

## CERTIFICATE OF THOROUGH EXAMINATION

This Report Complies with the Lifting Operation and Lifting Equipment Regulations

|                                          |                         |                                |
|------------------------------------------|-------------------------|--------------------------------|
| Date of Thorough Examination: 04/07/2026 | Report Date: 04/07/2026 | Report number: RAS-AM-26075002 |
|------------------------------------------|-------------------------|--------------------------------|

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| Name and Address of employer for whom the thorough examination was made:<br>DAR AL-QARAR COMPANY                                                                                                                    |                                                                      | Address of premises at which the examination was made:<br>RAS Yard                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                   |                              |                                                                                     |
| Description and identification of the equipment:<br>Safety Screw Shackles                                                                                                                                           | <u>Safety Factor (SF):</u><br>(6:1)                                  | <u>Size:</u><br>1 Inch                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>Safe Working Load(s):</u><br>8/ 1/2 (Tone)                                     | <u>Manufacture:</u><br>MCKRT |  |
| Is this the first examination after installation or assembly at a new site or location?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                      |                                                                      | Was the examination carried out:<br>Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>Within an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>In accordance with an examination scheme? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                                                                                   |                              |                                                                                     |
| If the answer to the above question is YES has the equipment been installed correctly?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                  |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                              |                                                                                     |
| Serial Number:<br>A06                                                                                                                                                                                               |                                                                      | Quantity:<br>01                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Inspection Method:<br>VT& Dimension Check                                         |                              |                                                                                     |
| Is the above a defect which is of immediate danger to persons<br>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:<br>(If none state NONE) <b>NONE</b>                                                 |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                              |                                                                                     |
| Particulars of any tests carried out as part of the examination: (If none state NONE)<br>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:<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>04/01/2027 |                              |                                                                                     |
| Name and address of employer of persons making and authenticating this report:<br>Hussein Ali Hussein, Basra, Burjesia                                                                                              |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                              |                                                                                     |

