




## CERTIFICATE OF THOROUGH EXAMINATION

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

<b>Date of Examination:</b>	20.Jan.2024	<b>Date of Report:</b>	20.Jan.2024	<b>Certificate No:</b>	QC-EMC-01-24-0036-02	
<b>Client Name:</b>	EMC Co.	<b>Location:</b>	Q.C YARD	<b>Job Number:</b>	QC-EMC-01-24-0036	
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>
96424-2/44	01	<b>Flat Polyester Woven Webbing Sling</b>  <b>Manufacture:</b> Liftek <b>Type:</b> Webbing Sling <b>Material:</b> Polyester <b>Safety Factor :</b> 7:1 <b>Length:</b> 2 M <b>Color:</b> Green  <b>Location:</b> Store		  Vertical 2000 Kg Choker 1600 Kg Basket 4000 Kg	06-01-2023	NEW
<b>Reference Standard:</b>		BS EN 1492-1:2000 +A1:2008				
Is this the first examination after Installation or assembly at a new site or location?		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none State NONE) <b>NONE</b>						
Is the above a defect which is of immediate danger to persons:					YES	<input type="checkbox"/>
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)					YES by:	<input type="checkbox"/>
Particulars of any repair, renewal or alteration required to remedy the defect identified above:						
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory						
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>					YES	<input checked="" type="checkbox"/>
<b>Name of Inspector:</b>	Mohamed Abdalla	<b>Name of person authenticating this report:</b>	Ashraf El Said	<b>Signature:</b>		
<b>Date of Next Through Examination:</b>	19.July.2024					

REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.

