



# LIFTING ACCESSORIES CERTIFICATE OF VISUAL & THOROUGH EXAMINATION

This Report Complies With The Requirements Of The Lifting Operations and Lifting Equipment Regulations 1998 S.I. No. 2307

Client Name:	AL HARITH CO.	Date Of Inspection:	01/12/2024
Location:	HARITH BASE	Date of Next Inspection:	30/05/2025
Certificate Number:	ACS-HARITH-24-010/MA001	Last Examination Date:	30/06/2024
Job Order No.:	HARITH-ILE-24-010	Manufacture / Maker	FABRICATED

Identification No	QTY	Description of the Equipment	SWL	Last proof load test date:	Next proof load test date:
M2796	01	<p><b>Single Leg Wire Rope Sling</b></p> <p>Dim : 80 m (L) x 10 mm (Dia).</p> <p><b>IWRC, Mechanically Spliced With Aluminum Ferrule.</b></p> <p><b>Hard Eye At Both End.</b></p> <p><b>Location :- Store</b></p>	1.3 TON	N/A	N/A

Applicable reference standard:	EXAMINED ACCORDING TO BS EN 13414-1,2:2003+A2:2008
--------------------------------	--

Is this the first examination after installation or assembly at a new site or location?	yes	No	<input checked="" type="checkbox"/>	Was the examination carried out:			
				Within an interval of 6 months?	Yes	<input checked="" type="checkbox"/>	No
If the answer to the above question is YES has the equipment been installed correctly?	yes	No		Within an interval of 12 months?	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: (If none state NONE)	None		
--	------	--	--

Is the above a defect which is of immediate danger to persons	Yes	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 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 & Dimensions Check Were Carried Out.
--	---

Is This Equipment Safe To Operate?	Yes Accept	<input checked="" type="checkbox"/>	Color Code	Blue
------------------------------------	------------	-------------------------------------	------------	------

Equipment Details Standard	Measure Tape S/N	Vernier Caliper S/N	Load Cell S/N
	6928073674377	07414025	N/A

Inspector's Name:	Mahmoud adel	NDT Details (if any):	None
-------------------	--------------	-----------------------	------

Authorized By:	Ali adli	Stamp:	
----------------	----------	--------	--

**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.

**This certificate** is granted subject to the condition that is understood and agreed that nothing herein contained shall be deemed to relieve any designer, manufacturer, seller, importer or operator of any warranty, expressed or implied and ACS liability shall be limited to the willful negligence or deliberate omissions of its employees. Under no circumstances whatsoever shall ACS be liable for any injury or damage to any person occurring by reason of negligent operation or any defect in materials, machinery, equipment or other items other than those defects ascertainable by normally accepted testing standards and only those items actually inspected by ACS and which are covered by this certificate.

ACS-FN-018 REV.: 001 27.feb.2021