

## CERTIFICATE OF THOROUGH EXAMINATION

This report complies with the Lifting Operation and Lifting Equipment Regulations

|                                         |                            |                                |
|-----------------------------------------|----------------------------|--------------------------------|
| Date of Through Examination: 05/04/2026 | Date of Report: 05/04/2026 | Report number: RAS-Y-260650226 |
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| Name and Address of employer for whom the thorough examination was made:<br>ARD ALWAHRAN COMPANY                                                                                      |                                                                                                                     | Address of premises at which the examination was made:<br>RAS YARD / AL-BURJESIA                                                                                                                                           |                                                                                     |
| Description and identification of the equipment:<br><br>2 Legs Chain Sling,                                                                                                           | <b>Effective Working Length:</b><br>6 m<br><b>Diameter:</b><br>20 mm<br><b>Safe Working Load (SWL):</b><br>12.5 Ton | <b>Manufacture:</b><br>Local<br><b>Safety Factor (SF):</b><br>(4:1)<br><b>Chain Grade:</b><br>80                                                                                                                           |  |
| Is this the first examination after installation or assembly at a new site or location?<br><br>If the answer to the above question is YES has the equipment been installed correctly? |                                                                                                                     | Was the examination carried out:<br><br>Within an interval of 6 months?<br><br>Within an interval of 12 months?<br><br>In accordance with an examination scheme?<br><br>After the occurrence of exceptional circumstances? |                                                                                     |
| Serial Number:<br><br>B120,B121                                                                                                                                                       |                                                                                                                     | Quantity:<br>02                                                                                                                                                                                                            | Inspection Method:<br>VT & Dimension Check                                          |
| 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:<br>(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:<br>(If none state NONE) NONE                          |                                                                                                                     |                                                                                                                                                                                                                            |                                                                                     |
| Particulars of any tests carried out as part of the examination: (If none state NONE)<br>Examined According to the Standard BS EN 818-4                                               |                                                                                                                     |                                                                                                                                                                                                                            |                                                                                     |
| IS THIS EQUIPMENT FIT FOR PURPOSE?                                                                                                                                                    |                                                                                                                     | YES                                                                                                                                                                                                                        | NO                                                                                  |
| Name & Qualifications of person making this report:<br>Mustafa Salman                                                                                                                 | Name of person authenticating this report:<br>Signature: Ahmed Yahya                                                | Latest date by which next thorough examination must be carried out:<br>04/10/2026                                                                                                                                          |                                                                                     |
| Name and address of employer of persons making and authenticating this report:<br>Hussein Ali Hussein, Basra, Burjesia                                                                |                                                                                                                     |                                                                                                                                                                                                                            |                                                                                     |

