

## CERTIFICATE OF THOROUGH EXAMINATION

This Report Complies with the Lifting Operation and Lifting Equipment Regulations

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| Date of Thorough Examination: 30/08/2026                                                                                                                                  |  | Date of Report: 30/08/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             | Report number: RAS-AM-260850154                                                            |  |
| Name and Address of employer for whom the thorough examination was made:<br>IGCC COMPANY                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address of premises at which the examination was made:<br>IGCC COMPANY YARD |                                                                                            |  |
| <b>Description and identification of the equipment:</b><br><br>DOUBLE (2) LEG WIRE ROPE SLINGS - IDEAL FOR YOUR LIFTING & RIGGING NEEDS                                   |  | <b>Safety Factor (SF):</b><br>5:1<br><br><b>Effective Working Length:</b><br>8.4M(12375),8.4M (12374)                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             | <b>SWL:</b><br>23.2 Ton<br><br><b>Diameter:</b><br>44 mm<br><br><b>Manufacture:</b><br>LNS |  |
| Is this the first examination after installation or assembly at a new site or location?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>            |  | Was the examination carried out:<br>Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>Within an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>In accordance with an examination scheme? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                                                                             |         |  |
| If the answer to the above question is YES has the equipment been installed correctly?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>                        |  | Serial Number:<br>8.4M(12375),8.4M (12374)                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             | Quantity:<br>02<br><br>Inspection Method:<br>VT & Dimension Check                          |  |
| Is the above a defect which is of immediate danger to persons                                                                                                             |  | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                                                                                            |  |
| 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)<br>The mentioned equipment has been visually Examined in accordance with EN 13414-1 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                                                                                            |  |
| <b>IS THIS EQUIPMENT FIT FOR PURPOSE?</b>                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                        |  |
| Name & Qualifications of person making this report:<br>Mustafa Salman                                                                                                     |  | Name of person authenticating this report:<br>Signature: Ahmed Yahya                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             | Latest date by which next thorough examination must be carried out:<br>29/02/2027          |  |
| Name and address of employer of persons making and authenticating this report:<br>Hussein Ali Hussein, Basra, Burjesia                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                                                                                            |  |

