



K.K.I.E.T.C.O.
شركة خيرات الخليج للمحولات الهندسية ذ.م.م
Khairat Khaleej Engineering Testing Company L.T.D



Basra - Al Jazaer area, Ben Gazwan St. Building No.6. Iraq
Tel. +964 78 51 000 555

Amman - Khalda Abdullah, Azzam St. Building No.8
1st Floor. Jordan

Tel. +962 78 75 11115

Email. info@kkhaleej.com

Website. www.kkhaleej.com

CERTIFICATE OF THOROUGH EXAMINATION FOR LIFTING EQUIPMENT AND ACCESSORIES

This report complies with the Lifting Equipment Engineers Association Technical requirements

| | | | | | | | | |
|---|------------------------|---|----|---|--|---------------------|---|----|
| Date of Through Examination: | | 20/12/2023 | | Report number: | | K.KETCO-LIFE-23-003 | | |
| Name and Address of employer for whom the thorough examination was made: SICIM, BASRA, IRAQ | | | | Address of premises at which the examination was made: SICIM WQ2 | | | | |
| identification of the equipment: | QTY | Description | | Safe Working Load(s): | Date of next examination: | | | |
| T17071387 T17071323 | 2 | <u>CHAIN BLOCK</u> manufacture:TOYO LIFT:3M MODEL: TCB-030 Safety Factor: 4:1 EXAMINED TO ACCORDING TO BS EN 13157:2004+A1:2009 | | 3 Ton | 19-Jun-24 | | | |
| Tools Details | Load Cell S/N:25999 | Measuring Tape S/N :21300378 | | Vernier Calliper S/N: 21126282 | | | | |
| Was the examination carried out: | | | | | | | | |
| Is this the first examination after installation or assembly at a new site or location? | YES | | NO | ✓ | Within an interval of 6 months? | YES | ✓ | NO |
| | | | | | Within an interval of 12 months? | YES | | NO |
| If the answer to the above question is YES has the equipment been installed correctly? | YES | | NO | | In accordance with an examination scheme? | YES | ✓ | NO |
| | | | | | After the occurrence of exceptional circumstances? | YES | | 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 not yet but could become a danger to persons: None (If YES state the date by when) | | | | | | YES by: | | |
| Particulars of any repair, renewal or alteration required to remedy the defect identified above: None | | | | | | | | |
| Particulars of any tests carried out as part of the examination: (Visual, Function) | | | | | | | | |
| IS THIS EQUIPMENT SAFE TO OPERATE? | | | | | | | | |
| Name & Qualifications of person making this report: | | | | Name of person authenticating this report: | | | | |
| Name of person making this report:Ahmed Magdy شركة خيرات الخليج للمحولات الهندسية ذ.م.م Khairat Al-Khaleej Engineering Testing Co. Ltd. Signature: | | | | Name of person authenticating this report: Khaled Alguod Signature: | | | | |
| Name and address of employer of persons making and authenticating this report: Khairat Khaleej Engineering Testing Co. Ltd: technical@kkhaleej.com | | | | | | | | |

