

# CERTIFICATE OF THOROUGH EXAMINATION FORKLIFT



Issued By:



Date of Issue: 26-03-2025

Certificate No.: **JO-10136/1**

ThinkSafe! ThinkSafe! ThinkSafe! ThinkSafe! ThinkSafe! ThinkSafe! ThinkSafe! ThinkSafe! ThinkSafe! ThinkSafe!

This equipment certificate complies with the requirements of Emirates International Accreditation Centre for inspection bodies working in the field of Lifting Equipment and Lifting Accessories (EIAC-RQ-IB-002), reference standard LOLER 1998, BS ISO 22915-1:2016, BS ISO 22915-1:2008 Part 2 & 8: 2008, ISO 2331:1974, BS 5639-1:1978 and Manufacturer's Specification.

Owner Name: Mr. Wally  
Office Address: P.O.Box: 4116  
Dubai  
United Arab Emirates  
Equipment Location: Jebel Ali

| INSPECTION DETAILS                                                                              |                      |                            |                                                                     |                  |                            |
|-------------------------------------------------------------------------------------------------|----------------------|----------------------------|---------------------------------------------------------------------|------------------|----------------------------|
| Date of Inspection:                                                                             | 26-03-2025           |                            | Expiry Date:                                                        | 26-03-2025       |                            |
| Inspection Type:                                                                                | THOROUGH             |                            |                                                                     |                  |                            |
| Previous Inspection Report:                                                                     |                      |                            | Last Proof Load Test:                                               | 26-03-2025       |                            |
| Test Method                                                                                     | f                    | Calibrated Test Equipment: |                                                                     | t                |                            |
|                                                                                                 |                      | Client Test Equipment:     |                                                                     | f                |                            |
| EQUIPMENT INSPECTION                                                                            |                      |                            |                                                                     |                  |                            |
| Equipment Description:                                                                          | ff                   |                            |                                                                     |                  |                            |
| ID & Serial No.:                                                                                | f                    |                            | LMI Type:                                                           | g                |                            |
| Model:                                                                                          | h                    |                            | Max Boom Length:                                                    | 5                |                            |
| Equipment Type:                                                                                 | g                    |                            | Max Mast Tilt:                                                      | 5                |                            |
| Equipment Manufacturer:                                                                         | f                    |                            | Unladen Weight:                                                     | 8                |                            |
| Production Year:                                                                                | 2025-03-26           |                            | Max. Height of Lifting                                              | 5                |                            |
| Registration Number:                                                                            | f                    |                            | Rated Capacity                                                      | 5                |                            |
| Fork Length:                                                                                    | 5                    |                            |                                                                     |                  |                            |
| Test Details                                                                                    | Boom Length (Meters) | Radius (Meters)            | Fork Lifting Height (mm)                                            | Load Center (mm) | Safe Working Load (Tonnes) |
| Lift Capacity on Tires                                                                          | 5                    | 5                          | 5                                                                   | 5                | 5                          |
| Lift Capacity on Stabilizer                                                                     | 5                    | 2                          | 2                                                                   | 2                | 5                          |
| SAFE WORKING LOAD AS PER LOAD CHART                                                             |                      |                            |                                                                     |                  |                            |
| 1. Is it the first examination after installation or assembly at a new location?                |                      |                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                  |                            |
| 2. If the answer to the above question is yes, then has the equipment been installed correctly? |                      |                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                  |                            |
| 3. Was the inspection carried out in accordance with an examination scheme?                     |                      |                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                  |                            |
| The owner shall perform the next inspection no later than 3 Months From the date of issue.      |                      |                            |                                                                     |                  |                            |

This is to certify that the above item/s described in this certificate was tested and particulars are correct.

CSSC has inventoried, inspected, verified and tested above mentioned equipment in accordance with the reference standards cited herein and consistent with CSSC policies and procedure. We certify this above mentioned equipment is **SAFE TO USE**, condition prevails at the time of this inspection, safe to use further with qualified operator. That the owner or his designated agent or contractor, hereafter owner, continues to perform maintenance in accordance with the original equipment manufacturer's preventive maintenance guideline and procedures and makes no unauthorized changes to the equipment's controls and mechanisms. CSSC makes no claims regarding the condition or safety of the equipment after we have completed this inspection and departed the property. CSSC disclaims any warranty of any kind either expressed or implied including without limitation warranties of merchantability or fitness for a particular purpose. This certificate becomes invalid in the event of any repair or alterations are done, in which case it must be retested.

All the information obtained /gathered during the inspection shall be preserved as confidential.

This inspection has been carried out as per local order no. : 2/2010;

This inspection certificate / report shall not be reproduced except in full without the approval of Claymore and the Client.

