the report: [Initial examination checked]; Test amount: [Visual inspection: no objections, Load test: successful]; Reference standard: Client Request; Load measuring device: 12T LOADCELL # 13812.

Safe to Future use [checked]; Safe to operate - TIME LIMITED - [unchecked]; Not safe to operate [unchecked].

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: DIPU JACOB; Reviewer: BIBIN LAL; Date of Inspection: 15.02.2024; Date of next thorough examination: 14.08.2024.

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DXB-IVS-029-R1

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**BUREAU
VERITAS**

Report No: DBA.4.21.123.150224.WH.004.DJ

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
A007100	<p align="center">Tugger Winch</p> <p>PNEUMATIC POWERED TUGGER WINCH C/W MANUAL BAND BRAKE</p> <p>Type : Pneumatic Winch Make : INGERSOLL RAND Model : FA5I-30MXG Y.O.M : 2007</p>	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: _____ _____ _____ Date of Last Proof Load Test : n/a _____ Date of Last Inspection : n/a	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: Reference standard: _____ Equipment used: Vernier Caliper: IN23-878 Measuring Tape : IN23-877 Load Cell : 12T LOADCELL # 13812
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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> 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> Date Of Next Proof Load Test : <u>14.02.2025</u>

DXB-IVS-033-R1

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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 : _____

DXB-IVS-033-R1

Bureau Veritas Dubai Branch, P.O. Box 9110, Dubai, UAE. Tel: +971 4 3074100, Fax: +971 4 3452391/3455023, Email: dubai@bureauveritas.com, www.bureauveritas.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.: 20505-1	
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
A007100	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 checked="" type="checkbox"/>	Before being issued for the first time	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Supplied Reconditioned	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Within an interval of 6 months	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Examined Only	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Within an interval of 12 months	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	After exceptional circumstances	<input type="checkbox"/>	<input checked="" 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.: 20505-2	
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
A007100	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: Supplied New	<input type="checkbox"/>	<input type="checkbox"/>	Was the examination carried out; 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) **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:
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