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: 07/10/2026 | Report Date: 07/10/2026 | Report number: RAS-U-26050116 |
|---|---|---|

| Name and Address of employer for whom the thorough examination was made: | Address of premises at which the examination was made: |
|---|---|
| AL ABRAG FOR ENERGY SERVICES Co | 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) | KOREA |

| | | | | |
|---|---|---|---|---|
| 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: |
|---|---|---|
| **(P2), (P3),** | **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)

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