

CERTIFICATE OF THOROUGH EXAMINATION

This report complies with the Lifting Operation and Lifting Equipment Regulations

Date of Thorough Examination: 24/08/2026	Date of Report: 24/08/2026	Report number: RAS-AM-260850123
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Name and Address of employer for whom the thorough examination was made: TAAM COMPANY		Address of premises at which the examination was made: TAAM COMPANY YARD																									
Description and identification of the equipment: 4 Legs Chain Sling, Master Link Assembly C/W Chain Connector at the Top & Legs Terminating with self-lock clevis hook at the Bottom	Effective Working Length: 7 m Diameter: 13 mm Safe Working Load (SWL): 11.2 Ton @0-45 Degree	Manufacture: Local Safety Factor (SF): (4:1) Chain Grade: 80																									
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?	<table> <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		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> <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	✓																								
YES		NO																									
YES	✓	NO																									
YES		NO	✓																								
YES		NO	✓																								
YES		NO	✓																								
Serial Number: (C5280)	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) Examined According to the Standard BS EN 818-4																											
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: 23/02/2027																								
Name and address of employer of persons making and authenticating this report: Hussein Ali Hussein, Basra, Burjesia																											

