

## CERTIFICATE OF THOROUGH EXAMINATION

This report complies with the Lifting Equipment Engineers Association Technical requirements

|                                         |                            |                                 |
|-----------------------------------------|----------------------------|---------------------------------|
| Date of Through Examination: 04/07/2026 | Date of Report: 04/07/2026 | Report number: RAS-MU-260750934 |
|-----------------------------------------|----------------------------|---------------------------------|

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| Name and Address of employer for whom the thorough examination was made:<br>TAAM COMPANY                                                                                       |                                                                      | Address of premises at which the examination was made:<br>RATAWI                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                          |
| Description and identification of the equipment:<br><b>Container Lifting Lugs – Bottom Side Type</b>                                                                           | <b>Safety Factor (SF):</b><br>(4:1)<br><br><b>Grade:</b><br>80       | <b>Safe Working Load (SWL):</b><br>12.5 Ton<br><br>@ 50°: 8 Ton<br>@ 36°: 10 Ton                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Manufacture:</b><br>CAMLOK<br><br> |
| Is this the first examination after installation or assembly at a new site or location?<br><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>             |                                                                      | Was the examination carried out:<br><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><br>YES <input type="checkbox"/> NO <input type="checkbox"/>                         |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |
| Serial Number:<br>11649597, 11649588, 11630025, 11630028                                                                                                                       |                                                                      | Quantity:<br><b>04</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Inspection Method:<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>The mentioned Above have been visually examined according to <b>LEEA GUIDANCE 066</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>Mustafa Salman                                                                                                          | Name of person authenticating this report:<br>Signature: Ahmed Yahya | Latest date by which next thorough examination must be carried out:<br>03/01/2027                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                          |
| Name and address of employer of persons making and authenticating this report:<br>Hussein Ali Hussein, Basra, Burdjasia                                                        |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |

