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CERTIFICATE OF THOROUGH EXAMINATION FOR LIFTING EQUIPMENT AND ACCESSORIES

This report complies with the Lifting Equipment Engineers Association Technical requirements

Date of Through Examination: 25/03/2024							Report number: K.KETCO-LIFE-24-006					
Name and Addres was made: SICIM			hom the	e thoroug	h exam	ination	Address of made: SIC		at which	the exam	nination w	as
identification of the equipment:	QΤΥ		Description				Safe Wo		Date of next examination:			
95282-41/9 95282-41/10 95282-41/13 95282-41/15 95282-41/16 95282-41/17 95282-41/18	9		FLAT WOVEN POLYESTER WEBBING SLING manufacture:TOYO Lift: 3M Safety Factor: 4:1 COLOR: BLUE				8000 KG VERTICAL 16000 KG BASKET 6400KG CHOCKER		24-Sep-24			
Tools Details	Load Cell S/N:25999		Measuring Tape S/N :				21300378		Vernier Calliper S/N: 21126282			
Was the examination carri								on carried	ed out:			
Is this the first examination after installation or assembly at a new site or location?		YES		NO	,	Within a	an interval o	YES	•	NO		
							Within an interval of 12 months?				NO	v
If the answer to the above question is YES has the equipment been installed correctly?		YES		NO			rdance with ation schem	YES	,	NO		
							After the occurrence of exceptional circumstances?				NO	-
Identification of a	ny part found	to hav	e a defe	ect which	is or co	uld beco	me a dange	er to persor	ns and a	descripti	on of the	defect:
Is the above a de	fect which is r	not yet	but cou	uld becom	ne a dar	nger to p	ersons: Nor	ne Y	ES by:			
(If YES state the	date by when)											
Particulars of any	repair, renew	al or a	alteratio	n require	d to ren	nedy the	defect iden	tified above	e: None			
Particulars of any	tests carried	out as	part of	the exam	nination	: (Visual,	Function)		angir	eering 7	est	
IS THIS EQUIPM	ENT SAFE TO	OPE	RATE?						YES 4		NO	
Name & Qualifications of person making this report: Ahmed Magdy Name & Qualifications of person making this report: Name of person making this report: Ahmed Magdy Name of person making this report: Ahmed Magdy Name & Signature: Name of person making this report: Ahmed Magdy								Name of person authenticating this report: Whate director managing director Signature:				
Name and addres	ss of employe	r of pe	ersons n	naking an	d authe	enticating	this report:					
Khairat Khaleej E	ngineering Te	esting	Co. Ltd:	technica	l@kkha	leej.com						

