

CERTIFICATE OF THOROUGH EXAMINATION VEHICLE LIFT



Issued By:



Date of Issue: 28-03-2025

Certificate No.: **JO-10705/1**

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 BS EN 1493:2010, BS 7980:2003+A1:2012 and Manufacturer's Specification.

Owner Name:

Office Address: P.O. Box 2716

Airport road, Rashidiya

Dubai

United Arab Emirates

Equipment Location:

INSPECTION DETAILS

Date of Inspection:	28-03-2025	Expiry Date:	28-03-2025
Inspection Type:	THOROUGH		
Previous Inspection Report:	dhhd	Last Proof Load Test:	28-03-2025
Test Method	shdd	Calibrated Test Equipment:	dhdh
		Client Test Equipment:	xbdbdj

EQUIPMENT INFORMATION

Equipment Description:	dhhd		
ID & Serial No.:	shsh	Wire Rope Dia. & No. of Falls:	shdh
Model	shsh	Height of Platform Lifting	9
Equipment Manufacturer:	dhdb	Safe Working Load	8
Manufacture Year:	28-03-2025	Proof Load (Dynamic : 115%) (Static : 150%)	djdh
Equipment Type:	<input type="checkbox"/> Scissor <input checked="" type="checkbox"/> Single Post <input type="checkbox"/> 2 Post <input type="checkbox"/> 4 Post <input type="checkbox"/> Single Ram <input type="checkbox"/> Double Ram <input type="checkbox"/> Others		

1. Is this the first examination after installation or assembly at a new location? ☐ Yes ☒ No
2. If the answer to the above question is Yes, then has the equipment been installed correctly? ☐ Yes ☒ No
3. Was the inspection carried out in accordance with an examination scheme? ☒ Yes ☐ 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: Maricris Barro Elcano

Name & Signature of Inspector

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EXAMINATION REPORT						
EQUIPMENT PARTS		S	NS	NA	SE	REMARKS
Documents Verification						
01.	Previous inspection report	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
02.	Maintenance log sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
03.	Mfg. Manual & technical instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
04.	NDT Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
05.	Torque Report	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Controller						
06.	Marking & identification of SWL & serial number or ID	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
07.	Emergency device	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
08.	All controls condition (button/lever/pedal/hand wheels)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
09.	Cable condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10.	General condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11.	Isolator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12.	Manual Platform lowering device	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Car lift frame						
13.	Posts and Structure condition (bend/damage, welds, nuts & bolts, cover/guard)(for single, 2 post & 4 post)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14.	Arms/Platform condition and Safety Lock Device (for single post, 2 post & 4 post)(for single ram, double ram)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15.	Scissor Arm structure & platform and Safety Lock Device	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16.	Sheaves (5%-10% than the nominal rope dia. or at least 1% greater than the actual dia. of new rope)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17.	Wire rope / Rack and pinion & termination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18.	Chains & termination (5% max. reduction depth; max. 3% elongation measured over 10 pitches at 3 diff. location)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
19.	Rubber / Pick up Pads (conical or cubic shape 1:1 Ratio)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
20.	Hydraulic System (hoses, fittings, tanks, cylinders)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
21.	Limit Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
22.	Emergency Stop Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
23.	Access Platform	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
24.	Brake System	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
25.	Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pit						
26.	Base anchor fitting condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
27.	General Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
28.	Pit condition / Recessed floor condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Other Accessories						
29.	Fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
30.	Warning signs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
31.	Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Load test						
32.	Overload system	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
33.	Proof load & its stability (Dynamic-115%); (Static-150%)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 VEHICLE LIFT

Date	Client Name
23-10-2014	LAMPRELL
23-10-2014	Viking Cor
26-10-2014	GUARDIAN
26-10-2014	BIOTECHN
26-10-2014	Hormann
26-10-2014	LAMPREL
26-10-2014	LAING OF
26-10-2014	KELE COR
26-10-2014	TECHNIC
26-10-2014	HDS TOW
26-10-2014	LIFT N SH
26-10-2014	MALT TE
27-10-2014	EMAAR F
27-10-2014	LAMPRE
27-10-2014	WALRUS
27-10-2014	TRIGON
27-10-2014	GERMAI
27-10-2014	AL FAYE
27-10-2014	HARRIS
28-10-2014	