




## 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-03-24-0093/15		
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>			<b>SWL</b>	<b>Date of last thorough examination</b>	
1261-4T/6M-12	01	Flat Polyester Woven Webbing Sling  Manufacture: DAWSON Type: Webbing Sling C/W Folded Soft Eye at Each End Date of manufacture: 11.2023 Material: Polyester Safety Factor: 7:1 Length: 6 M Color: Grey Location: Store			Vertical 4 Ton Choker 3.2 Ton Basket 8 Ton	NEW	
<b>Reference Standard:</b>		BS EN 1492-1:2008					
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 type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Was the examination carried out: Within an interval of 12 months?	
If the answer to the above question is YES has the equipment been installed correctly?		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	In accordance with an examination scheme?	
		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	After the occurrence of exceptional circumstances?	
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"/>

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 and Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.

