

FORM- V.

[See rules 56 and 73(b) Schedule I]

**CERTIFICATE OF INITIAL AND PERIODICAL TEST AND EXAMINATION OF
WINCHES, DERRICKS AND THEIR ACCESSORY GEAR**

Test Certificate No.....

- (a) In case of construction site , name of the construction site where lifting appliances are fitted/ located :

<i>Situation and Description of lifting appliances and gear with distinguishing number or marks (if any) which have been tested, thoroughly examined</i>	<i>Angle to the horizontal of derrick boom at which test load applied</i>	<i>Test load applied</i>	<i>Safe working load at the angle shown in column(2)</i>
1	2	3	4
	(Degrees)	(Tonnes)	(Tonnes)

5. Name and address of public service, association, company, or firm or testing establishment making the test and examination.

6. Name and position of the Competent person of public service, association, company or firm or testing establishment.

I certify that on the ----- day of -----20----- the lifting appliance shown in Col (1) together with its necessary gear was tested in the manner set forth overleaf in my presence that a careful examination of the said lifting appliances after the test showed that it had with stood the test load without injury or permanent deformation and that the safe working load of the said lifting appliance and accessory gear is as shown in column (4)

Date.....

Seal

Signature of the Competent Person- Registration /Authority number of the competent person.