

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-260850143	
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> 1-1½ Inch	<u>Safe Working Load(s):</u> 17 (Tonne)	<u>Manufacture:</u> HK	
Is this the first examination after installation or assembly at a new site or location? YES ☐ NO ☒			Was the examination carried out: 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? YES ☐ NO ☐					
Serial Number: (A6), (A4), (A3), (A9), (A7), (A1), (Z02), (Z01), (A1 1),			Quantity: 09	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? 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					

