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 the Lifting Operation and Lifting Equipment Regulations

Date of Through Examination: 07/10/2026	Report Date: 07/10/2026	Report number: RAS-U-26050112

Name and Address of employer for whom the thorough examination was made:	Address of premises at which the examination was made:
Alabra For Energh Services Company	RAS Company

Description and identification of the equipment:	**Safety Factor (SF):**	**Size:**	**Safe Working Load(s):**	**Manufacture:**
Safety Pin Bow Shackles	(5:1)	3/4 Inch	4 (Tonne)	CROSBY

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:	Quantity:	Inspection Method:
(MS34),	**01**	**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)

The mentioned items have been thoroughly examined according to **EN 13157**, and found satisfactory at the time of inspection.

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	06/04/2027

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