



## Certificate of Thorough Examination & Proof Load Test

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

Client:	Aberdeen Technical Service Company	Certificate no.:	QC-B-03-25-0147/02
Location:	Aberdeen Yard	Job Order No.:	QC-B-03-25-0147
Date of Examination:	24-Mar-2025	Next Inspection Due:	24-Sep-2025
Last Inspection	Last Proof Load Test Date	Next Proof Load Test Date	
NEW	03-2025	After any repair or modification	

IDENTIFICATION NO	DESCRIPTION	SWL	Proof load test
ATS-HH-WLFA-25-02	<p style="text-align: center;"><b><u>Wheeled Loader Forklift Attachment- Non-Telescopic</u></b></p> <p>Fully Welded Steel Construction Dimension: 1860 MM (L) X 1432 MM (W) X 954 MM (H) Hole dim:23mm Manufacture: Aberdeen Technical Services Date of Manufacture: 03-2025</p> <p>Load center distance (mm): 805mm, SWL:2875 Kg 1305 mm, SWL:1774 Kg 1805 mm, SWL:1283 Tare Weight: 360 KG</p>	<p>1<sup>ST</sup> point 2875 KG</p> <p>2<sup>ND</sup> point 1744 KG</p> <p>3<sup>RD</sup> point 1283 KG</p>	1.25 X SWL 1603 KG

Reference Standard:	AS PER CLIENT REQUIREMNT
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Is this the first examination after Installation or assembly at a new site or location?	YES	√	NO		Was the examination carried out: Within 6 months?	YES	√	NO			
					With an interval of 12 months?	YES		NO	√		
If the answer to the above question is YES has the equipment been installed correctly?	YES	√	NO		By an examination scheme?	YES	√	NO			
					After the occurrence of exceptional circumstances?	YES		NO	√		
Identification of any part found to have a defect which is or could not 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		NO	√
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)								N/A			
Particulars of any 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)											
The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory											
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>								YES	√	NO	

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

**THIS IS TO CERTIFY THAT:** a competent person did attend the owner 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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