

## CERTIFICATE OF THOROUGH EXAMINATION

This report complies with Provision and use of work equipment regulations

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|                                         |                            |                                        |
|-----------------------------------------|----------------------------|----------------------------------------|
| Date of Through Examination: 22/07/2026 | Date of Report: 22/07/2026 | Report Number: <b>RAS-U-2607301420</b> |
|-----------------------------------------|----------------------------|----------------------------------------|

|                                                                                                                                                                                                |                                                                                                                                                                                                        |                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <u>Description and identification of the equipment:</u><br><br><b>Dump Truck, Diesel powered, Hydraulic Operated</b>                                                                           | <b>Manufacturer:</b> SCANIA<br><b>Year of Manufacture:</b> 2017<br><b>Model:</b> CP14L<br><b>Serial Number:</b> 3631330<br><b>Chassis Number:</b> 9BSP6X400H3631330<br><b>Plate Number:</b> 14 A 66950 |  |
| <u>Name and address of employer for whom the thorough examination was made:</u><br><b>Al-Yamama Company</b><br><u>Address of premises at which the examination was made:</u><br><b>OM-QASR</b> | <b>Cubic Capacity:</b><br>15 m <sup>3</sup><br><b>Weight:</b><br>26,000 kg                                                                                                                             |                                                                                     |

### Standard: BS 474-1:2022

|                                                                                                                                                                                         |     |  |                                                                                |   |                                                    |                                                                                          |    |    |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|--------------------------------------------------------------------------------|---|----------------------------------------------------|------------------------------------------------------------------------------------------|----|----|---|
| 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 | ✓ |
| If the answer to the above question is YES, has the equipment been installed correctly?                                                                                                 | YES |  | NO                                                                             |   | Within an interval of 12 months?                   | 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: <b>NONE</b>                                                                            |     |  |                                                                                |   |                                                    |                                                                                          |    |    |   |
| 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: (if YES state the date by when) <b>NONE</b>                                                                |     |  |                                                                                |   |                                                    | Yes by:                                                                                  |    |    |   |
| Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect: <b>NONE</b>                                             |     |  |                                                                                |   |                                                    |                                                                                          |    |    |   |
| Particulars of any test carried out as part of examination:<br>The equipment has been visual and function Tested to <b>BS 474-1:2022</b> & Found Satisfactory at the Time of Inspection |     |  |                                                                                |   |                                                    |                                                                                          |    |    |   |
| <b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>                                                                                                                                               |     |  |                                                                                |   | YES                                                | ✓                                                                                        | NO |    |   |
| Name & Qualifications of person making this report:<br><b>Ahmed Yahya</b>                                                                                                               |     |  | Name of person authenticating this report:<br>Signature: <b>Mustafa Salman</b> |   |                                                    | Latest date by which next thorough examination must be carried out:<br><b>21/07/2027</b> |    |    |   |
| Name and address of employer of person making and authenticating this report:<br><b>Hussein Ali Hussein, Basra, Burjesia</b>                                                            |     |  |                                                                                |   |                                                    |                                                                                          |    |    |   |



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| 1- FROM GROUND               |           |      |                   |         |          |
|------------------------------|-----------|------|-------------------|---------|----------|
|                              | Condition |      | Corrective Action |         | Comments |
|                              | Pass      | Fail | Repair            | Replace |          |
| Axle System                  | ✓         |      |                   |         |          |
| Tires and Wheels             | ✓         |      |                   |         |          |
| Steering System              | ✓         |      |                   |         |          |
| Brake System                 | ✓         |      |                   |         |          |
| Chassis Condition            | ✓         |      |                   |         |          |
| Tailgate                     | ✓         |      |                   |         |          |
| Electrical System            | ✓         |      |                   |         |          |
| Main Jack                    | ✓         |      |                   |         |          |
| Reverse Alarm                | ✓         |      |                   |         |          |
| Signal Light                 | ✓         |      |                   |         |          |
| Wind Shield                  | ✓         |      |                   |         |          |
| Glasses & Mirrors            | ✓         |      |                   |         |          |
| Transmission                 | ✓         |      |                   |         |          |
| 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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