

## CERTIFICATE OF THOROUGH EXAMINATION

This Report Complies with the Lifting Operation and Lifting Equipment Regulations

|                                                                                                                                                                                         |                                                |                                                                             |                                                                                                                                                                                                                            |                                                                                          |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---|-----|--|----|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----|---|----|--|-----|--|----|---|-----|--|----|---|-----|--|----|---|
| Date of Through Examination: 13/07/2026                                                                                                                                                 |                                                | Date of Report: 13/07/2026                                                  |                                                                                                                                                                                                                            | Report number: <b>RAS-Y-260750448</b>                                                    |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| Name and Address of employer for whom the thorough examination was made:<br><b>ABRAJ AL-BADER COMPANY</b>                                                                               |                                                |                                                                             | Address of premises at which the examination was made:<br><b>OMQASER</b>                                                                                                                                                   |                                                                                          |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| Description and identification of the equipment:<br><br><b>Flat Webbing Sling</b>                                                                                                       | <b>Safety Factor (SF):</b><br><br><b>(7:1)</b> | <b>-Length:</b><br><br><b>10 m</b>                                          | <b>WLL(s):</b><br><br><b>10 Ton</b>                                                                                                                                                                                        | <b>Manufacture:</b><br><br><b>DAWSON</b><br><br><b>Material:</b><br><b>Polyester</b>     |  |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| Is this the first examination after installation or assembly at a new site or location?<br><br>If the answer to the above question is YES has the equipment been installed correctly?   |                                                |                                                                             | Was the examination carried out?<br><br>Within an interval of 6 months?<br><br>Within an interval of 12 months?<br><br>In accordance with an examination scheme?<br><br>After the occurrence of exceptional circumstances? |                                                                                          |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| <table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> </table><br><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:<br><br><b>3601-10T/10M-2378, 3601-10T/10M-2376</b>                                                                                                                       |                                                |                                                                             | Quantity:<br><br><b>02</b>                                                                                                                                                                                                 | Inspection Method:<br><br><b>VT &amp; Dimension Check</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><b>The mentioned slings have been visually examined according to BS EN 1492-1:2000+A1:2008</b> |                                                |                                                                             |                                                                                                                                                                                                                            |                                                                                          |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| <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><b>Mustafa Salman</b>                                                                                                            |                                                | Name of person authenticating this report:<br><b>Signature: Ahmed Yahya</b> |                                                                                                                                                                                                                            | Latest date by which next thorough examination must be carried out:<br><b>12/01/2027</b> |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| Name and address of employer of persons making and authenticating this report:<br><b>Hussein Ali Hussein, Basra, Burjesia</b>                                                           |                                                |                                                                             |                                                                                                                                                                                                                            |                                                                                          |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |

