


## CERTIFICATE OF THOROUGH EXAMINATION

This report complies with Provision and Use of Work Equipment Regulations

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Date of Through Examination: 21/05/2026	Date of Report: 21/05/2026	Report Number: RAS-U-2605301192
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Description and identification of the equipment: <b>Excavator Long Boom, Diesel powered, Hydraulic Operated</b>	<b>Manufacturer:</b> ZAXIS	
	<b>Year of Manufacture:</b> 2018	
<b>Model:</b> ZX200-3		
<b>Serial Number:</b> HCM1U300h00224425		
Name and address of employer for whom the thorough examination was made: <b>AL-OMRAN ENGINEERING Company</b>	<b>Chassis Number:</b> HCM1U300h00224425	<b>Bucket Capacity:</b> 1.2 m <sup>3</sup>
<b>Plate Number:</b> 29 A41113		
Address of premises at which the examination was made: <b>West Q</b>	<b>Max Horizontal Reach:</b> 9.75 m	<b>Operating Weight:</b> 19,800 Kg

Is this the first examination after installation or assembly at a new site or location?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input checked="" type="checkbox"/>	<b>Was the examination carried out:</b>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input checked="" type="checkbox"/>
					Within an interval of 6 months?	<b>YES</b>	<input checked="" type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
If the answer to the above question is YES, has the equipment been installed correctly?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>	Within an interval of 12 months?	<b>YES</b>	<input checked="" type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
					In accordance with an examination scheme?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input checked="" type="checkbox"/>
					After the occurrence of exceptional circumstances?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input checked="" type="checkbox"/>

Particulars of any repair, renewal or alteration required to remedy the defect identified above: **NONE**

Is the above a defect which is of immediate danger to persons **YES**  **NO**

Is the above a defect which is not yet but could become a danger to persons: (if YES state the date by when) **NONE** Yes by:

Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect: **NONE**

Particulars of any test carried out as part of examination:  
The Referenced Equipment Has Been Function Tested As per **ISO 20474-5:2017** and Found Satisfactory at the Time of Inspection.

**IS THIS EQUIPMENT SAFE TO OPERATE?** **YES**  **NO**

Name & Qualifications of person making this report: <b>Ahmed Yahya</b>	Name of person authenticating this report: Signature: <b>Mustafa Salman</b>	Latest date by which next thorough examination must be carried out: <b>20/05/2027</b>
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Name and address of employer of person making and authenticating this report:  
**Hussein Ali Hussein, Basra, Burjesia**



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1- FROM GROUND					
	Condition		Corrective Action		Comments
	Pass	Fail	Repair	Replace	
General	√				
Axle System	√				
Chain Belt	√				
Tires and Wheels	N/A				
Hydraulic System	√				
Steering System	√				
Brake System	√				
Chassis Condition	√				
Electrical System	√				
Reverse Alarm	√				
Signal Light	√				
Wind Shield	√				
Glasses & Mirrors	√				
Cutting Edge	√				
2- ENGINE COMPARTMENT					
	Condition		Corrective Action		Comments
	Pass	Fail	Repair	Replace	
Engine Oil	√				
Engine Coolant	√				
Engine Pre-cleaner	√				
Air Filter	√				
All Hoses	√				
Radiator	√				
Engine Oil	√				
3- OPERATOR CAB					
	Condition		Corrective Action		Comments
	Pass	Fail	Repair	Replace	
Seat	√				
Seat Belt & Mounting	√				
Horn, backup alarm, lights	√				
Controls, gauge lenses	√				
Mechanical connections	√				
Hydraulic hoses and fittings	√				



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