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

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

# CERTIFICATE OF THOROUGH EXAMINATION

This report complies with the Lifting Equipment Engineers Association Technical requirements

| Date of Through Examination: 05\11\2026 | Date of Report: 05\11\2026 | Report number: **RAS-X-261150040** |
|---|---|---|

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|---|---|---|---|---|
| Name and Address of employer for whom the thorough examination was made:<br>AL-YAMAMA CO. | | Address of premises at which the examination was made:<br>AEC YARD | | |
| Description and identification of the equipment:<br>**Container Lifting Lugs for side lifting** | **Safety Factor (SF):**<br>(4:1)<br>**Grade:**<br>80 | **Safe Working Load (SWL):**<br>12.5 Ton<br>**10T at 36 °**<br>**8T at 50 °** | **Manufacture:**<br>VERT | |

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|---|---|---|---|---|
| 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>**CL9439 (L.H), EL6747 (L.H), EL5536 (R.H), CL8978 (R.H)** | Quantity:<br>**04** | 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:<br>(If none state NONE) NONE | | | | |
| Particulars of any tests carried out as part of the examination: (If none state NONE)<br>The mentioned Above have been visually examined according to **LEEA GUIDANCE 066** | | | | |
| **IS THIS EQUIPMENT FIT FOR PURPOSE?** | YES | ✓ | NO | |

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|---|---|---|
| Name & Qualifications 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>04\05\2027 |
| Name and address of employer of persons making and authenticating this report:<br>Hussein Ali Hussein, Basra, Burdjasia | | |

شركة راية الشرق RAYAT AL-SHARQ Co.