

## CERTIFICATE OF THOROUGH EXAMINATION

This report complies with the Lifting Operation and Lifting Equipment Regulations

|                                          |                            |                                        |
|------------------------------------------|----------------------------|----------------------------------------|
| Date of Thorough Examination: 08/07/2026 | Date of Report: 08/07/2026 | Report number: <b>RAS-U-2607501373</b> |
|------------------------------------------|----------------------------|----------------------------------------|

|                                                                                                                                                                                                                                                         |                                                                      |                                                                                   |                                                                                                                  |    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                 |     |   |    |  |                                  |     |  |    |   |                                           |     |   |    |  |                                                    |     |  |    |   |
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| Name and Address of employer for whom the thorough examination was made:<br>Handasat Al-Basra Company                                                                                                                                                   |                                                                      | Address of premises at which the examination was made:<br>RAYAT AL-SHARQ Company  |                                                                                                                  |    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                 |     |   |    |  |                                  |     |  |    |   |                                           |     |   |    |  |                                                    |     |  |    |   |
| <b>Description and identification of the equipment:</b><br><br>Master Link                                                                                                                                                                              | <b>Safety Factor (SF):</b><br>4:1<br><b>Size:</b><br>3/4 Inch        | <b>SWL:</b><br>34 Ton<br><b>Connection Parts:</b><br>N/A                          | <b>Manufacture:</b><br>TL<br> |    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                 |     |   |    |  |                                  |     |  |    |   |                                           |     |   |    |  |                                                    |     |  |    |   |
| Is this the first examination after installation or assembly at a new site or location?<br><table><tr><td>YES</td><td></td><td>NO</td><td>✓</td></tr></table>                                                                                           |                                                                      | YES                                                                               |                                                                                                                  | NO | ✓ | Was the examination carried out:<br><table><tr><td>Within an interval of 6 months?</td><td>YES</td><td>✓</td><td>NO</td><td></td></tr><tr><td>Within an interval of 12 months?</td><td>YES</td><td></td><td>NO</td><td>✓</td></tr><tr><td>In accordance with an examination scheme?</td><td>YES</td><td>✓</td><td>NO</td><td></td></tr><tr><td>After the occurrence of exceptional circumstances?</td><td>YES</td><td></td><td>NO</td><td>✓</td></tr></table> |  | Within an interval of 6 months? | 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 | ✓ |
| YES                                                                                                                                                                                                                                                     |                                                                      | NO                                                                                | ✓                                                                                                                |    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                 |     |   |    |  |                                  |     |  |    |   |                                           |     |   |    |  |                                                    |     |  |    |   |
| Within an interval of 6 months?                                                                                                                                                                                                                         | 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                                                                                                               | ✓  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                 |     |   |    |  |                                  |     |  |    |   |                                           |     |   |    |  |                                                    |     |  |    |   |
| If the answer to the above question is YES has the equipment been installed correctly?<br><table><tr><td>YES</td><td></td><td>NO</td><td></td></tr></table>                                                                                             |                                                                      | YES                                                                               |                                                                                                                  | NO |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                 |     |   |    |  |                                  |     |  |    |   |                                           |     |   |    |  |                                                    |     |  |    |   |
| YES                                                                                                                                                                                                                                                     |                                                                      | NO                                                                                |                                                                                                                  |    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                 |     |   |    |  |                                  |     |  |    |   |                                           |     |   |    |  |                                                    |     |  |    |   |
| Serial Number:<br><b>, (A2694)</b>                                                                                                                                                                                                                      |                                                                      | Quantity:<br><b>01</b>                                                            | Inspection Method:<br><b>VT &amp; Dimension Check</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:<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 NONE) <b>NONE</b>                                                                                     |                                                                      |                                                                                   |                                                                                                                  |    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                 |     |   |    |  |                                  |     |  |    |   |                                           |     |   |    |  |                                                    |     |  |    |   |
| Particulars of any tests carried out as part of the examination: (If none state NONE)<br>The mentioned items have been thoroughly examined according to <b>ASME B 30.10</b> and <b>BS EN 1677-4</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 Mohammed                                                                                                                                                                                 | Name of person authenticating this report:<br>Signature: Ahmed Yahya | Latest date by which next thorough examination must be carried out:<br>07/01/2027 |                                                                                                                  |    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                 |     |   |    |  |                                  |     |  |    |   |                                           |     |   |    |  |                                                    |     |  |    |   |
| Name and address of employer of persons making and authenticating this report:<br>Hussein Ali Hussein, Basra, Al-Burjesia                                                                                                                               |                                                                      |                                                                                   |                                                                                                                  |    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                 |     |   |    |  |                                  |     |  |    |   |                                           |     |   |    |  |                                                    |     |  |    |   |

