



## CERTIFICATE OF THOROUGH EXAMINATION

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

|  |   |  |              |   |                     |  |    |
|--|---|--|--------------|---|---------------------|--|----|
| <b>Client Name:</b>  | AL KARRAR ENGINEERING Co. Ltd. Basra Iraq,        | <b>Location:</b>   | QC YARD      | <b>Certificate No:</b>  | QC-01-24-0012-001   |  |    |
| <b>Examination Date</b>  | 02-Jan-2024                                       | <b>Due Date</b>  | 01-July-2024 | <b>Job Number:</b>  | QC-AK-01-24-0012    |  |    |
| <b>Serial Number:</b>  | QTY   | <b>Item Description:</b>   |              | <b>SWL</b>  | <b>Manufacture:</b> | <b>Date of Last Thorough Examination</b> |    |
| B 1591   | 01  | <b>BOW SHACKLE</b><br><b>With HEX, Bolt, Nut, And Safety Cotter Pin:</b><br><br><b>SIZE: 1 3/4"</b><br><b>GRADE: 6</b><br><b>F.O.S: 6:1</b><br><b>Location: Al Karrar Store:</b> |              | 25 Ton  | LIFMEX              | Aug-2023                                 |    |
| <b>Reference Standard:</b>   |   | BS EN 13889:2003 + A1:2008   |              |   |                     |  |    |
| Is this the first examination after Installation or assembly at a new site or location?  |   | YES  | NO           | YES   | NO                  | YES                                      | NO |
| If the answer to the above question is YES has the equipment been installed correctly?   |   | YES  | NO           | YES   | NO                  | YES                                      | NO |
| 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 Sate NONE) NONE |   | NONE   |              |   |                     |  |    |
| Is the above a defect which is of immediate danger to persons:   |   | YES  | NO           | YES   | NO                  | 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)  |   | N/A  |              |   |                     |  |    |
| 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  | NO           | YES   | NO                  | YES                                      | NO |
| <b>Name of Inspector:</b>  | <b>Name of person authenticating this report:</b> | <b>Signature &amp; Stamp:</b>  |              |  |                     |  |    |
| Aizaz Farhat   | M Abdullah  |   |              |   |                     |  |    |
| <u>CERTIFICATION</u><br>ASNT LEVEL II<br>VT,MT,PT,UT,RT,& LEEA   |   |  |              |   |                     |  |    |

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.

