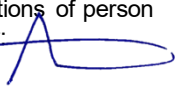
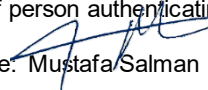


CERTIFICATE OF THOROUGH EXAMINATION

This report complies with the Lifting Operation and Lifting Equipment Regulations

Date of Through Examination: 30/08/2026		Date of Report: 30/08/2026		Report number: RAS-AM-260850149	
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: LOW PRESSURE MANIFOLD (MAUDDUD).	MGW: 16500 kg	Dimension (LxWxH): 7200 x 4000 x 932 mm (LxWxH) Test Pressure: 390 / 28.5 bar(g)	Design Pressure: 260 / 18.1 bar(g)	Manufacture: MICODA	
Was the examination carried out: installation or assembly at a new site or location?			Within an interval of 6 months?		
YES ☐ NO ☒			YES ☒ NO ☐		
If the answer to the above question is YES has the equipment been installed correctly?			Within an interval of 12 months?		
YES ☐ NO ☐			YES ☐ NO ☒		
			In accordance with an examination scheme?		
			YES ☐ NO ☒		
			After the occurrence of exceptional circumstances?		
			YES ☐ NO ☒		
Serial Number: (MIC-00910.10-11)		Quantity: 01	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) Visual & Dimensional check was carried out according to LOLER 98 & Found Satisfactory.					
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: 29/08/2027	
Name and address of employer of persons making and authenticating this report: Hussein Ali Hussein, Basra, Burjesia					

