



Certificate of Test and Thorough Examination of Lifting Equipment – Wheeled Loader Forklift

This Report Complies with The Requirements of The Lifting Operations and Lifting Equipment Regulations 1998 S.I. No. 2307

Owner name and address:	HILONG OIL SERVICE AND ENG CO, Iraq	Date of Examination:	14-Feb-2024							
Location of Examination:	HILONG RIG 100 – Northern Rumila: R598	Date of Certificate:	14-Feb-2024							
Certificate Number:	ATS-02-24-2541-FL-01	Job Number:	ATS-02-24-2541							
Maker of Forklift / Mfg.:	XCMG	Type / Model:	LW500KV							
SWL:	5 tonnes	Serial No.:	XUG0500KVJCB11867							
Plate registration number:	2682 - Basra	Chassis No:	XUG0500KVJCB11867							
Description of equipment	XCMG Wheeled Loader Forklift Motive power: Diesel Engine Date of Manufacture: 2018 Operational mass: 17330 Kg Dimensions: 8575*2850*3515 mm Max. Speed: 41 Km/h Engine Power: 162 KW									
(Checklist) Report No:	ATS-02-24-2541-FL-02									
Reference Standards:	BS EN ISO 3691-1:2015+A1:2020, BS ISO 5057:1993									
Operational Load Test	SWL (Ton)	Applied Load (Ton)								
	5.0	5.0								
*Wheeled loader Forklift: Visual, functional, and operational tests were carried out. *Wheeled loader Forklift: found Safe to continue in service.										
Last Inspection Date	Next Inspection Due Date	Last Proof Load Test Date	Next Proof Load Test Due							
12-Sep-2023	13-02-2025	12-Jan-2019	After Modification or Major Repair							
Is this the first examination after installation or assembly at a new site or location?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Within an interval of 6 months?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	
					Within an interval of 12 months?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	In accordance with an examination scheme?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	
					After the occurrence of exceptional circumstances?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	
Identification of any part found to have a defect which is or 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 Persons						YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Is the Above A Defect Which Is Not Yet but Could Become A Danger to Persons: (If YES State the Date by When)						NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	By:
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) Operational load test up to the full SWL to check hydraulic cylinder creeping (Load descend), and MPI by using wet particles for the critical areas of forks and carrier welding joints										
Is This Equipment Safe to Operate?						Yes Accept	<input checked="" type="checkbox"/>	No Reject	<input type="checkbox"/>	
Inspector Name, Qualifications & signature: Hasan Omran NDT Level II (VT, MT, PT, UT) LEEA Registered Technician				Authenticated By: Majd Dayoub			Stamp and Date: 14-Feb-2024			

THIS IS TO CERTIFY THAT: a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report has been Thoroughly Examined 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.

ATS-LIF-F-001-F ISSUE 3 - MAR 2021