

## CERTIFICATE OF THOROUGH EXAMINATION

This report complies with the Lifting Operation and Lifting Equipment Regulations

|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                                                         |                                                                         |                                                                                   |                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Date of Thorough Examination: 02/07/2026                                                                                                                                                                                                                                                                                                                                                                                             |                        | Date of Report: 02/07/2026                                              |                                                                         | Report number: RAS-U-2607501418                                                   |                                                                                     |
| Name and Address of employer for whom the thorough examination was made:<br><b>AL-SALIM COMPANY</b>                                                                                                                                                                                                                                                                                                                                  |                        |                                                                         | Address of premises at which the examination was made:<br><b>R- 314</b> |                                                                                   |                                                                                     |
| Description and identification of the equipment:<br><b>4 LIFTING POINTS FOR LIFTING SKID</b>                                                                                                                                                                                                                                                                                                                                         | <b>MGW:</b><br>8.2 TON | <b>Dimension (LxWxH):</b><br>(900 x 240 x 285) cm                       | <b>SWL:</b><br>14 Ton                                                   | <b>Manufacture:</b><br>NOVOMET                                                    |  |
| Was the examination carried out:<br>installation or assembly at a new site or location?                                                                                                                                                                                                                                                                                                                                              |                        |                                                                         | Within an interval of 6 months?                                         |                                                                                   |                                                                                     |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                  |                        |                                                                         | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>     |                                                                                   |                                                                                     |
| If the answer to the above question is YES has the equipment been installed correctly?                                                                                                                                                                                                                                                                                                                                               |                        |                                                                         | Within an interval of 12 months?                                        |                                                                                   |                                                                                     |
| YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                             |                        |                                                                         | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>     |                                                                                   |                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                                                         | In accordance with an examination scheme?                               |                                                                                   |                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                                                         | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>     |                                                                                   |                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                                                         | After the occurrence of exceptional circumstances?                      |                                                                                   |                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                                                         | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>     |                                                                                   |                                                                                     |
| Serial Number:<br><b>(3161578)</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                                                         |                                                                         |                                                                                   | Inspection Method:<br>• VT<br>• MPI<br>• Dimension Check                            |
|      |                        |                                                                         |                                                                         |                                                                                   | <b>Quantity:</b><br><b>04 Lifting Points</b>                                        |
| Is the above a defect which is of immediate danger to persons                                                                                                                                                                                                                                                                                                                                                                        |                        |                                                                         |                                                                         |                                                                                   | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                 |
| 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>Visual & Dimensional check was carried out according to <b>LOLER 98</b> & Found Satisfactory.                                                                                                                                                                                                                                               |                        |                                                                         |                                                                         |                                                                                   |                                                                                     |
| <b>IS THIS EQUIPMENT FIT FOR PURPOSE?</b>                                                                                                                                                                                                                                                                                                                                                                                            |                        |                                                                         |                                                                         |                                                                                   | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                 |
| 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>01/01/2027 |                                                                                     |
| Name and address of employer of persons making and authenticating this report:<br>Hussein Ali Hussein, Basra, Burjesia                                                                                                                                                                                                                                                                                                               |                        |                                                                         |                                                                         |                                                                                   |                                                                                     |

