RAYAT AL-SHARQ راية الشرق
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# CERTIFICATE OF THOROUGH EXAMINATION

This report complies with the Lifting Operation and Lifting Equipment Regulations

| Date of Through Examination: 22/10/2026 | Report Date: 22/10/2026 | Report number: **RAS-AM-260105016** |
|---|---|---|

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|---|---|---|---|---|
| Name and Address of employer for whom the thorough examination was made:<br>CPP COMPANY | | Address of premises at which the examination was made:<br>CPP COMPANY- CAMP | | |
| Description and identification of the equipment:<br>Head Iron Roller Cradle Slings | **Size:**<br>Designed for pipes with a diameter range of **36" to 48" inches** | **Safe Working Load (SWL):**<br>38 Tonne | **Manufacture:**<br>Vietz GmbH | |

| | | | | |
|---|---|---|---|---|
| Is this the first examination after installation or assembly at a new site or location? | YES | | NO | ✓ |
| If the answer to the above question is YES has the equipment been installed correctly? | 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 | ✓ |

| | | |
|---|---|---|
| Serial Number:<br>**(890803060, 890803065, 890803066, 890803081, 890803082)** | Quantity:<br>**05** | Inspection Method:<br>**VT & Dimension Check** |

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|---|---|---|---|---|
| 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:<br>(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) NONE

| | | | | |
|---|---|---|---|---|
| **IS THIS EQUIPMENT FIT FOR PURPOSE?** | YES | ✓ | NO | |

| | | |
|---|---|---|
| Name & Qualification 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>21/04/2027 |

Name and address of employer of persons making and authenticating this report:
Hussein Ali Hussein, Basra, Burdjasia

شركة راية الشرق RAYAT AL-SHARQ Co.