

CERTIFICATE OF THOROUGH EXAMINATION

This Report Complies with the Lifting Operation and Lifting Equipment Regulations

Date of Thorough Examination: 30/08/2026	Report Date: 30/08/2026	Report number: RAS-AM-260850138
--	-------------------------	---------------------------------

Name and Address of employer for whom the thorough examination was made: IGCC COMPANY		Address of premises at which the examination was made: IGCC COMPANY YARD			
Description and identification of the equipment: Safety Pin Bow Shackles	Safety Factor (SF): (6:1)	Size: 1 Inch	Safe Working Load(s): 8 -1/2 Tonne	Manufacture: LIFTING GEAR	
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: B363, B368, B367, B364		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?				YES ☒	NO ☐
Name & Qualifications of person making this report: Ahmed Yahya		Name of person authenticating this report: Signature: Mustafa Salman		Latest date by which next thorough examination must be carried out: 29/02/2027	
Name and address of employer of persons making and authenticating this report: Hussein Ali Hussein, Basra, Burjesia					

