

FORM- VII.

[See rules 69 and 74(b) (ii)]

**CERTIFICATE OF INITIAL AND PERIODICAL TESTS AND EXAMINATION OF
LOOSE GEARS.**

Test Certificate No.....

- (a) Name of the construction site
Where loose gears are fitted /located.

<i>Distinguishing Number or mark</i>	<i>Description dimension and material of gear/device</i>	<i>Number tested</i>	<i>Date of test</i>	<i>Test load applied (Tonnes)</i>	<i>Safe Working load (Tonnes)</i>
(1)	(2)	(3)	(4)	(5)	(6)

7. Name and address of manufacturer or suppliers:
8. Initial test and examination certificate No. and date (only in case of periodical test and examination)
9. Name and address of public service, Association Company or firm or testing Establishment making the test and examination.
10. Name and position of Competent Person in public service, association,

company or Firm or testing
establishment.

I certify that on theday of200 above gear was tested and examined in the manner set forth overleaf ; the examination showed the said/gear /device withstood the test load without injury or deformation and that the safe working load of the said gear/device is as shown in column 6.

Date.....

Seal

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