

**FORM- VI.**

[See rules 56 and 74(b)]

**CERTIFICATE OF INITIAL AND PERIODICAL TEST AND EXAMINATION OF CRANES OR HOISTS AND THEIR ACCESSORY GEAR.**

Test Certificate No.....

- (a) Name of the construction site where  
Cranes or hoists are fitted/ located:

<i>Situation and Description</i>	<i>For jib cranes radius at the test load was applied</i>	<i>Test load applied</i>	<i>Safe working load for jib cranes at radius shown in column (2)</i>
1	2	3	4
	(Meters)	(Meters)	(Tonnes)

5. Name and address of public service, association or firm or testing establishment making the test and examination.
6. Name and position of Competent Person of public service, association, company or Firm or testing establishment.

I certify that on the .....day of .....the above lifting appliances together with its accessory gear, was tested in the manner set forth overleaf that a careful examination of the said lifting appliance and gear after the test showed that it had withstood the test load without injury or permanent deformation; and the safe working load of the said lifting appliance and gear is as shown in column (4).

Date.....

**Seal**

**Signature of the Competent Person.  
Registration/Authority number  
of the Competent person.**