




## 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-03-24-0093/11                     |
| <b>Serial Number:</b>   | <b>QTY</b>                   | <b>Description</b>   |                    | <b>SWL</b>   | <b>Date of last thorough examination</b> |
| T19070901<br>T19080312<br>T19080284<br>T18010725  | 04                           | LEVER HOIST<br><br>Manufacturer: TOYO<br>Length: 1.5 M<br>Safety Factor: 4:1<br>Model NO: TLB-150<br><br>Location: Store |                    | 1.5 TON  | 13.09.2023                               |
| <b>Reference Standard:</b>  |                              | BS EN 13157 :2004+A1 2009  |                    |  |  |
| 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:<br>Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>After the occurrence of exceptional circumstances? <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"/>  |                    |  |  |
| 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)<br>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.

