RAYAT AL-SHARQ راية الشرق
For Trading, General Contracting, General Transportation & Inspection Services LTD Company

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CERTIFICATE OF THOROUGH EXAMINATION

This Report Complies with Provision and Use of Work Equipment Regulations

Date of Through Examination: 21/10/2026	Date of Report: 21/10/2026	Report Number: **RAS-AM-260103056**

Description and identification of the equipment: **Concrete Mixer Truck, Diesel powered, Hydraulic Operated**	**Manufacturer:** AROCS **Year of Manufacture:** 2015 **Model:** 963-8-G **Serial Number:** WDB9643301L900348 **Chassis Number:** WDB9643301L900348 **Plate Number:** 20253 ERBIL
Name and address of employer for whom the thorough examination was made: **AL-BASHAYIR COMPANY** Address of premises at which the examination was made: **AL-BASHAYIR COMPANY- YARD**	**Nominal Capacity:** 9m³ **Geometric Volume:** 15.8 m³

Standard: EN 12609:2021

Reference Equipment Details:

Description	Serial Number	Indicator	Standard	Method
Magnetic Yoke	A12.512	MAG INK	ASTM E709	WET

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	
If the answer to the above question is YES, has the equipment been installed correctly?	YES		NO		In accordance with an examination scheme?	YES		NO	✓
					After the occurrence of exceptional circumstances?	YES		NO	✓

Particulars of any repair, renewal or alteration required to remedy the defect identified above: **NONE**				
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:			
Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect: **NONE**				
Particulars of any test carried out as part of examination: The Referenced Equipment Has Been Function Tested As per **EN 12609:2021** and Found Satisfactory at the Time of Inspection.				
IS THIS EQUIPMENT SAFE TO OPERATE?	**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: **20/10/2027**

Name and address of employer of person making and authenticating this report:
Hussein Ali Hussein, Basra, Burjesia

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1- FROM GROUND					
	Condition		Corrective Action		Comments
	Pass	Fail	Repair	Replace	
Axle System	√				
Tires and Wheels	√				
Steering System	√				
Brake System	√				
Chassis Condition	√				
Tailgate	√				
Electrical System	√				
Lifting Arm Jack	√				
Reverse Alarm	√				
Signal Light	√				
Wind Shield	√				
Glasses & Mirrors	√				
Transmission	√				
2- ENGINE COMPARTMENT					
	Condition		Corrective Action		Comments
	Pass	Fail	Repair	Replace	
Engine Oil	√				
Engine Coolant	√				
Engine Pre-cleaner	√				
Air Filter	√				
All Hoses	√				
Radiator	√				
Engine Oil	√				
3- OPERATOR CAB					
	Condition		Corrective Action		Comments
	Pass	Fail	Repair	Replace	
Seat	√				
Seat Belt & Mounting	√				
Horn, backup alarm, lights	√				
Controls, gauge lenses	√				
Mechanical connections	√				
Hydraulic hoses and fittings	√				
Rams/ seals	√				



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