



Lifting Appliance Certificate of Thorough Examination

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

Client:	Al-Karrar Engineering Co.	Certificate no:	QC-B-03-25-0150/01
Location:	Q.C Yard	Job Order No:	QC-B-03-25-0150
Date of Examination:	27/Mar/2025	Next Inspection Due:	26/Sep/2025
Equipment Serial No:	677203	Last Inspection Date:	10/Oct/2024
S.W.L:	1000 kg	Last Proof Load Test Date:	03/May/2023

Description of equipment	Diesel Powered Hydraulically Operated Telescopic Boom Mobile Elevating Work Platform (Man Lift Skymaster)
	Diesel Powered Hydraulically Operated Telescopic Boom Mobile Elevating Work Platform Manufacturer Date: AICHI/ 2002 Model: TZ16A Platform Working Height: 15.7m Max. Work Range (1000 Kg): 7.5m Max. Outreach (100 kg): 10.4m Boom Length: 4.33 to 12.31m Extension & Recreation Speed: Extend 40 sec / Retract 40 Sec Date of Manufacture: 08/2002 Registration No: A 42689 BASRA
Ref. Standard	BS EN 280:2013 + A1:2015

Examination Type	Pass	Fail	Notes
Functional Test Operational (No Load)	<input checked="" type="checkbox"/>		Elevating Work Platform Found Satisfactory for Further Use.
Load Test (Rated Capacity)	<input checked="" type="checkbox"/>		Elevating Work Platform found to be acceptable to lift 100 % from SWL.
Proof Load Test (1.1x Rated Capacity)	---		Proof Load Test Shall Be Done After any Repair/ Modification

Is this the first examination after installation or assembly at a new site or location?	Was the examination carried out:			
	YES		NO	<input checked="" type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?	Within 6 months?			
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
	Within 12 months?			
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
	By an examination scheme?			
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
	After the occurrence of exceptional circumstances?			
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>


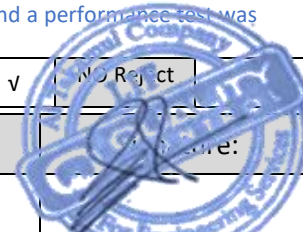
Identification of any part found to have a defect that is or could become a danger to persons and a description of the defect:
 (If none state NONE)
 None (The load indicator only displays the operational capacity)

Is the above a defect which is of immediate danger to persons	YES	<input checked="" type="checkbox"/>	NO
Is the above a defect that is not yet but could become a danger to persons: (If YES state the date by when)			

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)
 In the light of inspection findings subject Mobile Elevating Work Platform {MEWP} was Inspected visually, operationally and a performance test was performed where no defects were observed during testing Hence it was found satisfactory and fit for intended use

Is This Equipment Safe to Operate?	Yes, Accept	<input checked="" type="checkbox"/>	NO Reject
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LEEA & ASNT Level II Inspector Name:		Authenticating This Report:	
Mohamed Abdalla		Ashraf ElSaid	

THIS IS TO CERTIFY THAT: a competent person did attend and examine the mentioner's work location on the date shown above and the Equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



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Client Name:	Al-Karrar Engineering Co.	Location:	Q.C Yard	Certificate No:	QC-B-03-25-015001
Date of Examination:	27/Mar/2025	Serial No:	677203	Job Number:	QC-B-03-25-0150

