

## CERTIFICATE OF THOROUGH EXAMINATION

This Report Complies with the Lifting Operation and Lifting Equipment Regulations

|                                          |                         |                                 |
|------------------------------------------|-------------------------|---------------------------------|
| Date of Thorough Examination: 22/08/2026 | Report Date: 22/08/2026 | Report number: RAS-AM-260850108 |
|------------------------------------------|-------------------------|---------------------------------|

|                                                                                                                                                                                                                            |                                                                                |                                                                                      |                                                                                          |                            |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                 |     |   |    |  |                                  |     |  |    |   |                                           |     |  |    |   |                                                    |     |  |    |   |
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| Name and Address of employer for whom the thorough examination was made:<br><b>Handset Al-Basra Company</b>                                                                                                                |                                                                                | Address of premises at which the examination was made:<br><b>Rayat Al-Sharq Yard</b> |                                                                                          |                            |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                 |     |   |    |  |                                  |     |  |    |   |                                           |     |  |    |   |                                                    |     |  |    |   |
| Description and identification of the equipment:<br><b>Screw Pin Bow Shackles</b>                                                                                                                                          | <b>Safety Factor (SF):</b><br>(6:1)                                            | <b>Size:</b><br>3 / 8 Inch                                                           | <b>Safe Working Load(s):</b><br>17 Ton                                                   | <b>Manufacture:</b><br>DUT |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                 |     |   |    |  |                                  |     |  |    |   |                                           |     |  |    |   |                                                    |     |  |    |   |
| Is this the first examination after installation or assembly at a new site or location?<br><table><tr><td>YES</td><td></td><td>NO</td><td>✓</td></tr></table>                                                              |                                                                                | YES                                                                                  |                                                                                          | NO                         | ✓                                                                                   | Was the examination carried out:<br><table><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><tr><td>In accordance with an examination scheme?</td><td>YES</td><td></td><td>NO</td><td>✓</td></tr><tr><td>After the occurrence of exceptional circumstances?</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 | ✓ | In accordance with an examination scheme? | YES |  | NO | ✓ | After the occurrence of exceptional circumstances? | YES |  | NO | ✓ |
| YES                                                                                                                                                                                                                        |                                                                                | NO                                                                                   | ✓                                                                                        |                            |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                 |     |   |    |  |                                  |     |  |    |   |                                           |     |  |    |   |                                                    |     |  |    |   |
| 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                                                                                       | ✓                          |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                 |     |   |    |  |                                  |     |  |    |   |                                           |     |  |    |   |                                                    |     |  |    |   |
| Serial Number:<br>(DS1780P)                                                                                                                                                                                                |                                                                                | Quantity:<br><b>01</b>                                                               | Inspection Method:<br><b>VT&amp; Dimension Check</b>                                     |                            |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                 |     |   |    |  |                                  |     |  |    |   |                                           |     |  |    |   |                                                    |     |  |    |   |
| 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:<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 items have been thoroughly examined according to EN 13157, and found satisfactory at the time of inspection.</b> |                                                                                |                                                                                      |                                                                                          |                            |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                 |     |   |    |  |                                  |     |  |    |   |                                           |     |  |    |   |                                                    |     |  |    |   |
| <b>IS THIS EQUIPMENT FIT FOR PURPOSE?</b>                                                                                                                                                                                  |                                                                                |                                                                                      |                                                                                          | YES                        | ✓                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                 |     |   |    |  |                                  |     |  |    |   |                                           |     |  |    |   |                                                    |     |  |    |   |
| Name & Qualifications of person making this report:<br><b>Ahmed Yahya</b>                                                                                                                                                  | Name of person authenticating this report:<br><b>Signature: Mustafa Salman</b> |                                                                                      | Latest date by which next thorough examination must be carried out:<br><b>21/02/2027</b> |                            |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                 |     |   |    |  |                                  |     |  |    |   |                                           |     |  |    |   |                                                    |     |  |    |   |
| Name and address of employer of persons making and authenticating this report:<br><b>Hussein Ali Hussein, Basra, Burjesia</b>                                                                                              |                                                                                |                                                                                      |                                                                                          |                            |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                 |     |   |    |  |                                  |     |  |    |   |                                           |     |  |    |   |                                                    |     |  |    |   |

