


CERTIFICATE OF THOROUGH EXAMINATION

This Report Complies with the Lifting Operation and Lifting Equipment Regulations

Date of Through Examination: 17/05/2026	Report Date: 17/05/2026	Report number: RAS-Y-260550150
---	-------------------------	--------------------------------

Name and Address of employer for whom the thorough examination was made: TAAM		Address of premises at which the examination was made: TAAM Yard			
Description and identification of the equipment: Safety Pin Bow Shackles	<u>Safety Factor (SF):</u> (6:1)	<u>Size:</u> 2 1/2 Inch	<u>Safe Working Load(s):</u> 55 (Tonne)	<u>Manufacture:</u> GREEN PIN	
Is this the first examination after installation or assembly at a new site or location?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out:		
If the answer to the above question is YES has the equipment been installed correctly?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Within an interval of 6 months?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
			Within an interval of 12 months?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
			In accordance with an examination scheme?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
			After the occurrence of exceptional circumstances?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Serial Number: A371, A372, A373, A374	Quantity: 04	Inspection Method: VT& Dimension Check			
Is the above a defect which is of immediate danger to persons	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>			
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:				
Particulars of any repair, renewal or alteration required to remedy the defect identified above: NONE					
Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect: (If none state NONE) NONE					
Particulars of any tests carried out as part of the examination: (If none state NONE) The mentioned items have been thoroughly examined according to EN 13157, and found satisfactory at the time of inspection.					
IS THIS EQUIPMENT FIT FOR PURPOSE?				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Name & Qualifications of person making this report: Mustafa Salman	Name of person authenticating this report: Signature: Ahmed Yahya		Latest date by which next thorough examination must be carried out: 16/11/2026		
Name and address of employer of persons making and authenticating this report: Hussein Ali Hussein, Basra, Burjesia					

