

CERTIFICATE OF THOROUGH EXAMINATION

This report complies with the Lifting Operation and Lifting Equipment Regulations

Date of Thorough Examination: 14/07/2026		Date of Report: 14/07/2026		Report number: RAS-am-260750021																									
Name and Address of employer for whom the thorough examination was made: ELEGANT COMPANY			Address of premises at which the examination was made: ELEGANT - YARD																										
Description and identification of the equipment: 4 LIFTING POINTS FOR LIFTING GENERATOR	MGW: 1500 Kg	Dim (LxWxH): (330 x 125 x 214) cm	SWL: 1 Ton	Manufacture: Cummins																									
Is this the first examination after installation or assembly at a new site or location? If the answer to the above question is YES has the equipment been installed correctly?			Was the examination carried out: Within an interval of 6 months? Within an interval of 12 months? In accordance with an examination scheme? 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: (FL094034/00)			Inspection Method: • VT • MPI • Dimension Check Quantity: 04 Lifting Points																										
   																													
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) 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 Pad Eyes Has Been Visual & MPI Tested According to LOLER 98																													
IS THIS EQUIPMENT FIT FOR PURPOSE?			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: 13/01/2027																									
Name and address of employer of persons making and authenticating this report: Hussein Ali Hussein, Basra, Burjesia																													

