

CERTIFICATE OF THOROUGH EXAMINATION

This Report Complies with the Lifting Operation and Lifting Equipment Regulations

Date of Through Examination: 25/08/2026		Date of Report: 25/08/2026		Report number: RAS-U-260850124															
Name and Address of employer for whom the thorough examination was made: IGCC Company			Address of premises at which the examination was made: RAYAT AL-SHARQ COMPANY																
Description and identification of the equipment: Flat Webbing Sling	Safety Factor (SF): (7:1)	-Length: 8 m	WLL(s): 4 Ton	Manufacture: DELTA PLUS Material: Polyester															
Is this the first examination after installation or assembly at a new site or location? <table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> </table>			YES		NO	✓	Was the examination carried out? <table border="1"> <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> </table>			Within an interval of 6 months?	YES	✓	NO		Within an interval of 12 months?	YES		NO	✓
YES		NO	✓																
Within an interval of 6 months?	YES	✓	NO																
Within an interval of 12 months?	YES		NO	✓															
If the answer to the above question is YES has the equipment been installed correctly? <table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> </table>			YES		NO		In accordance with an examination scheme? <table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> </table>			YES		NO	✓						
YES		NO																	
YES		NO	✓																
Serial Number: (3916),			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 slings have been visually examined according to BS EN 1492-1:2000+A1:2008																			
IS THIS EQUIPMENT FIT FOR PURPOSE? <table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> </table>						YES		NO											
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: 24/02/2027															
Name and address of employer of persons making and authenticating this report: Hussein Ali Hussein, Basra, Burjesia																			