



# Cup lock Scaffolding System Inspection Report

|                     |                      |                          |            |
|---------------------|----------------------|--------------------------|------------|
| Client Name:        | Future Roots Ltd Co. | Date Of Inspection:      | 01/09/2026 |
| Location:           | AKAZ Gas Power Plant | Date of Next Inspection: | 31/08/2027 |
| Certificate Number: | ACS-FTR-26-003/001   | Last Examination Date:   | N/A        |
| Job Order No.:      | FTR-ILE-26-003       | Manufacture / Maker      | N/A        |

| Identification No | QTY | Description of the Equipment       | SWL                    | Last proof load test date: | Next proof load test date: |
|-------------------|-----|------------------------------------|------------------------|----------------------------|----------------------------|
| 638               | 01  | <u>Cup lock Scaffolding System</u> | Peak Load :<br>51.3 Kn | By Manufacture             | N/A                        |

|                                |                                                              |
|--------------------------------|--------------------------------------------------------------|
| Applicable reference standard: | EXAMINED ACCORDING TO BS 2482:2009 , OHASA, ANSI/NCSL Z540-1 |
|--------------------------------|--------------------------------------------------------------|

|                                                                                          |     |    |                                     |                                                    |
|------------------------------------------------------------------------------------------|-----|----|-------------------------------------|----------------------------------------------------|
| Was 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:                   |
| Is the answer to the above question is YES is the equipment been installed correctly?    | yes | No | <input checked="" type="checkbox"/> | Within an interval of 6 months?                    |
|                                                                                          |     |    |                                     | Within an interval of 12 months?                   |
|                                                                                          |     |    |                                     | In accordance with an examination scheme?          |
|                                                                                          |     |    |                                     | After the occurrence of exceptional circumstances? |

|                                                                                                                                                    |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 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 state NONE) | None |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------|

|                                                                     |     |    |                                     |
|---------------------------------------------------------------------|-----|----|-------------------------------------|
| Is there the above a defect which is of immediate danger to persons | Yes | No | <input checked="" type="checkbox"/> |
|---------------------------------------------------------------------|-----|----|-------------------------------------|

|                                                                                                                 |    |        |                                     |
|-----------------------------------------------------------------------------------------------------------------|----|--------|-------------------------------------|
| Is there the above a defect which is not yet but could become a danger to persons: (YES state the date by when) | No | Yes by | <input checked="" type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------|----|--------|-------------------------------------|

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| 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 | No | <input checked="" type="checkbox"/> |
|------------------------------------|------------|----|-------------------------------------|

|                            |                  |                     |               |
|----------------------------|------------------|---------------------|---------------|
| Equipment Details Standard | Measure Tape S/N | Vernier Caliper S/N | Load Cell S/N |
|                            | N/A              | N/A                 | N/A           |

|                   |               |                       |      |
|-------------------|---------------|-----------------------|------|
| Inspector's Name: | Ahmed Mohamed | NDT Details (If any): | None |
| Authorized By:    | Ali Adli      | Stamp:                |      |

It 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 the 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, repairer 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 arising 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 tested by ACS and which are covered by this certificate.

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# Galvanized Tube Inspection Report

|                     |                      |                          |            |
|---------------------|----------------------|--------------------------|------------|
| Client Name:        | Future Roots Ltd Co. | Date Of Inspection:      | 01/09/2026 |
| Location:           | AKAZ Gas Power Plant | Date of Next Inspection: | 31/08/2027 |
| Certificate Number: | ACS-FTR-26-003/002   | Last Examination Date:   | N/A        |
| Job Order No.:      | FTR-ILE-26-003       | Manufacture / Maker      | N/A        |

| Identification No | QTY | Description of the Equipment                                                                    | SWL                   | Last proof load test date: | Next proof load test date: |
|-------------------|-----|-------------------------------------------------------------------------------------------------|-----------------------|----------------------------|----------------------------|
| 935               | 01  | <u>Galvanized Tube</u><br><br>Maximum Applied Load : 5 Kn<br>Max. Mid Span Deflection : 17,2 mm | Peak Load :<br>6.2 Kn | By Manufacture             | N/A                        |

|                                |                                                              |
|--------------------------------|--------------------------------------------------------------|
| Applicable reference standard: | EXAMINED ACCORDING TO BS 2482:2009 , OHASA, ANSI/NCSL Z540-1 |
|--------------------------------|--------------------------------------------------------------|

