

AI TAKAMUL COMPANY FOR ENGINEERING TESTS AND PROFESSIONAL SAFETY LIMITED

Basra, North Rumaila, Quality Control Yard - Iraq

Tel: +9647810009138 / +9647834964657

Email: OP@qualitycontrol-iraq.com / hany.akafi@qualitycontrol-iraq.com



CERTIFICATE OF THOROUGH EXAMINATION

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

Client Name:	AL-KARAR CO, AL BASRA IRAQ	Location:	QC Yard	Certificate No:	QC-07-24-0059-001	
Examination Date:	24-July-2024	Due Date:	23-Jan-2025	Job Number:	QC-AK-07-24-0059	
Serial Number:	QTY	Item Description:		SWL	Manufacture:	Date of Last Thorough Examination
CH-32 CH-33 CH-34 CH-35	04	<p align="center"><u>TWO-LEG CHAIN SLING</u> C/W MASTER LINK AT THE TOP & GRAB HOOK AT THE END</p> <p align="center">DIM: 10 mm X 4.30 M GRADE: G-8 FOS: 4:1 Location: AL Karar Yard</p>		4.25 Ton	Nil	Oct-2022
Reference Standard:	BS EN 818-4: 1995+A1:2008					
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"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/>
				Within an interval of 6 months?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input 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"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/>		Within an interval of 12 months?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ✓
				In accordance with an examination scheme?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/>
				After the occurrence of exceptional circumstances?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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 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						
IS THIS EQUIPMENT SAFE TO OPERATE?					<input type="checkbox"/> YES	<input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/>
ASNT Level II Inspector Name:	Name of Person Authenticating This Report:		Signature & Stamp:			
AIZAZ FARHAT	Mohamad Abdullah					
CERTIFICATION VT,MT,PT,UT, LEEA I,II, VIII	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.

