

CERTIFICATE OF THOROUGH EXAMINATION

This report complies with the Lifting Operation and Lifting Equipment Regulations

Date of Thorough Examination: 22/08/2026	Date of Report: 22/08/2026	Report number: RAS-AM-260850113
--	----------------------------	--

Name and Address of employer for whom the thorough examination was made: Handset Al-Basra Company	Address of premises at which the examination was made: RAS YARD
Description and identification of the equipment: SPREADER BAR	TARE WEIGHT: 400 KG MAX LENGTH: 6.55 M MODEL: N/A Manufacture: Local SWL: 40 Ton



EXIMENED ACCORDING TO BS EN 13155:2020

PADEYES DIMENSION:	THICKNESS:	PIN HOLE:	LENGTH:	HEIGHT:
	39 MM	66 MM	540 MM	290 MM

Tools Details

Description	S/N	Description	S/N	Description	S/N
Load Cell	30682/25532	Measuring Tape	N/A	Digital Caliper	4000576010

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

Serial Number: 0025886	Quantity: 01	Inspection Method: VT & MPI & 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 Referenced Equipment Has Been Visual & Load Tested As per **BS EN 13155:2020** and Found Satisfactory at the Time of Inspection.

IS THIS EQUIPMENT FIT FOR PURPOSE?	YES	✓	NO	
---	-----	---	----	--

Name & Qualifications of person making this report: Mustafa Salman	Name of person authenticating this report: Signature: Ahmed Yahya	Latest date by which next thorough examination must be carried out: 21/02/2027
---	--	---

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