COMPONENTS	SATISFACTORY	COMMENTS
WHEELS & TYRES	<input checked="" type="checkbox"/> SATISFACTORY	
ANGLE INDICATOR	<input checked="" type="checkbox"/> SATISFACTORY	
BOOM LENGTH INDICATOR	<input checked="" type="checkbox"/> SATISFACTORY	
OPERATING LEVERS & PEDALS	<input checked="" type="checkbox"/> SATISFACTORY	
LIGHT INDICATOR & HORN	<input checked="" type="checkbox"/> SATISFACTORY	
WINDOW WIPERS & MIRROR	<input checked="" type="checkbox"/> SATISFACTORY	
INTEGRITY OF CHASSIS	<input checked="" type="checkbox"/> SATISFACTORY	
OUTRIGGERS & HOUSING	<input checked="" type="checkbox"/> SATISFACTORY	
LEVEL INDICATORS	<input checked="" type="checkbox"/> SATISFACTORY	
LIGHTS & HORN	<input checked="" type="checkbox"/> SATISFACTORY	
HYDRAULIC SYSTEM	<input checked="" type="checkbox"/> SATISFACTORY	
PRIME MOTIVE POWER UNIT	<input checked="" type="checkbox"/> SATISFACTORY	
OPERATOR MANUAL & LOAD CHART	<input checked="" type="checkbox"/> SATISFACTORY	
SAFE LOAD INDICATOR	<input checked="" type="checkbox"/> SATISFACTORY	
PLATFORM DECK & ACCESS	<input checked="" type="checkbox"/> SATISFACTORY	
AXLES	<input checked="" type="checkbox"/> SATISFACTORY	
BRAKES & CLUTCHES	<input checked="" type="checkbox"/> SATISFACTORY	
STEERING	<input checked="" type="checkbox"/> SATISFACTORY	
BOOM LIFT	<input checked="" type="checkbox"/> SATISFACTORY	
WEAR PADS	<input checked="" type="checkbox"/> SATISFACTORY	
HYDRAULIC HOSES	<input checked="" type="checkbox"/> SATISFACTORY	
BOOM SECTION FOR DAMAGE	<input checked="" type="checkbox"/> SATISFACTORY	
SLEW MOTOR & GEAR	<input checked="" type="checkbox"/> SATISFACTORY	
OIL LEAKAGES OF OPERATION	<input checked="" type="checkbox"/> SATISFACTORY	
BASKET CONDITION	<input checked="" type="checkbox"/> SATISFACTORY	
GENERAL CONDITIONS	<input checked="" type="checkbox"/> SATISFACTORY	
EMERGENCY LOWERING SYSTEM	<input checked="" type="checkbox"/> SATISFACTORY	
EMERGENCY STOP BUTTON	<input checked="" type="checkbox"/> SATISFACTORY	

LEEA & ASNT Level II Inspector Name:	Signature:	Authenticating This Report:	Signature:
Mohamed Abdalla		Ashraf ElSaid	

THIS IS TO CERTIFY THAT: a competent person did a thorough examination of the competent person's work location on the date shown above and the Equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



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Date of Examination:	27/Mar/2025	Serial No:	677203	Job Number:	QC-B-03-25-0150

Test Methods:	Result	COMMENTS
•VT	<input checked="" type="checkbox"/> Accept	
•Functional Test	<input checked="" type="checkbox"/> Accept	
•Performance Test	<input checked="" type="checkbox"/> Accept	
•Proof Load Test {1.1 X SWL}	---	
■ Functional Test		
•Carried Out without Load on all functions (including brakes and safety devices) and Controls to check correct and smooth equipment operation and is free from wear and other damage.		
■ Performance Test		
•Carried out after Functional Test and with the rated load (SWL) applied where Hoist brakes were found satisfactory.		
■ Proof Load Test		
•Carried out after Performance Test and with the 1.1 x (SWL) applied load where Hoist brakes were found satisfactory.		

LEEA & ASNT Level II Inspector Name:	Signature:	Authenticating This Report: Signature
Mohamed Abdalla		Ashraf ElSaid 

THIS IS TO CERTIFY THAT: a competent person did attend the owner's work location on the date shown above and the Equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



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PICTORIAL



LEEA & ASNT Level II Inspector Name:	Signature:	Authenticating This Report:	Signature:
Mohamed Abdalla		Ashraf ElSaid	

THIS IS TO CERTIFY THAT: a competent person did not find any defects at the owner's mentioner's work location on the date shown above and the Equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.

