




CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

Client Name:	Al-Taher Engineering & Construction com Basra Iraq			Certificate No:	QC-TEC-05-24-0034-01
Date of Examination:	02-May-2024	Location:	QC Yard	Job Number:	QC-TEC-May-2024-0034
Serial Number:	QTY	Description:		MBL:	Date of Last Thorough Examination:
M 3228	01	<p>SINGLE-LEG WIRE ROPE SLING</p> <p>Dim: 18 MM DIA x 70 M (L) 6X36 IWRC, Rope Grade 1960 N/MM2 GALV Mechanically Spliced with Aluminum Ferrule: Steel Core: Hard Eye with Plane Ends:</p> <p>FOS: 5:1 Location: Tec Store:</p>		2.1 Ton	Nov-2023
Reference Standard:		BS EN 13414-1			
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:	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				<input type="checkbox"/> YES <input checked="" 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 Sate NONE) NONE					
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 Affect 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:					
IS THIS EQUIPMENT SAFE TO OPERATE?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

REV: 01 Dated: 20 June 2022

Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Syed Aamir Ali ASNT Level II VT,MT,PT,UT Leea I,II	Mohamed Abdulla LEEa Registered Technician		31-Oct-2024

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:

