



## CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

<b>Report No:</b>	<b>QC-AA-07-25-0161-010</b>	<b>Job No:</b>	<b>QC-AA-July-2025-0161</b>
<b>Customer:</b>	<b>AMJAAD AL ASEMA CO, Iraq</b>	<b>Examination date:</b>	<b>11-July-2025</b>
<b>Location:</b>	<b>AL ASEMA BASE</b>	<b>Next Due date:</b>	<b>10-Jan-2026</b>
<b>Serial Number:</b>	<b>QTY</b>	<b>Description:</b>	<b>SWL:</b>
D 077 D 088	02	<b>TWO-LEG CHAIN SLING</b> <b>C/W MASTER LINK AT THE TOP</b> <b>GRAB HOOK AT THE END</b>  <b>Manufacturer: GT</b> <b>DIM: 16 mm X 8 M</b> <b>Grade: G-80</b> <b>FOS: 4:1</b> <b>Location: Al Asema Yard</b>	11.2 Ton
<b>Reference Standard:</b>		BS EN 818-4: 1995+A1:2008	
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 checked="" type="checkbox"/> NO <input type="checkbox"/> With an Interval of 12 Months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In Accordance with an Examination Scheme? After the Occurrence of Exceptional Circumstances? 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 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"/>		YES by:	
Particulars of any tests Carried out as Part of the Examination: (If none state NONE) The Items Were Inspected Visually and Dimensionally Where No Signs of Defects Were Observed at The Time of Inspection Found Satisfactory:			
Visual and Dimension Checks was Carried Out.		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

<b>ASNT Level II Inspector Name:</b>	<b>Authenticating This Report:</b>	<b>Signature &amp; Stamp:</b>
<b>Mohamed Abdulla</b> <b>LEEA Registered Technician</b>	<b>Ashraf El Said</b> <b>LEEA Registered Technician</b>	

REV: 01 Dated: 20 June 2022