|                                                                                         |     |                                     |                                     |                                                    |     |                                     |    |                                     |
|-----------------------------------------------------------------------------------------|-----|-------------------------------------|-------------------------------------|----------------------------------------------------|-----|-------------------------------------|----|-------------------------------------|
| 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 type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
|                                                                                         |     |                                     |                                     | Within an interval of 12 months?                   | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| Is the answer to the above question is YES                                              | yes | <input checked="" type="checkbox"/> | No                                  | In accordance with an examination scheme?          | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| Is the equipment been installed correctly?                                              |     |                                     |                                     | After the occurrence of exceptional circumstances? | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |

|                                                                                                                                                    |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 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 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: (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"/> | No |
|------------------------------------|------------|-------------------------------------|----|

| Equipment Details Standard | Measure Tape S/N | Vernier Caliper S/N | Load Cell S/N |
|----------------------------|------------------|---------------------|---------------|
|                            | N/A              | N/A                 | N/A           |

|                   |               |                       |      |
|-------------------|---------------|-----------------------|------|
| Inspector's Name: | Ahmed Mohamed | NDT Details (If any): | None |
| Authorized By:    | Ali Adli      | Stamp:                |      |

**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 the Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of inspection and considered Safe for Lifting.

**Is 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, repairer 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 or property arising 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 tested by ACS and which are covered by this certificate.

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# Wooden Scaffolding Board Inspection Report

|                     |                      |                          |            |
|---------------------|----------------------|--------------------------|------------|
| Client Name:        | Future Roots Ltd Co. | Date Of Inspection:      | 01/09/2026 |
| Location:           | AKAZ Gas Power Plant | Date of Next Inspection: | 31/08/2027 |
| Certificate Number: | ACS-FTR-26-003/003   | Last Examination Date:   | N/A        |
| Job Order No.:      | FTR-ILE-26-003       | Manufacture / Maker      | N/A        |

| Identification No | QTY | Description of the Equipment                                     | SWL                   | Last proof load test date: | Next proof load test date: |
|-------------------|-----|------------------------------------------------------------------|-----------------------|----------------------------|----------------------------|
| 312               | 01  | <u>Wooden Scaffolding Board</u><br><br>Size : 38 x 225 x 3900 mm | Maximum Load : 9.6 KN | By Manufacture             | N/A                        |

Applicable reference standard: EXAMINED ACCORDING TO BS 2482:2009 , OHASA

|                                                                                          |     |                                     |                                     |                                                    |                                     |    |                                     |  |
|------------------------------------------------------------------------------------------|-----|-------------------------------------|-------------------------------------|----------------------------------------------------|-------------------------------------|----|-------------------------------------|--|
| Was 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:                   |                                     |    |                                     |  |
| If the answer to the above question is YES, has the equipment been installed correctly?  | yes | <input checked="" type="checkbox"/> | No                                  | Within an interval of 6 months?                    |                                     |    |                                     |  |
|                                                                                          |     |                                     |                                     | Yes                                                | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |  |
|                                                                                          |     |                                     |                                     | Within an interval of 12 months?                   |                                     |    |                                     |  |
|                                                                                          |     |                                     |                                     | Yes                                                | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |  |
|                                                                                          |     |                                     |                                     | In accordance with an examination scheme?          |                                     |    |                                     |  |
|                                                                                          |     |                                     |                                     | Yes                                                | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |  |
|                                                                                          |     |                                     |                                     | After the occurrence of exceptional circumstances? |                                     |    |                                     |  |
|                                                                                          |     |                                     |                                     | Yes                                                | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |  |

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 state NONE)

Is the above a defect which is of immediate danger to persons

Is the above a defect which is not yet but could become a danger to persons:  
(YES state the date by when)

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: Visual & Dimensions Check Were Carried Out.

Is This Equipment Safe To Operate?

|                            |                  |                     |               |
|----------------------------|------------------|---------------------|---------------|
| Equipment Details Standard | Measure Tape S/N | Vernier Caliper S/N | Load Cell S/N |
|                            | N/A              | N/A                 | N/A           |

|                   |               |                       |      |
|-------------------|---------------|-----------------------|------|
| Inspector's Name: | Ahmed Mohamed | NDT Details (If any): | None |
| Authorized By:    | Ali Adli      | Stamp:                |      |

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 requirement of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of inspection and considered Safe for Lifting.  
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