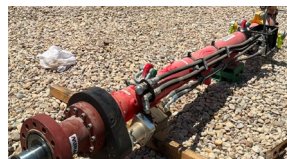


## CERTIFICATE OF THOROUGH EXAMINATION

This report complies with the Lifting Operation and Lifting Equipment Regulations

|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                                                         |                                                                       |                                                                                                |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------|
| Date of Thorough Examination: 16/07/2026                                                                                                                                                                                                                                                                                                                                                                                             |                                            | Date of Report: 16/07/2026                                              |                                                                       | Report number: RAS-Y-26075003                                                                  |      |
| Name and Address of employer for whom the thorough examination was made:<br><b>TAAM COMPANY</b>                                                                                                                                                                                                                                                                                                                                      |                                            |                                                                         | Address of premises at which the examination was made:<br><b>TAAM</b> |                                                                                                |      |
| Description and identification of the equipment:<br><br>2 Swivel Lifting Point FOR hot tapping machine                                                                                                                                                                                                                                                                                                                               | SWL 45° :<br>M30 : 4.6 TON<br>M36: 6.0 TON | Manufacture:<br><br>GUNNEBO SWEDEN                                      |                                                                       |             |      |
| Was the examination carried out:<br>installation or assembly at a new site or location?                                                                                                                                                                                                                                                                                                                                              |                                            | YES                                                                     |                                                                       | NO                                                                                             | ✓    |
| If the answer to the above question is YES has the                                                                                                                                                                                                                                                                                                                                                                                   |                                            | YES                                                                     |                                                                       | NO                                                                                             |      |
| equipment been installed correctly?                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                                                         |                                                                       | YES                                                                                            | NO   |
| Serial Number:<br><br>(Y01,Y02)                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                                                         |                                                                       | Inspection Method:<br>• VT<br>• MPI<br>• Dimension Check<br><br>Quantity:<br>02 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:<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>Visual & Dimensional check was carried out according to <b>LOLER 98</b> & Found Satisfactory.                                                                                                                                                                                                                                               |                                            |                                                                         |                                                                       |                                                                                                |      |
| <b>IS THIS EQUIPMENT FIT FOR PURPOSE?</b>                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                         |                                                                       | YES                                                                                            | NO   |
| Name & Qualifications of person making this report:<br>Ahmed Yahya                                                                                                                                                                                                                                                                                                                                                                   |                                            | Name of person authenticating this report:<br>Signature: Mustafa Salman |                                                                       | Latest date by which next thorough examination must be carried out:<br>15/01/2027              |      |
| Name and address of employer of persons making and authenticating this report: Hussein Ali Hussein, Basra, Burjesia                                                                                                                                                                                                                                                                                                                  |                                            |                                                                         |                                                                       |                                                                                                |      |