

CERTIFICATE OF THOROUGH EXAMINATION

This Report Complies with the Lifting Operation and Lifting Equipment Regulations

Date of Thorough Examination: 27/08/2026	Report Date: 27/08/2026	Report number: RAS-U-260850136
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Name and Address of employer for whom the thorough examination was made: IGCC Company		Address of premises at which the examination was made: RAS\YARD																											
Description and identification of the equipment: Safety Pin Bow Shackles	<u>Safety Factor (SF):</u> (5:1)	<u>Size:</u> 3/8 Inch	<u>Safe Working Load(s):</u> 1 (Tonne)	<u>Manufacture:</u> GT																									
Is this the first examination after installation or assembly at a new site or location? <table><tr><td>YES</td><td></td><td>NO</td><td>✓</td></tr></table>		YES		NO	✓	Was the examination carried out: <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	✓																									
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></table>		YES		NO																									
YES		NO																											
Serial Number: (C1530), (B6686) (C1529), (C1532)		Quantity: 04	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 items have been thoroughly examined according to EN 13157, and found satisfactory at the time of inspection.																													
IS THIS EQUIPMENT FIT FOR PURPOSE? <table><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: 26/02/2027																										
Name and address of employer of persons making and authenticating this report: Hussein Ali Hussein, Basra, Burjesia																													

