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: 05/11/2026 | Date of Report: 05/11/2026 | Report number: RAS-AM-260110599 |
|---|---|---|

| Name and Address of employer for whom the thorough examination was made: | Address of premises at which the examination was made: |
|---|---|
| EMC /NDGS COMPANY | EMC /NDGS COMPANY -CAMP |

| Description and identification of the equipment: | **Safety Factor (SF):** | **-Length:** | **WLL(s):** | **Manufacture:** |
|---|---|---|---|---|
| Flat Webbing Sling | (7:1) | 4 m | 1 Tonne | LIFTEK<br>**Material:** Polyester |

| | | | | | 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: |
|---|---|---|
| **(105637-5/15),(105637-5/14)** | 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 slings have been visually examined according to **BS EN 1492-1:2000+A1:2008**

| **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 | 04/05/2027 |

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

شركة راية الشرق RAYAT AL-SHARQ Co.