

CERTIFICATE OF THOROUGH EXAMINATION

This Report Complies with the Lifting Operation and Lifting Equipment Regulations

Date of Thorough Examination: 14/07/2026		Report Date: 14/07/2026		Report number: RAS-U-2607501470																									
Name and Address of employer for whom the thorough examination was made: IGCC Company			Address of premises at which the examination was made: RAYAT AL-SHARQ Company																										
Description and identification of the equipment: Safety Pin Bow Shackles	<u>Safety Factor (SF):</u> (6:1)	<u>Size:</u> 1 1/4 Inch	<u>Safe Working Load(s):</u> 5 (Tonne)	<u>Manufacture:</u> VGS-VK																									
Is this the first examination after installation or assembly at a new site or location? If the answer to the above question is YES has the equipment been installed correctly?			Was the examination carried out: Within an interval of 6 months? Within an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?																										
<table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> </table> <table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> </table>			YES		NO	✓	YES		NO		<table border="1"> <tr> <td>YES</td> <td>✓</td> <td>NO</td> <td></td> </tr> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> </table>			YES	✓	NO		YES		NO	✓	YES		NO	✓	YES		NO	✓
YES		NO	✓																										
YES		NO																											
YES	✓	NO																											
YES		NO	✓																										
YES		NO	✓																										
YES		NO	✓																										
Serial Number: (F8704), (V33), (104), (h01064),			Quantity: 04	Inspection Method: VT& 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: (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: (If none state NONE) NONE																													
Particulars of any tests carried out as part of the examination: (If none state NONE) The mentioned items have been thoroughly examined according to EN 13157, and found satisfactory at the time of inspection.																													
IS THIS EQUIPMENT FIT FOR PURPOSE?																													
Name & Qualifications of person making this report: Mustafa Salman			Name of person authenticating this report: Signature: Ahmed Yahya		Latest date by which next thorough examination must be carried out: 13/01/2026																								
Name and address of employer of persons making and authenticating this report: Hussein Ali Hussein, Basra, Burjesia																													

