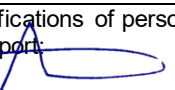
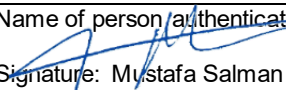


## CERTIFICATE OF THOROUGH EXAMINATION

This Report Complies with the Lifting Operation and Lifting Equipment Regulations

|                                                                                                                                                                                                                             |                                         |                                                                                                                                                             |                                                                                                                                                                                                                            |                                                                                   |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---|-----|--|----|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----|---|----|--|-----|--|----|---|-----|--|----|---|-----|--|----|---|
| Date of Thorough Examination: 25/08/2026                                                                                                                                                                                    |                                         | Report Date: 25/08/2026                                                                                                                                     |                                                                                                                                                                                                                            | Report number: RAS-AM-260850126                                                   |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| Name and Address of employer for whom the thorough examination was made:<br><b>TAAM COMPANY</b>                                                                                                                             |                                         |                                                                                                                                                             | Address of premises at which the examination was made:<br><b>TAAM COMPANY YARD</b>                                                                                                                                         |                                                                                   |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| Description and identification of the equipment:<br><br>Safety Pin Bow Shackles                                                                                                                                             | <b>Safety Factor (SF):</b><br><br>(6:1) | <b>Size:</b><br><br>1-1/4 Inch                                                                                                                              | <b>Safe Working Load(s):</b><br><br>12.0 Ton                                                                                                                                                                               | <b>Manufacture:</b><br><br>Toyolift                                               |  |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| Is this the first examination after installation or assembly at a new site or location?<br><br>If the answer to the above question is YES has the equipment been installed correctly?                                       |                                         |                                                                                                                                                             | Was the examination carried out:<br><br>Within an interval of 6 months?<br><br>Within an interval of 12 months?<br><br>In accordance with an examination scheme?<br><br>After the occurrence of exceptional circumstances? |                                                                                   |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| <table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> </table><br><table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> </table>                                                 |                                         |                                                                                                                                                             | YES                                                                                                                                                                                                                        |                                                                                   | NO                                                                                  | ✓ | YES |  | NO |  | <table border="1"> <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:<br><br><b>C9988, C9989, B6783, B6077</b>                                                                                                                                                                     |                                         |                                                                                                                                                             | Quantity:<br><br><b>04</b>                                                                                                                                                                                                 | Inspection Method:<br><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>The mentioned items have been thoroughly examined according to <b>EN 13157</b> , and found satisfactory at the time of inspection. |                                         |                                                                                                                                                             |                                                                                                                                                                                                                            |                                                                                   |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| <b>IS THIS EQUIPMENT FIT FOR PURPOSE?</b>                                                                                                                                                                                   |                                         |                                                                                                                                                             |                                                                                                                                                                                                                            | YES                                                                               | ✓ NO                                                                                |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| Name & Qualifications of person making this report:<br>Ahmed Yahya                                                                       |                                         | Name of person authenticating this report:<br>Signature: Mustafa Salman  |                                                                                                                                                                                                                            | Latest date by which next thorough examination must be carried out:<br>24/02/2027 |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |
| Name and address of employer of persons making and authenticating this report:<br>Hussein Ali Hussein, Basra, Burjesia                                                                                                      |                                         |                                                                                                                                                             |                                                                                                                                                                                                                            |                                                                                   |                                                                                     |   |     |  |    |  |                                                                                                                                                                                                                                                                 |  |  |     |   |    |  |     |  |    |   |     |  |    |   |     |  |    |   |

