


## CERTIFICATE OF THOROUGH EXAMINATION

This report complies with the Lifting Operation and Lifting Equipment Regulations

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Date of Through Examination: 25/05/2026	Date of Report: 25/05/2026	Report Number: <b>RAS-C-260530255</b>
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<u>Description and identification of the equipment:</u> <b>Wheel Forklift Loader, Diesel powered, Hydraulic Operated</b>	<b>Manufacturer:</b> KAWASAKI <b>Year of Manufacture:</b> 2018 <b>Model:</b> 80ZV-2 <b>Serial Number:</b> 0777	
	<b>Chassis Number:</b> 80C5-0777 <b>Plate Number:</b> A 90905 Basra	
<u>Name and address of employer for whom the thorough examination was made:</u> <b>Tareeq Al-Rumaila Company</b> <u>Address of premises at which the examination was made:</u> <b>Al-Shuaeeba</b>	<b>Attachment:</b> <b>Clamp Fork SN:</b> 15258 <b>Clamp Fork Model:</b> WICKER / WPDCQ 80ZV <b>Arms Serial Number:</b> C1, C2	<b>Weight:</b> 17830 kg <b>Rated Load:</b> 10 Ton

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

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	✓
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Is the above a defect which is not yet but could become a danger to persons: (if YES state the date by when) <b>NONE</b>	Yes by:
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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 Visual, Function and Performance Tested As per **ISO 3691-1:2015+A1:2020 & ISO 5057** Requirements.  
 -MPI Has Been done to the Forks and Clamps According to **ASTME 709**.

<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>	YES	✓	NO	
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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>24/05/2027</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	
Steps and Handholds	√				
Tires, Lug Nuts, Brakes	√				
Forks	√				
Bucket	N/A				
Air reservoir	√				
Transmission	√				
Underneath of Machine	√				
Hydraulic Oil Tank	√				
Batteries & Hold Tank	√				
Fuel Tank	√				
Hydraulic cylinders, tubes, hoses and fittings	√				
Front wheel spindle bearings	√				
All-wheel drive motors	√				
Pliers linkage	√				
Pliers and end bits	√				
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	√				
Rams/ seals	√				



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LOAD TEST & NDT (MPI) REPORT			
Report No:	260530255	Examination Date:	25/05/2026
LOAD TEST			
Equipment Details			
Load Cell Serial No: 30682 / 25532	Vernier Caliper S/N: 400 0576 010	Measuring Tape S/N: N/A	

NDT (MPI) FOR CRANE'S HOOK					
NDT Details					
Standard:	ASTME 709	Equipment type:	PERMENANT YOKE	Contrast Media:	WHITE CONTRAST
Viewing Condition	Colored media	Method	WET	Indicator:	BLACK INK
NDT Equipment Details					
YOKE S/N	A12-512	WHITE CONTRAST	MagnavisWCP-2	BLACK INK	Magnavis7HF



Arms Details	
Arms Serial Number:	C1, C2
SWL:	10 Ton

NDT Procedure	
Visual & MPI CARRIED OUT FOR THE ABOVE DESCRIPTION AND FOUND FREE OF SURFACE DEFECTS AT THE TIME OF INSPECTION	
Identification of any part found to have a defect and a description of the defect: <b>NONE</b>	
Particulars of any repair, renewal or alteration required to remedy the defect identified above: <b>NONE</b>	
ASNT Level II Inspector Name & Signature: Ahmed Yahya	RESULT: <b>PASS</b>

