

CERTIFICATE OF THOROUGH EXAMINATION

This report complies with the Lifting Operation and Lifting Equipment Regulations

Date of Through Examination: 31/08/2026	Date of Report: 31/08/2026	Report number: RAS-U-260850180
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Name and Address of employer for whom the thorough examination was made: IGCC		Address of premises at which the examination was made: Rayat Al-Sharq Yard / Al-Burjesia									
Description and identification of the equipment: 2 Legs Chain Sling, Master Link Assembly C/W Chain Connector at the Top & Legs Terminating with self-lock clevis hook at the Bottom	Effective Working Length: 10.0 m Diameter: 16 mm Safe Working Load (SWL): 11.2 Ton @0-45 Degree	Manufacture: Local Safety Factor (SF): (4:1) Chain Grade: 80									
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:					
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		Within an interval of 6 months?	<table border="1"> <tr> <td>YES</td><td>✓</td><td>NO</td><td></td></tr> </table>	YES	✓	NO	
YES		NO									
YES	✓	NO									
		Within an interval of 12 months?	<table border="1"> <tr> <td>YES</td><td></td><td>NO</td><td>✓</td></tr> </table>	YES		NO	✓				
YES		NO	✓								
		In accordance with an examination scheme?	<table border="1"> <tr> <td>YES</td><td></td><td>NO</td><td>✓</td></tr> </table>	YES		NO	✓				
YES		NO	✓								
		After the occurrence of exceptional circumstances?	<table border="1"> <tr> <td>YES</td><td></td><td>NO</td><td>✓</td></tr> </table>	YES		NO	✓				
YES		NO	✓								
Serial Number: • (670) • (505) • (808) • (565)	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) Examined According to the Standard BS EN 818-4											
IS THIS EQUIPMENT FIT FOR PURPOSE?		YES	NO ✓								
Name & Qualifications of person making this report: Mustafa Salma	Name of person authenticating this report: Signature: Ahmed Yahya	Latest date by which next thorough examination must be carried out: 30/02/2027									
Name and address of employer of persons making and authenticating this report: Hussein Ali Hussein, Basra, Burjesia											