

## CERTIFICATE OF THOROUGH EXAMINATION

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

<b>Client Name:</b>	AL KARRAR ENGINEERING Co. Ltd. Basra Iraq,	<b>Location:</b>	QC YARD	<b>Certificate No:</b>	QC-05-24-0042-01
<b>Examination Date</b>	16-May-2024	<b>Due Date</b>	15-Nov-2024	<b>Job Number:</b>	QC-MAY-24-AK-0042

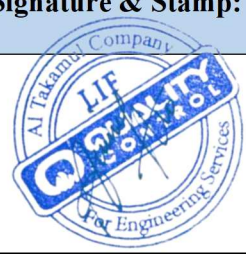

Serial Number:	QTY	Item Description:	WLL:	Date of Manufacture:	Date of Last Thorough Examination
B 01 B 02	02	<b><u>TWO LEG CHAIN SLING</u></b> <b>Master Link C/W Chain Connector At The Top And</b> <b>Clevis Self-Lock Hook At The Bottom</b>  Grade: 80 Dia: 16 mm Length: 6.9 M Safety Factor: 4:1 Manufacturer: Safety Marine Services Location: Al Karrar Yard	11.2 Ton	Nil	Nil

<b>Reference Standard:</b>	BS EN 818-4:1996+A1:2008
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Is this the first examination after Installation or assembly at a new site or location?  If the answer to the above question is YES has the equipment been installed correctly?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  N/A	Was the examination carried out: Within an interval of 6 months? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)			N/A
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"/>
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<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>	<b>Signature &amp; Stamp:</b>
Syed Aamir Ali	M Abdullah	 
<u>CERTIFICATION</u> ASNT LEVEL II VT,MT,PT,UT, & LEEA I,II	LEEAA Registered Technician:	

REV: 01 Dated: 20 June 2022

**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.

