

# REPORT

## OF THOROUGH EXAMINATION

### MOBILE ELEVATING WORKING

### PLATFORM

Date of Issue: 16-10-2025

ReportNo.: **JO-10951/A**

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 BS EN 280-1-2022, Manufacturer's Specification.

Owner Name: Mr Dhillon, Mr. Mani  
Office Address: P.O. Box: 11072  
Dubai  
United Arab Emirates  
Equipment Location: Gold 2, Silicon Oasis

INSPECTION DETAILS			
Date of Inspection:	16-10-2025	Expiry Date:	<b>FAILED</b>
Inspection Type:	THOROUGH		
Previous Inspection Report:	vh	Last Proof Load Test:	16-10-2025
Test Method	<b>CSI-32</b>	Calibrated Test Equipment:	gu
		Client Test Equipment:	hj
EQUIPMENT INFORMATION			
Equipment Description:	vh		
ID & Serial No.:	gu	Max. Base Unit Inclination:	ji
Model	ui	Maximum Lifting Height:	y
Equipment Type:	<input type="checkbox"/> Static Boom / Static Vertical <input checked="" type="checkbox"/> Mobile Boom / Mobile vertical <input type="checkbox"/> Push Around Vertical (PAV)	Overall Platform Dimensions:	n
Equipment Manufacturer:	h	SWL/No. of Person Allowed:	j
Registration No.:	h		
Production Year:	22-10-2025	Test Load Applied	bb
1. Is this 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 **UNSAFE TO USE**, condition prevails at the time of this inspection.

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: Katrina



Name & Signature of Inspector

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EXAMINATION REPORT						
EQUIPMENT PARTS		S	NS	NA	SE	REMARKS
<b>Documents and Equipment Verification:</b>						
1.	Previous inspection report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Maintenance log sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Mfg. Manual & technical instruction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Operator license and Competency Certificate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	NDT Certificate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Torque Report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Ground control</b>						
7.	Emergency stop	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Electrical Wiring & Electrical Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Battery condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Lever & operating control panel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Tires	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Emergency Auxiliary device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Revolving Beacon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Lights Indication-Head, Brake, Reverse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Components &amp; Hydraulic system</b>						
16.	Boom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Main Jib & Cylinder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.	Outer Jib & Cylinder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19.	Scissor Arm Structure & Cylinder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20.	Hydraulic oil level, tank, hose & fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Basket control</b>						
21.	Basket condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22.	Floor condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23.	Reverse Alarm Indication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24.	Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25.	Dead paddle condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26.	Lever & operating control panel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27.	Base unit & Mechanical structure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28.	Bolts & Nuts fittings condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29.	Alignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30.	Leveling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31.	Inclination device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other accessories</b>						
32.	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33.	Warning sign	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34.	Safety instruction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Load test</b>						
35.	Safe Working Load (100%)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36.	Load Sensing System (RL x 120%)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37.	Overload Test (Manual=150% / Powered=125%)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Finding:	Critical Finding:	Other Remarks:
Target Date of Closure:	Target Date of Closure:	

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### PHOTOS OF INSPECTED MEWP