

## CERTIFICATE OF THOROUGH EXAMINATION

This Report Complies with the Lifting Operation and Lifting Equipment Regulations

|                                                                                                                                                                                  |                              |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Date of Through Examination: 23/05/2026                                                                                                                                          |                              | Date of Report: 23/05/2026                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Report number: RAS-U-2607501465                                                   |                                                                                     |
| Name and Address of employer for whom the thorough examination was made:<br>IGCC Company                                                                                         |                              |                                                                      | Address of premises at which the examination was made:<br>RAYAT AL-SHARQ COMPANY                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |                                                                                     |
| Description and identification of the equipment:<br>Flat Webbing Sling                                                                                                           | Safety Factor (SF):<br>(7:1) | -Length:<br>3 m                                                      | WLL(s):<br>2 Ton                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Manufacture:<br>DELTA PLUS<br>Material:<br>Polyester                              |  |
| Is this the first examination after installation or assembly at a new site or location?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                   |                              |                                                                      | Was the examination carried out?<br>Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>Within an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>In accordance with an examination scheme? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                                                                                   |                                                                                     |
| If the answer to the above question is YES has the equipment been installed correctly?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>                               |                              |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                                                     |
| Serial Number:<br>(4318), (4348), (4335),                                                                                                                                        |                              |                                                                      | Quantity:<br>03                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Inspection Method:<br>VT & Dimension Check                                        |                                                                                     |
| 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) 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:<br>(If none state NONE) NONE                     |                              |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                                                     |
| Particulars of any tests carried out as part of the examination: (If none state NONE)<br>The mentioned slings have been visually examined according to BS EN 1492-1:2000+A1:2008 |                              |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                                                     |
| IS THIS EQUIPMENT FIT FOR PURPOSE?                                                                                                                                               |                              |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | YES <input checked="" type="checkbox"/>                                           | NO <input type="checkbox"/>                                                         |
| 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>22/11/2026 |                                                                                     |
| Name and address of employer of persons making and authenticating this report:<br>Hussein Ali Hussein, Basra, Burjesia                                                           |                              |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                                                     |