Inspected By: Wazeem Ibrahim

Name & Signature of Inspector:  
<<Inspector\_Sign>>

# CERTIFICATE OF THOROUGH EXAMINATION FORKLIFT

Date of Issue: 26-03-2025

Certificate No.: **JO-10136/1**

ThinkSafe! ThinkSafe! ThinkSafe! ThinkSafe! ThinkSafe! ThinkSafe! ThinkSafe! ThinkSafe! ThinkSafe! ThinkSafe!

| EXAMINATION REPORT    |                                                                                                                                                      |                          |                                     |                                     |                          |         |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|---------|
| EQUIPMENT PARTS       |                                                                                                                                                      | S                        | NS                                  | NA                                  | SE                       | REMARKS |
| Document verification |                                                                                                                                                      |                          |                                     |                                     |                          |         |
| 1                     | Previous inspection report                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |         |
| 2                     | Maintenance log sheet                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |         |
| 3                     | Mfg. Manual & technical instruction                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |         |
| 4                     | Operator license and Competency Certificate                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |         |
| 5                     | NDT Certificate                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |         |
| 6                     | Torque Report                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |         |
| Information           |                                                                                                                                                      |                          |                                     |                                     |                          |         |
| 5                     | Marking & identification of SWL & serial number or ID                                                                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 6                     | Load Chart                                                                                                                                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| Control               |                                                                                                                                                      |                          |                                     |                                     |                          |         |
| 7                     | Steering Mechanism                                                                                                                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 8                     | Marking & identification on lever control                                                                                                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 9                     | Hand Brake                                                                                                                                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 10                    | Foot Brake                                                                                                                                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 11                    | Tires condition & pressure level                                                                                                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 12                    | Engine condition & oil level                                                                                                                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 13                    | Radiator condition & water level                                                                                                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| Boom                  |                                                                                                                                                      |                          |                                     |                                     |                          |         |
| 14                    | Boom condition & alignment                                                                                                                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 15                    | Boom extend & retract                                                                                                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 16                    | Boom cylinder                                                                                                                                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 17                    | Overload indicator                                                                                                                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| Mast & Fork           |                                                                                                                                                      |                          |                                     |                                     |                          |         |
| 18                    | Forks condition & its angle (wear – 10%; angle - +/-3°; fork tips height difference – 3% of blade length; straightness – 0.5% of blade/shank length) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 19                    | Forks extension, if any (plus, 50% of the original fork length)                                                                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 20                    | Hydraulic system                                                                                                                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 21                    | Chains condition & elongation (wear – 5%; elongation – 3% measured at 20 pitches)                                                                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 22                    | Rollers                                                                                                                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 23                    | Pipe fittings & condition                                                                                                                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 24                    | Bolts and nuts fittings                                                                                                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 25                    | Cylinders condition (main and auxiliary)                                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 26                    | Guide frames                                                                                                                                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 27                    | Mast condition (free from crack and deformation)                                                                                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 28                    | Mast alignment along with the fork alignment                                                                                                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| Electrical system     |                                                                                                                                                      |                          |                                     |                                     |                          |         |
| 29                    | Reverse Alarm Indication                                                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 30                    | Revolving Beacon                                                                                                                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 31                    | Lights Indication-Head, Brake, Reverse                                                                                                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 32                    | Horn / buzzer                                                                                                                                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 33                    | General electrical condition                                                                                                                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| Cabin                 |                                                                                                                                                      |                          |                                     |                                     |                          |         |
| 34                    | Roof condition                                                                                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 35                    | Seat condition                                                                                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 36                    | Seat belt condition                                                                                                                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 37                    | Clear load chart                                                                                                                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| Other Accessories     |                                                                                                                                                      |                          |                                     |                                     |                          |         |
| 38                    | Fire extinguisher                                                                                                                                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 39                    | Warning signs                                                                                                                                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 40                    | Maintenance                                                                                                                                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 41                    | Counter weight                                                                                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 42                    | Side mirrors                                                                                                                                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| Load test             |                                                                                                                                                      |                          |                                     |                                     |                          |         |
| 43                    | Overload system                                                                                                                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 44                    | Stability (100 %)                                                                                                                                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |         |

S-Satisfactory, NS-Not Satisfactory, NA-Not Applicable, SE-Serviceable • Finding • Critical Finding

|                                    |                                    |                       |
|------------------------------------|------------------------------------|-----------------------|
| Finding: efef                      | Critical Finding: strinefffg       | Other Remarks: string |
| Target Date of Closure: 26-03-2025 | Target Date of Closure: 26-03-2025 |                       |

# CERTIFICATE OF THOROUGH EXAMINATION FORKLIFT



Issued By:



Date of Issue: 26-03-2025

CertificateNo.: **JO-10136/1**

ThinkSafe! ThinkSafe ThinkSafe! ThinkSafe! ThinkSafe ThinkSafe! ThinkSafe! ThinkSafe ThinkSafe! ThinkSafe!

## PHOTOS OF INSPECTED FORKLIFT