

## CERTIFICATE OF THOROUGH EXAMINATION

This report complies with the Lifting Operation and Lifting Equipment Regulations

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|                                         |                            |                               |
|-----------------------------------------|----------------------------|-------------------------------|
| Date of Through Examination: 08/08/2026 | Date of Report: 08/08/2026 | Report Number: RAS-U-26083011 |
|-----------------------------------------|----------------------------|-------------------------------|

|                                                                                                                                 |                                                                                                                                                                                                                                                          |                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <u>Description and identification of the equipment:</u><br><br><b>Wheel Forklift Loader, Diesel powered, Hydraulic Operated</b> | <u><b>Manufacturer:</b></u> SANY<br><u><b>Year of Manufacture:</b></u> 2024<br><u><b>Model:</b></u> SYL956H5<br><u><b>Serial Number:</b></u> SANLU7906RH00743<br><u><b>Chassis Number:</b></u> SANLU7906RH00743<br><u><b>Plate Number:</b></u> 14 A93515 |  |
| <u>Name and address of employer for whom the thorough examination was made:</u><br><b>HUSSEIN NAAMA</b>                         | <u><b>Attachments Details:</b></u><br><b>Forks SN:</b> 65617R02\RS8071407                                                                                                                                                                                |                                                                                     |
| <u>Address of premises at which the examination was made:</u><br><b>AL-ZABER</b>                                                |                                                                                                                                                                                                                                                          | <u><b>Weight:</b></u><br>17200 kg<br><u><b>Rated Load:</b></u><br>5 Ton             |

|                                                                                         |                                                    |  |    |   |
|-----------------------------------------------------------------------------------------|----------------------------------------------------|--|----|---|
| Is this the first examination after installation or assembly at a new site or location? | <b>Was the examination carried out:</b>            |  |    |   |
|                                                                                         | YES                                                |  | NO | ✓ |
| If the answer to the above question is YES, has the equipment been installed correctly? | Within an interval of 6 months?                    |  |    |   |
|                                                                                         | YES                                                |  | NO | ✓ |
|                                                                                         | Within an interval of 12 months?                   |  |    |   |
|                                                                                         | YES                                                |  | NO | ✓ |
|                                                                                         | In accordance with an examination scheme?          |  |    |   |
|                                                                                         | YES                                                |  | NO | ✓ |
|                                                                                         | After the occurrence of exceptional circumstances? |  |    |   |
|                                                                                         | YES                                                |  | NO | ✓ |

Particulars of any repair, renewal or alteration required to remedy the defect identified above: **NONE**

|                                                               |     |  |    |   |
|---------------------------------------------------------------|-----|--|----|---|
| 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) <b>NONE</b> | Yes by: |
|--------------------------------------------------------------------------------------------------------------------------|---------|

Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect: **NONE**

Particulars of any test carried out as part of examination:  
-The Referenced Equipment Has Been Visual, Function and Performance Tested As per ISO 3691-1:2015+A1:2020 & ISO 5057 Requirements.  
-MPI Has Been done to the Forks and Clamps According to ASTM E 709.

|                                           |     |   |    |  |
|-------------------------------------------|-----|---|----|--|
| <b>IS THIS EQUIPMENT SAFE TO OPERATE?</b> | YES | ✓ | NO |  |
|-------------------------------------------|-----|---|----|--|

|                                                                           |                                                                                |                                                                                          |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Name & Qualifications of person making this report:<br><b>Ahmed Yahya</b> | Name of person authenticating this report:<br>Signature: <b>Mustafa Salman</b> | Latest date by which next thorough examination must be carried out:<br><b>07/08/2027</b> |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

Name and address of employer of person making and authenticating this report:  
**Hussein Ali Hussein, Basra, Burjesia**



