




## CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

<b>Client Name:</b>	EGYPTIAN MAINTENANCE COMPANY		<b>Job Number:</b>	QC-EMC-03-24-0093	
<b>Date of Examination:</b>	17.03.2024	<b>Location:</b>	EMC YARD	<b>Certificate No:</b>	QC-EMC-03-24-0093/06
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last thorough examination</b>
A266 A288 A295 A300	04	SAFETY PIN BOW SHACKLE  Size: 1 1/4" Grade: 6 Manufacture: K.F Safety Factor: 6:1  Location: Store		12 TON	13.09.2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? <input type="checkbox"/> 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:				<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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:	
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>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

REV: 01 Dated: 20 June 2022

<b>ASNT Level II Inspector Name:</b>	<b>Authenticating This Report:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Mahmoud Ali	Mohamed Abdulla		11.09.2024

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned 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.

