

## CERTIFICATE OF THOROUGH EXAMINATION

This report complies with the Lifting Operation and Lifting Equipment Regulations

|                                          |                            |                                 |
|------------------------------------------|----------------------------|---------------------------------|
| Date of Thorough Examination: 26/07/2026 | Date of Report: 26/07/2026 | Report number: RAS-AM-260750059 |
|------------------------------------------|----------------------------|---------------------------------|

|                                                                                                       |                                                                            |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Name and Address of employer for whom the thorough examination was made:<br><b>MOHAMED AL GHARAWI</b> | Address of premises at which the examination was made:<br><b>AL ZUBAIR</b> |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

|                                                                          |                                                                                                                                                |                                                       |                                                                                     |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------|
| Description and identification of the equipment:<br><b>SPREADER BEAM</b> | <b>TARE WEIGHT:</b> 450 kg<br><b>Max Groos Weigh:</b> 40450 kg<br><b>Min. Length (full retract):</b> 3 m<br><b>Full Extended Length:</b> 5.6 m | <b>Manufacture:</b><br>Local<br><b>SWL:</b><br>40 Ton |  |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------|

### EXIMENED ACCORDING TO BS EN 13155:2020

|                           |                            |                           |
|---------------------------|----------------------------|---------------------------|
| <b>PADEYES DIMENSION:</b> | <b>THICKNESS:</b><br>45 mm | <b>PIN HOLE:</b><br>53 mm |
|---------------------------|----------------------------|---------------------------|

### Tools Details

| Description | S/N         | Description    | S/N | Description     | S/N        |
|-------------|-------------|----------------|-----|-----------------|------------|
| Load Cell   | 30682/25532 | Measuring Tape | N/A | Digital Caliper | 4000576010 |

|                                                                                         |     |    |   |                                                    |          |
|-----------------------------------------------------------------------------------------|-----|----|---|----------------------------------------------------|----------|
| Is this the first examination after installation or assembly at a new site or location? | YES | NO | ✓ | Was the examination carried out:                   |          |
|                                                                                         |     |    |   | Within an interval of 6 months?                    | YES ✓ NO |
|                                                                                         |     |    |   | Within an interval of 12 months?                   | YES NO ✓ |
| If the answer to the above question is YES has the equipment been installed correctly?  | YES | NO |   | In accordance with an examination scheme?          | YES NO ✓ |
|                                                                                         |     |    |   | After the occurrence of exceptional circumstances? | YES NO ✓ |

|                              |                     |                                                      |
|------------------------------|---------------------|------------------------------------------------------|
| <b>Serial Number:</b> S00075 | <b>Quantity:</b> 01 | <b>Inspection Method:</b> VT & MPI & Dimension Check |
|------------------------------|---------------------|------------------------------------------------------|

|                                                               |     |    |   |
|---------------------------------------------------------------|-----|----|---|
| 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:<br>(If none state <b>NONE</b> ) <b>NONE</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Particulars of any tests carried out as part of the examination: (If none state <b>NONE</b> )<br>The Referenced Equipment Has Been Visual & Load Tested As per <b>BS EN 13155:2020</b> and Found Satisfactory at the Time of Inspection. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

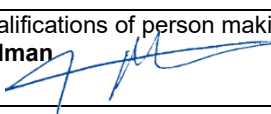
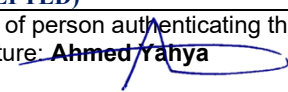
|                                           |     |   |    |
|-------------------------------------------|-----|---|----|
| <b>IS THIS EQUIPMENT FIT FOR PURPOSE?</b> | YES | ✓ | NO |
|-------------------------------------------|-----|---|----|

|                                                                       |                                                                      |                                                                                   |
|-----------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 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>25/01/2027 |
|-----------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------|
| Name and address of employer of persons making and authenticating this report:<br>Hussein Ali Hussein, Basra, Burjesia |
|------------------------------------------------------------------------------------------------------------------------|



## THROUGH VISUAL & MAGNETIC PARTICLE INSPECTION REPORT

|                                                                                                                                                                             |  |                                                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Certificate No:</b> RAS-AM-2560750059                                                                                                                                    |  | <b>Date:</b> 26/JULY/2026                                                                                                                                               |  |
| <b>Customer:</b> MOHAMED AL GHARAWI                                                                                                                                         |  | <b>Due Date:</b> 25/JANUARY/2027                                                                                                                                        |  |
| <b>Location:</b> Iraq- Basra                                                                                                                                                |  |                                                                                                                                                                         |  |
| <b>Name and Address of Owner</b><br><b>AL Zubair</b>                                                                                                                        |  | <b>Type</b><br><b>SPREADER BEAM WELDING AND STRESS POINTS</b>                                                                                                           |  |
| <b>Serial Number:</b><br>• S00075                                                                                                                                           |  | <b>Quantity</b><br>01                                                                                                                                                   |  |
|                                                                                          |  |                                                                                                                                                                         |  |
| <b>Inspection Method</b><br>1 - (MPI Test) & Visual Test                                                                                                                    |  | <b>Final Results</b><br><b>PASSED</b>                                                                                                                                   |  |
| <b>NDT DETAILS</b>                                                                                                                                                          |  |                                                                                                                                                                         |  |
| <b>Equipment Type:</b> YOKE S/N: A12.512                                                                                                                                    |  | <b>Standard:</b> ASTM E709                                                                                                                                              |  |
| <b>Indicator:</b> MAG INK                                                                                                                                                   |  | <b>Method:</b> WET                                                                                                                                                      |  |
| <b>Inspection Result:</b>                                                                                                                                                   |  |                                                                                                                                                                         |  |
| VISUAL AND MAGNETIC PRATICLE INSPECTION (M.P.I) HAD BEEN DONE ON WELD, FORGN & CRITICAL AREAS FOR THE ABOVE DESCRIPTION                                                     |  |                                                                                                                                                                         |  |
| <b>AND FOUND</b>                                                                                                                                                            |  |                                                                                                                                                                         |  |
| VISUALLY: SURFACE INSPECTION OF WELDING.... (ACCEPTED)<br>M.P.I: FREE FROM SURFACE CRACKS OR ANY OTHER DISCONTINUITIES AT TIME OF INSPECTION...(ACCEPTED)                   |  |                                                                                                                                                                         |  |
| <b>Name &amp; Qualifications of person making this report:</b><br><b>Mustafa Salman</b>  |  | <b>Name of person authenticating this report:</b><br>Signature: <b>Ahmed Yahya</b>  |  |

