





## 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>              | Black Gold Gulf Oil And Gas Services Co.Ltd Basra Iraq | <b>Certificate no:</b>           | QC-B-04-25-0198-05 |
| <b>Location:</b>            | QC YARD  | <b>Job Order No:</b>             | QC-B-04-25-0198    |
| <b>Date of Examination:</b> | 30-Apr-2025  | <b>Next Inspection Due:</b>      | 29-Oct-2025        |
| <b>Last Inspection</b>      |  | <b>Last Proof Load Test Date</b> |                    |
| NEW                         |  | By Manufacture                   |                    |

| IDENTIFICATION NO   | DESCRIPTION   | QTY        | SWL       |   |     |   |    |  |     |   |    |                                    |     |  |
|---|---|------------|-----------|---|-----|---|----|--|-----|---|----|------------------------------------|-----|--|
| LS226   | <b><u>Fiberglass Extension Ladder</u></b><br><br>Model : NJS2-116<br>Manufacture: Yiwu Qingzhu Ladder Co. LTD<br>Manufacture Date : October – 2015<br>The Inner Width : 390 mm , The out Side Width: 410 mm<br>Extension : b1 = 390 mm , b2 = 410 mm  | 01         | 150 Kg    |   |     |   |    |  |     |   |    |                                    |     |  |
| <b>Applicable Reference Standard:</b>   | EN 131-3:2007 + A1 : 2011   |            |           |   |     |   |    |  |     |   |    |                                    |     |  |
| * Is this the first examination after installation or assembly at a new site or location?   | YES   | NO         | √         |   |     |   |    |  |     |   |    |                                    |     |  |
|   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>Was the examination carried out?</b></td> <td colspan="2"></td> </tr> <tr> <td>* Within an interval of 6 months?</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">√</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>* Within an interval of 12 months?</td> <td style="text-align: center;">YES</td> <td></td> <td style="text-align: center;">NO</td> </tr> </table> |            |           | <b>Was the examination carried out?</b> |     |   |    | * Within an interval of 6 months?                    | YES | √ | NO | * Within an interval of 12 months? | YES |  |
| <b>Was the examination carried out?</b>   |   |            |           |   |     |   |    |  |     |   |    |                                    |     |  |
| * 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         |           |   |     |   |    |  |     |   |    |                                    |     |  |
|   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>* By an examination scheme?</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">√</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>* After the occurrence of exceptional circumstances?</td> <td style="text-align: center;">YES</td> <td></td> <td style="text-align: center;">NO</td> </tr> </table>   |            |           | * By an examination scheme?             | YES | √ | NO | * After the occurrence of exceptional circumstances? | YES |   | NO |                                    |     |  |
| * By 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: <b>None</b> |   |            |           |   |     |   |    |  |     |   |    |                                    |     |  |
| Is The Above A Defect Which Is Of Immediate Danger To Persons   |   |            | YES       |   |     |   |    |  |     |   |    |                                    |     |  |
| Is The Above A Defect Which Is Not Yet But Could Become A Danger To Persons: (If YES State The Date By When)                                |   |            | NO        |   |     |   |    |  |     |   |    |                                    |     |  |
| Particulars Of Any Repair, Renewal, Or Alteration Required To Remedy The Defect Identified Above: <b>None</b>                               |   |            | By:       |   |     |   |    |  |     |   |    |                                    |     |  |
| <b>** Visual And Dimension Check was Carried Out.</b>   |   |            |           |   |     |   |    |  |     |   |    |                                    |     |  |
| Is This Equipment Safe To Operate?  |   | Yes Accept | NO Reject |   |     |   |    |  |     |   |    |                                    |     |  |

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>LEEA &amp; ASNT Level II Inspector Name:</b> | <b>SIGNATURE:</b>   | <b>Authenticating This Report:</b> | <b>SIGNATURE:</b>   |
| 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





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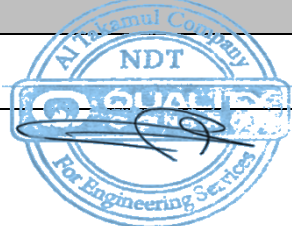

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**RESULTS INSPECTION ON THE LADDER ACCEPTANCE AS FOLLOWS:**

S = SERVICE ABLE  
SN = NOT SERVICE ABLE  
N.A = NOT APPLICABLE

| General   | S | SN | N.A. |
|---|---|----|------|
| Ladder free from oil, grease or any slippery.                               | √ |    |      |
| Ladder free from corrosion / decay.   | √ |    |      |
| Ladder free from any sharp Edge/ protrusions.                               | √ |    |      |
| Ladder rungs / steps in place and secure.                                   | √ |    |      |
| Ladder rungs / steps free from any cracks/decay/corrosion.                  | √ |    |      |
| Ladder braces / brackets secured  | √ |    |      |
| Ladder end cap & foot anti-slip present, secure and good working condition. | √ |    |      |
| Stability of Ladder when positioned flat on the ground.                     | √ |    |      |
| Extension lock (s)  | √ |    |      |

**Note:** The inspection must include looking for dents, bends, or excessively dented rungs; and checking all rungs to siderail connections, checking hardware connections, and checking rivets for shears

| LEEA & ASNT Level II Inspector Name: | SIGNATURE:  | Authenticating This Report: | SIGNATURE:  |
|--------------------------------------|---|-----------------------------|---|
| Mahmoud Ali                          |  | Mohammed Abdullah           |  |