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

Al-Burjesia, Basra-Iraq
+9647703178132
+9647823386633
http://www.ras-iq.com
info@ras-iq.com

CERTIFICATE OF THOROUGH EXAMINATION

This report complies with the Lifting Operation and Lifting Equipment Regulations

Date of Through Examination: 21/10/2026	Date of Report: 21/10/2026	Report number: **RAS-U- 2601050251**

Name and Address of employer for whom the thorough examination was made:	Address of premises at which the examination was made:
TAQADUM ALBASRA CO. COMPANY	Rayat Al-Sharq Yard / Al-Burjesia

Description and identification of the equipment:	**Effective Working Length:**	**Manufacture:**
2 Legs Chain Sling, Master Link Assembly C/W Chain Connector at the Top & Legs Terminating with self-lock clevis hook at the Bottom	4.4 m **Diameter:** 10 mm **Safe Working Load (SWL):** 4.25 Ton @0-45 Degree	LOCAL **Safety Factor (SF):** (4:1) **Chain Grade:** 80

					Was the examination carried out:				
Is this the first examination after installation or assembly at a new site or location?	YES		NO	✓	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	✓

Serial Number:	Quantity:	Inspection Method:
• **(C01) (C02)**	**02**	**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:	Name of person authenticating this report:	Latest date by which next thorough examination must be carried out:
Mustafa Salman	Signature: Ahmed Yahya	20/04/2027

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