

## CERTIFICATE OF THOROUGH EXAMINATION

This Report Complies with the Lifting Operation and Lifting Equipment Regulations

|                                                                                                                                                                                                                                                                  |                              |                                                                      |                                                                                      |                                                                                      |                                                                                     |     |                                                                                                                                                                                                                                  |    |   |                                 |     |    |    |  |                                  |     |  |    |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|---------------------------------|-----|----|----|--|----------------------------------|-----|--|----|---|
| Date of Through Examination: 11/07/2026                                                                                                                                                                                                                          |                              | Date of Report: 11/07/2026                                           |                                                                                      | Report number: RAS-Y-260750439                                                       |                                                                                     |     |                                                                                                                                                                                                                                  |    |   |                                 |     |    |    |  |                                  |     |  |    |   |
| Name and Address of employer for whom the thorough examination was made:<br>TAAM ENGINEERING                                                                                                                                                                     |                              |                                                                      | Address of premises at which the examination was made:<br>TAAM YARD                  |                                                                                      |                                                                                     |     |                                                                                                                                                                                                                                  |    |   |                                 |     |    |    |  |                                  |     |  |    |   |
| Description and identification of the equipment:<br>Flat Webbing Sling                                                                                                                                                                                           | Safety Factor (SF):<br>(7:1) | -Length:<br>6 m                                                      | WLL(s):<br>5 Ton                                                                     | Manufacture:<br>KINGROY<br>Material:<br>Polyester                                    |  |     |                                                                                                                                                                                                                                  |    |   |                                 |     |    |    |  |                                  |     |  |    |   |
| Is this the first examination after installation or assembly at a new site or location?                                                                                                                                                                          |                              |                                                                      | Was the examination carried out?                                                     |                                                                                      |                                                                                     |     |                                                                                                                                                                                                                                  |    |   |                                 |     |    |    |  |                                  |     |  |    |   |
| <table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> </table>                                                                                                                                                                             |                              |                                                                      | YES                                                                                  |                                                                                      | NO                                                                                  | ✓   | <table border="1"> <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> </table> |    |   | Within an interval of 6 months? | YES | ✓  | NO |  | Within an interval of 12 months? | YES |  | NO | ✓ |
| YES                                                                                                                                                                                                                                                              |                              | NO                                                                   | ✓                                                                                    |                                                                                      |                                                                                     |     |                                                                                                                                                                                                                                  |    |   |                                 |     |    |    |  |                                  |     |  |    |   |
| Within an interval of 6 months?                                                                                                                                                                                                                                  | YES                          | ✓                                                                    | NO                                                                                   |                                                                                      |                                                                                     |     |                                                                                                                                                                                                                                  |    |   |                                 |     |    |    |  |                                  |     |  |    |   |
| Within an interval of 12 months?                                                                                                                                                                                                                                 | YES                          |                                                                      | NO                                                                                   | ✓                                                                                    |                                                                                     |     |                                                                                                                                                                                                                                  |    |   |                                 |     |    |    |  |                                  |     |  |    |   |
| If the answer to the above question is YES has the equipment been installed correctly?                                                                                                                                                                           |                              |                                                                      | In accordance with an examination scheme?                                            |                                                                                      |                                                                                     |     |                                                                                                                                                                                                                                  |    |   |                                 |     |    |    |  |                                  |     |  |    |   |
| <table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> </table>                                                                                                                                                                              |                              |                                                                      | YES                                                                                  |                                                                                      | NO                                                                                  |     | <table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> </table>                                                                                                                                             |    |   | YES                             |     | NO | ✓  |  |                                  |     |  |    |   |
| YES                                                                                                                                                                                                                                                              |                              | NO                                                                   |                                                                                      |                                                                                      |                                                                                     |     |                                                                                                                                                                                                                                  |    |   |                                 |     |    |    |  |                                  |     |  |    |   |
| YES                                                                                                                                                                                                                                                              |                              | NO                                                                   | ✓                                                                                    |                                                                                      |                                                                                     |     |                                                                                                                                                                                                                                  |    |   |                                 |     |    |    |  |                                  |     |  |    |   |
| After the occurrence of exceptional circumstances?                                                                                                                                                                                                               |                              |                                                                      | <table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> </table> |                                                                                      |                                                                                     | YES |                                                                                                                                                                                                                                  | NO | ✓ |                                 |     |    |    |  |                                  |     |  |    |   |
| YES                                                                                                                                                                                                                                                              |                              | NO                                                                   | ✓                                                                                    |                                                                                      |                                                                                     |     |                                                                                                                                                                                                                                  |    |   |                                 |     |    |    |  |                                  |     |  |    |   |
| Serial Number:<br>B54400052,B54400232,B54400001,B54400230,B54400024,B54400099,B54400072<br>B54400064,B54400180,B54400175,B54400141,B54400165,B54400196,B54400237<br>B54400096,B54400081,B54400169,B54400088,B54400186,B54400083,B54400089<br>B54400211,B54400232 |                              |                                                                      | Quantity:<br>23                                                                      | Inspection Method:<br>VT & Dimension Check                                           |                                                                                     |     |                                                                                                                                                                                                                                  |    |   |                                 |     |    |    |  |                                  |     |  |    |   |
| Is the above a defect which is of immediate danger to persons                                                                                                                                                                                                    |                              |                                                                      | <table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> </table> |                                                                                      |                                                                                     | YES |                                                                                                                                                                                                                                  | NO | ✓ |                                 |     |    |    |  |                                  |     |  |    |   |
| 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 slings have been visually examined according to <b>BS EN 1492-1:2000+A1:2008</b>                                                                          |                              |                                                                      |                                                                                      |                                                                                      |                                                                                     |     |                                                                                                                                                                                                                                  |    |   |                                 |     |    |    |  |                                  |     |  |    |   |
| IS THIS EQUIPMENT FIT FOR PURPOSE?                                                                                                                                                                                                                               |                              |                                                                      |                                                                                      | <table border="1"> <tr> <td>YES</td> <td>✓</td> <td>NO</td> <td></td> </tr> </table> |                                                                                     | YES | ✓                                                                                                                                                                                                                                | NO |   |                                 |     |    |    |  |                                  |     |  |    |   |
| YES                                                                                                                                                                                                                                                              | ✓                            | NO                                                                   |                                                                                      |                                                                                      |                                                                                     |     |                                                                                                                                                                                                                                  |    |   |                                 |     |    |    |  |                                  |     |  |    |   |
| 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>10/01/2027    |                                                                                     |     |                                                                                                                                                                                                                                  |    |   |                                 |     |    |    |  |                                  |     |  |    |   |
| Name and address of employer of persons making and authenticating this report:<br>Hussein Ali Hussein, Basra, Burjesia                                                                                                                                           |                              |                                                                      |                                                                                      |                                                                                      |                                                                                     |     |                                                                                                                                                                                                                                  |    |   |                                 |     |    |    |  |                                  |     |  |    |   |

