

# CERTIFICATE OF THOROUGH EXAMINATION MOBILE ELEVATING WORKING PLATFORM



Issued By:



Date of Issue: [Click here to enter a date.](#)

Certificate No.: **JO-30914/1**

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. Edison

Office Address: [Click here to enter text.](#)

Equipment Location: [Click here to enter text.](#)

## INSPECTION DETAILS

|                                                                                                                                                          |                                                                                                                                                                                    |                              |                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------|
| Date of Inspection:                                                                                                                                      | <a href="#">Click here to enter a date.</a>                                                                                                                                        | Expiry Date:                 | <a href="#">Click here to enter a date.</a> |
| Inspection Type:                                                                                                                                         |                                                                                                                                                                                    |                              |                                             |
| Previous Inspection Report:                                                                                                                              | <a href="#">Click here to enter text.</a>                                                                                                                                          | Last Proof Load Test:        | <a href="#">Click here to enter a date.</a> |
| Test Method                                                                                                                                              | <b>CSI-32</b>                                                                                                                                                                      | Calibrated Test Equipment:   | <a href="#">Click here to enter text.</a>   |
|                                                                                                                                                          |                                                                                                                                                                                    | Client Test Equipment:       | <a href="#">Click here to enter text.</a>   |
| <b>EQUIPMENT INFORMATION</b>                                                                                                                             |                                                                                                                                                                                    |                              |                                             |
| Equipment Description:                                                                                                                                   | test                                                                                                                                                                               |                              |                                             |
| ID & Serial No.:                                                                                                                                         | test                                                                                                                                                                               | Max. Base Unit Inclination:  | 5                                           |
| Model                                                                                                                                                    | test                                                                                                                                                                               | Maximum Lifting Height:      | <<aximum>>                                  |
| Equipment Type:                                                                                                                                          | <input checked="" type="checkbox"/> Static Boom / Static Vertical<br><input type="checkbox"/> Mobile Boom / Mobile vertical<br><input type="checkbox"/> Push Around Vertical (PAV) | Overall Platform Dimensions: | hhgty                                       |
| Equipment Manufacturer:                                                                                                                                  | <a href="#">Click here to enter text.</a>                                                                                                                                          | SWL/No. of Person Allowed:   | <a href="#">Click here to enter text.</a>   |
| Registratrn No.:                                                                                                                                         | <a href="#">Click here to enter text.</a>                                                                                                                                          |                              |                                             |
| Production Year:                                                                                                                                         | <a href="#">Click here to enter a date.</a>                                                                                                                                        | Test Load Applied            | <a href="#">Click here to enter text.</a>   |
| 1. Is this the first examination after installation or assembly at a new location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |                                                                                                                                                                                    |                              |                                             |
| 1. If the answer to the above question is Yes, then has the equipment been installed correctly? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                                                    |                              |                                             |
| 2. Was the inspection carried out in accordance with an examination scheme? <input type="checkbox"/> Yes <input type="checkbox"/> No                     |                                                                                                                                                                                    |                              |                                             |
| The owner shall perform the next inspection no later than <a href="#">Choose an item.</a> 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:

Name & Signature of Inspector

Claymore Security and Safety Consultants, P.O. Box 23420 Dubai & Abu Dhabi, U.A.E., Tel. No.: 04 884 8446,

E-mail: [claysafe@claycss.ae](mailto:claysafe@claycss.ae), Website: [www.claymoresafe.ae](http://www.claymoresafe.ae)

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

| 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 type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| <b>Ground control</b>                        |                                               |                                     |                          |                          |                          |         |
| 7.                                           | Emergency stop                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 8.                                           | Engine                                        | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 9.                                           | Electrical Wiring & Electrical Condition      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 10.                                          | Battery condition                             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 11.                                          | Lever & operating control panel               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 12.                                          | Tires                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 13.                                          | Emergency Auxiliary device                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 14.                                          | Revolving Beacon                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 15.                                          | Lights Indication-Head, Brake, Reverse        | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| <b>Components &amp; Hydraulic system</b>     |                                               |                                     |                          |                          |                          |         |
| 16.                                          | Boom                                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 17.                                          | Main Jib & Cylinder                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 18.                                          | Outer Jib & Cylinder                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 19.                                          | Scissor Arm Structure & Cylinder              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 20.                                          | Hydraulic oil level, tank, hose & fittings    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| <b>Basket control</b>                        |                                               |                                     |                          |                          |                          |         |
| 21.                                          | Basket condition                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 22.                                          | Floor condition                               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 23.                                          | Reverse Alarm Indication                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 24.                                          | Horn                                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 25.                                          | Dead paddle condition                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 26.                                          | Lever & operating control panel               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 27.                                          | Base unit & Mechanical structure              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 28.                                          | Bolts & Nuts fittings condition               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 29.                                          | Alignment                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 30.                                          | Leveling                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 31.                                          | Inclination device                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| <b>Other accessories</b>                     |                                               |                                     |                          |                          |                          |         |
| 32.                                          | Fire Extinguisher                             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 33.                                          | Warning sign                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 34.                                          | Safety instruction                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| <b>Load test</b>                             |                                               |                                     |                          |                          |                          |         |
| 35.                                          | Safe Working Load (100%)                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 36.                                          | Load Sensing System (RL x 120%)               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 37.                                          | Overload Test<br>(Manual=150% / Powered=125%) | <input 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: |                |

## PHOTOS OF INSPECTED MEWP

**CERTIFICATE**  
OF THOROUGH EXAMINATION  
**MOBILE ELEVATING WORKING**  
**PLATFORM**



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