

CERTIFICATE OF THOROUGH EXAMINATION

This report complies with the Lifting Operation and Lifting Equipment Regulations

Date of Through Examination: 05/07/2026		Date of Report: 05/07/2026		Report number: RAS-MU-260650102																	
Name and Address of employer for whom the thorough examination was made: ARKAN ALBASSRA CO			Address of premises at which the examination was made: RAS YARD																		
Description and identification of the equipment: LIFE Line Wire Rope Sling 7*37		Effective Working Length: 185 M Diameter: 8 mm Safe Working Load (SWL): 750 KG @ 0-45 Degree		Manufacture: UNGAL Safety Factor (SF): 5:1																	
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> <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	☒																		
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YES	☒	NO	☒																		
Serial Number: (D03)		Quantity: 01		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 Equipment Above have been Visually Examined According to EN 13414-1:2003+A2:2008																					
IS THIS EQUIPMENT FIT FOR PURPOSE?				YES ☒ NO ☒																	
Name & Qualifications of person making this report: Ahmed Yahya		Name of person authenticating this report: Signature: MUSTAFA SALMAN		Latest date by which next thorough examination must be carried out: 04/01/2027																	
Name and address of employer of persons making and authenticating this report: Hussein Ali Hussein, Basra, Burjesia																					

