

CERTIFICATE OF THOROUGH EXAMINATION

This Report Complies with the Lifting Operation and Lifting Equipment Regulations

Date of Through Examination: 11/07/2026		Date of Report: 11/07/2026		Report number: RAS-AM-260750011									
Name and Address of employer for whom the thorough examination was made: IGCC			Address of premises at which the examination was made: RATAWI										
Description and identification of the equipment: Flat Webbing Sling / Colour Purple	Safety Factor (SF): (7:1)	-Length: 1 m	WLL(s): 1 Ton	Manufacture: Linyi Chengyua Hardware Mach Material: Polyester									
Is this the first examination after installation or assembly at a new site or location?			Was the examination carried out?										
<table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> </table>			YES		NO	✓	<table border="1"> <tr> <td>YES</td> <td>✓</td> <td>NO</td> <td></td> </tr> </table>			YES	✓	NO	
YES		NO	✓										
YES	✓	NO											
If the answer to the above question is YES has the equipment been installed correctly?			<table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> </table>			YES		NO	✓				
YES		NO	✓										
Serial Number: 5110101026, 5110101062			Quantity: 02	Inspection Method: VT & Dimension Check									
Is the above a defect which is of immediate danger to persons			<table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> </table>			YES		NO	✓				
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) 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 slings have been visually examined according to BS EN 1492-1:2000+A1:2008													
IS THIS EQUIPMENT FIT FOR PURPOSE?				<table border="1"> <tr> <td>YES</td> <td>✓</td> <td>NO</td> <td></td> </tr> </table>		YES	✓	NO					
YES	✓	NO											
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: 10/01/2027									
Name and address of employer of persons making and authenticating this report: Hussein Ali Hussein, Basra, Burjesia													

