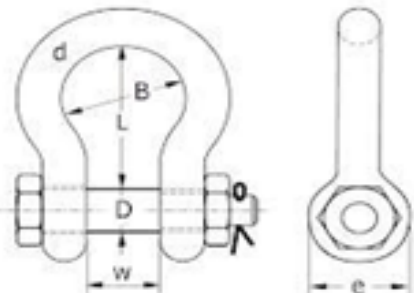




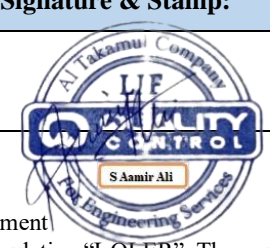
CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

Client Name:	Al-Karrar Engineering Co.	Certificate No:	QC-AK-09-24-0068-01
Location:	Al Karrar Yard	Job No:	QC-AK-SEP-24-0068
Examination date:	09-Sep-2024	Next Due date:	08-Mar-2025

Serial Number:	QTY	Description:	SWL:	Date of Last Thorough Examination:
01	01	<p style="text-align: center;"><u>Bow Shackles</u></p> <p style="text-align: center;">With HEX, Bolt, Nut, And Safety Cotter Pin:</p> <p>Manufacturer: McKAT</p> <p>Size: 1 3/8"</p> <p>Grade: 6</p> <p>Safety Factor: 6:1</p> <p>Location: Lorry Loader 22 A 11180</p> <div style="text-align: center;">  </div>	13 1/2 Ton	01-Aug-2023

Reference Standard:		BS EN 13889:2003 + 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? 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"/>				
If the answer to the above question is YES has the equipment been installed correctly?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
	YES	<input type="checkbox"/>	NO	<input checked="" 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 State NONE) NONE								
Is the Above a Defect Which is of Immediate Danger to Persons:					YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
Is the Above an 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 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"/>
IS THIS EQUIPMENT SAFE TO OPERATE?					YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>

ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:
Syed Aamir Ali:	Mohamed Abdullah LEEA 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.

