

CERTIFICATE OF THOROUGH EXAMINATION

This report complies with the Lifting Operation and Lifting Equipment Regulations

Date of Thorough Examination: 27/08/2026	Date of Report: 27/08/2026	Report number: RAS-U-260850152
--	----------------------------	--------------------------------

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: Master Link	Safety Factor (SF): 4:1 Size: 4/2 Inch	SWL: 28 Ton Connection Parts: N/A	Manufacture: LOCAL 																								
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><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 border="1"><tr><td>YES</td><td></td><td>NO</td><td></td></tr></table>		YES		NO																							
YES		NO																									
Serial Number: (C1544),(C1542)		Quantity: 02	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 ASME B 30.10 and BS EN 1677-4, and found satisfactory at the time of inspection.																											
IS THIS EQUIPMENT FIT FOR PURPOSE?		YES	NO																								
Name & Qualifications of person making this report: Mustafa Mohammed	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, Al-Burjesia																											

