



## LIFTING ACCESSORIES OF VISUAL AND THOROUGH EXAMINATION

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

<b>Client:</b>	Alkifat For General Trading & Contracting Company	<b>Certificate no:</b>	QC-B-06-25-0376/03
<b>Location:</b>	Alkifat- Yard	<b>Job Order No:</b>	QC-B-06-25-0376
<b>Date of Examination:</b>	09-July-2025	<b>Next Inspection Due:</b>	08-Jan-2026
<b>Last Inspection</b>		<b>Last Proof Load Test Date</b>	
N/A		By Manufacture	

IDENTIFICATION NO	DESCRIPTION	QTY	SWL
D2110-81 D2110-72	<p style="text-align: center;"><b><u>Flat 100% Polyester Webbing Sling.</u></b></p> <p><b>Type :</b> Webbing Sling  <b>E W L:</b> 10 M  <b>Colour :</b> Orange  <b>Manufacturer :</b> Webblon – Korea  <b>Manufacturer Date:</b> 22.08.2021  <b>Safety Factor :</b> 7:1</p>	02	Vertical 10,000 kg Choker 8000 Kg Basket 20,000 kg

<b>Applicable Reference Standard:</b>	BS EN 1492-1:2000+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"/>	<b>Was the examination carried out?</b>			
					* Within an interval of 6 months?	YES	<input checked="" type="checkbox"/>	NO
				* Within 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"/>	* By an examination scheme?			
					* After the occurrence of exceptional circumstances?	YES	<input type="checkbox"/>	NO

Identification Of Any Part Found To Have A Defect Which Is Or Could Become A Danger To Persons And A Description Of The Defect: **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 A Defect Which Is Not Yet But Could Become A Danger To Persons: (If YES State The Date By When)	NO	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>

Particulars Of Any Repair, Renewal, Or Alteration Required To Remedy The Defect Identified Above: **None**

**\*\* Visual And Dimension Check was Carried Out.**

Is This Equipment Safe To Operate?	Yes Accept	<input checked="" type="checkbox"/>	NO Reject	<input type="checkbox"/>
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<b>LEEA &amp; ASNT Level II Inspector Name:</b>	SIGNATURE	<b>Authenticating This Report:</b>	SIGNATURE
Mahmoud Ali		Mohammed Abdullah	

**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.