

## CERTIFICATE OF THOROUGH EXAMINATION

This Report Complies with the Lifting Operation and Lifting Equipment Regulations

|                                                                                                                                                                                                                                  |                                                |                                                                  |                                                                                                                                                                                                                |                                                                                   |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---|-----|--|----|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----|---|----|--|-----|--|----|---|-----|--|----|---|-----|--|----|---|
| Date of Through Examination: 25/05/2026                                                                                                                                                                                          |                                                | Report Date: 25/05/2026                                          |                                                                                                                                                                                                                | Report number: RAS-U-2605501223                                                   |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| Name and Address of employer for whom the thorough examination was made:<br><b>AL-YAMAMA COMPANY</b>                                                                                                                             |                                                |                                                                  | Address of premises at which the examination was made:<br><b>RAYAT AL-SHARQ YARD</b>                                                                                                                           |                                                                                   |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| Description and identification of the equipment:<br><br>Fall Arrester                                                                                                                                                            | <u>Average locking speed:</u><br><br>4.5 ft./s | <u>Wire Length:</u><br><br>10 m<br><u>Size:</u><br><br>4 mm      | <u>Safe Working Load(s):</u><br><br>100 kg                                                                                                                                                                     | <u>Manufacture:</u><br><br>KRATOS<br><u>Model:</u><br><br>FA 20 400 20            |  |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| 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>Within an interval of 12 months?<br>In accordance with an examination scheme?<br>After the occurrence of exceptional circumstances? |                                                                                   |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| <table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> </table>                                                                                     |                                                |                                                                  | YES                                                                                                                                                                                                            |                                                                                   | NO                                                                                  | ✓ | YES |  | NO |  | <table border="1"> <tr> <td>YES</td> <td>✓</td> <td>NO</td> <td></td> </tr> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> </table> |  |  | YES | ✓ | NO |  | YES |  | NO | ✓ | YES |  | NO | ✓ | YES |  | NO | ✓ |
| YES                                                                                                                                                                                                                              |                                                | NO                                                               | ✓                                                                                                                                                                                                              |                                                                                   |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| YES                                                                                                                                                                                                                              |                                                | NO                                                               |                                                                                                                                                                                                                |                                                                                   |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| YES                                                                                                                                                                                                                              | ✓                                              | NO                                                               |                                                                                                                                                                                                                |                                                                                   |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| YES                                                                                                                                                                                                                              |                                                | NO                                                               | ✓                                                                                                                                                                                                              |                                                                                   |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| YES                                                                                                                                                                                                                              |                                                | NO                                                               | ✓                                                                                                                                                                                                              |                                                                                   |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| YES                                                                                                                                                                                                                              |                                                | NO                                                               | ✓                                                                                                                                                                                                              |                                                                                   |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| Serial Number:<br><b>190001764</b>                                                                                                                                                                                               |                                                |                                                                  | Quantity:<br><b>01</b>                                                                                                                                                                                         |                                                                                   | Inspection Method:<br><b>VT &amp; Dimension Check</b>                               |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| 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:<br>(If YES state the date by when) <b>NONE</b>                                                                                                      |                                                |                                                                  |                                                                                                                                                                                                                |                                                                                   | YES by:                                                                             |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| Particulars of any repair, renewal or alteration required to remedy the defect identified above: <b>NONE</b>                                                                                                                     |                                                |                                                                  |                                                                                                                                                                                                                |                                                                                   |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| 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) <b>NONE</b>                                                                 |                                                |                                                                  |                                                                                                                                                                                                                |                                                                                   |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| Particulars of any tests carried out as part of the examination: (If none state NONE)<br><b>The mentioned items have been thoroughly examined according to BS EN 360:2002, and found satisfactory at the time of inspection.</b> |                                                |                                                                  |                                                                                                                                                                                                                |                                                                                   |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| <b>IS THIS EQUIPMENT FIT FOR PURPOSE?</b>                                                                                                                                                                                        |                                                |                                                                  |                                                                                                                                                                                                                |                                                                                   | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                 |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| Name & Qualifications of person making this report:<br><b>Mohammed Kamal</b>                                                                                                                                                     |                                                | Name of person authenticating this report:<br><b>Ahmed Yahya</b> |                                                                                                                                                                                                                | Latest date by which next thorough examination must be carried out:<br>24/11/2026 |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| Name and address of employer of persons making and authenticating this report:<br>Hussein Ali Hussein, Basra, Burjesia                                                                                                           |                                                |                                                                  |                                                                                                                                                                                                                |                                                                                   |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |