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| 1- FROM GROUND                                 |           |      |                   |         |          |
|------------------------------------------------|-----------|------|-------------------|---------|----------|
|                                                | Condition |      | Corrective Action |         | Comments |
|                                                | Pass      | Fail | Repair            | Replace |          |
| Steps and Handholds                            | ✓         |      |                   |         |          |
| Tires, Lug Nuts, Brakes                        | ✓         |      |                   |         |          |
| Forks, Grapple                                 | ✓         |      |                   |         |          |
| Bucket                                         | N/A       |      |                   |         |          |
| Air reservoir                                  | ✓         |      |                   |         |          |
| Transmission                                   | ✓         |      |                   |         |          |
| Underneath of Machine                          | ✓         |      |                   |         |          |
| Hydraulic Oil Tank                             | ✓         |      |                   |         |          |
| Batteries & Hold Tank                          | ✓         |      |                   |         |          |
| Fuel Tank                                      | ✓         |      |                   |         |          |
| Hydraulic cylinders, tubes, hoses and fittings | ✓         |      |                   |         |          |
| Front wheel spindle bearings                   | ✓         |      |                   |         |          |
| All-wheel drive motors                         | ✓         |      |                   |         |          |
| Pliers linkage                                 | ✓         |      |                   |         |          |
| Pliers and end bits                            | ✓         |      |                   |         |          |
| 2- ENGINE COMPARTMENT                          |           |      |                   |         |          |
|                                                | Condition |      | Corrective Action |         | Comments |
|                                                | Pass      | Fail | Repair            | Replace |          |
| Engine Oil                                     | ✓         |      |                   |         |          |
| Engine Coolant                                 | ✓         |      |                   |         |          |
| Engine Pre-cleaner                             | ✓         |      |                   |         |          |
| Air Filter                                     | ✓         |      |                   |         |          |
| All Hoses                                      | ✓         |      |                   |         |          |
| Radiator                                       | ✓         |      |                   |         |          |
| Engine Oil                                     | ✓         |      |                   |         |          |
| 3- OPERATOR CAB                                |           |      |                   |         |          |
|                                                | Condition |      | Corrective Action |         | Comments |
|                                                | Pass      | Fail | Repair            | Replace |          |
| Seat                                           | ✓         |      |                   |         |          |
| Seat Belt & Mounting                           | ✓         |      |                   |         |          |
| Horn, backup alarm, lights                     | ✓         |      |                   |         |          |
| Controls, gauge lenses                         | ✓         |      |                   |         |          |
| Mechanical connections                         | ✓         |      |                   |         |          |
| Hydraulic hoses and fittings                   | ✓         |      |                   |         |          |
| Rams/ seals                                    | ✓         |      |                   |         |          |



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Report Number: **RAS-U-2605301226**

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| LOAD TEST & NDT (MPI) REPORT       |                                  |                         |            |
|------------------------------------|----------------------------------|-------------------------|------------|
| Report No:                         | 260130002                        | Examination Date:       | 25/05/2026 |
| LOAD TEST                          |                                  |                         |            |
| Equipment Details                  |                                  |                         |            |
| Load Cell Serial No: 30682 / 25532 | Vernier Caliper S/N: ZY 5000\300 | Measuring Tape S/N: N/A |            |

| NDT (MPI) FOR CRANE'S HOOK |               |                 |                |                 |                |
|----------------------------|---------------|-----------------|----------------|-----------------|----------------|
| NDT Details                |               |                 |                |                 |                |
| Standard:                  | ASTME 709     | Equipment type: | PERMENANT YOKE | Contrast Media: | WHITE CONTRAST |
| Viewing Condition          | Colored media | Method          | WET            | Indicator:      | BLACK INK      |
| NDT Equipment Details      |               |                 |                |                 |                |
| YOKE S/N                   | A12-512       | WHITE CONTRAST  | MagnavisWCP-2  | BLACK INK       | Magnavis7HF    |



| Attachments Details                                                                                            |                     |
|----------------------------------------------------------------------------------------------------------------|---------------------|
| <b>Attachments Serial Number:</b>                                                                              | 85C5-1, 85C5-2      |
| <b>SWL:</b>                                                                                                    | 8.5 Ton             |
| NDT Procedure                                                                                                  |                     |
| Visual & MPI CARRIED OUT FOR THE ABOVE DESCRIPTION AND FOUND FREE OF SURFACE DEFECTS AT THE TIME OF INSPECTION |                     |
| Identification of any part found to have a defect and a description of the defect: <b>NONE</b>                 |                     |
| Particulars of any repair, renewal or alteration required to remedy the defect identified above: <b>NONE</b>   |                     |
| ASNT Level II Inspector Name & Signature: Ahmed Yahya                                                          | RESULT: <b>PASS</b> |

