

CERTIFICATE OF THOROUGH EXAMINATION

This Report Complies with the Lifting Operation and Lifting Equipment Regulations

Date of Through Examination: 06/07/2026		Date of Report: 06/07/2026		Report number: RAS-Y-260750421																									
Name and Address of employer for whom the thorough examination was made: ALQ AL-ABRAJ COMPANY			Address of premises at which the examination was made: ALQ AL-ABRAJ YARD																										
Description and identification of the equipment: Flat Webbing Sling Orange	Safety Factor (SF): (7:1)	-Length: 6 m	WLL(s): 12 Ton	Manufacture: Liftek Material: Polyester																									
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	✓																										
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Serial Number: 99040-5/1, 99040-5/2, 99040-5/3, 99041-5/4, 99040-5/5, 99041-5/6, 99040-5/7, 99040-5/8			Quantity: 08	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 slings have been visually examined according to BS EN 1492-1:2000+A1:2008																													
IS THIS EQUIPMENT FIT FOR PURPOSE?				YES ☒ NO ☐																									
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: 05/01/2026																									
Name and address of employer of persons making and authenticating this report: Hussein Ali Hussein, Basra, Burjesia																													

