




## 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-03-24-0093/18				
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>			<b>SWL</b>	<b>Date of last thorough examination</b>			
2815 2840 2842 2872	04	Flat Polyester Woven Webbing Sling  Manufacture: LIFTSHEFT Type: Webbing Sling C/W Folded Soft Eye at Each End Date of manufacture: 01.7.2022 Material: Polyester Safety Factor: 7:1 Length: 6 M Color: Yellow Location: Store			Vertical 3 Ton Chocker 2.4 Ton Basket 6 Ton	14.09.2023			
<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"/>	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>						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 and Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.

