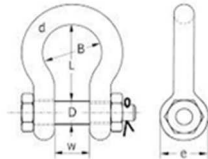




## Lifting Accessories of Visual and Thorough Examination

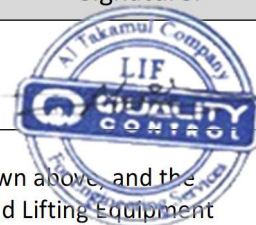
This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

|                                   |                              |                           |                      |
|-----------------------------------|------------------------------|---------------------------|----------------------|
| Client:                           | Egyptian Maintenance Company | Certificate no:           | QC-B-09-26-202-04-01 |
| Location:                         | Degassing Station 5          | Job Order No:             | QC-B-09-26-202       |
| Date of Examination:              | 14-SEP-2026                  | Next Inspection Due:      | 13-MARCH-2027        |
| Date of last Thorough examination |                              | Last Proof Load Test Date |                      |
| 08-MARCH-2026                     |                              | By Manufacture            |                      |

| IDENTIFICATION NO                | QTY | DESCRIPTION                                                                                                                                                                                                                           | SWL    |
|----------------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| UA838<br>UA840<br>TV311<br>TH108 | 04  | <p>Safety Pin Bow Shackles</p> <p>Size: 1 1/2"</p> <p>Grade: 6</p> <p>Manufacturer: LIFTINGEAR</p> <p>Safety Factor 6:1</p> <p>Location: Store</p>  | 17 Ton |

Reference Standard: BS EN 13889

|                                                                                                                                                                                                                                                        |     |  |    |   |                                                                                                                                                                           |     |   |    |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|----|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---|----|---|
| Is this the first examination after Installation or assembly at a new site or location?                                                                                                                                                                |     |  |    |   | Was the examination carried out?<br>Within 6 months?<br>With an interval of 12 months?<br>By an examination scheme?<br>After the occurrence of exceptional circumstances? |     |   |    |   |
|                                                                                                                                                                                                                                                        | YES |  | NO | v |                                                                                                                                                                           | YES | v | NO |   |
|                                                                                                                                                                                                                                                        |     |  |    |   |                                                                                                                                                                           | YES |   | NO | v |
| If the answer to the above question is YES, has the equipment been installed correctly?                                                                                                                                                                | YES |  | NO |   |                                                                                                                                                                           | YES | v | NO |   |
|                                                                                                                                                                                                                                                        |     |  |    |   |                                                                                                                                                                           | YES |   | NO | v |
| 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)<br>NONE                                                                                          |     |  |    |   |                                                                                                                                                                           |     |   |    |   |
| Is the above a defect that is of immediate danger to persons?                                                                                                                                                                                          |     |  |    |   |                                                                                                                                                                           | YES |   | NO | v |
| Is the above a defect that is not yet, but could become a danger to persons (If YES, state the date by which)                                                                                                                                          |     |  |    |   |                                                                                                                                                                           | N/A |   |    |   |
| 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: (If none, state NONE)<br>The subject Items were inspected visually and dimensionally, where no signs of defects were observed at the time of inspection, and were found satisfactory. |     |  |    |   |                                                                                                                                                                           |     |   |    |   |
| IS THIS EQUIPMENT SAFE TO OPERATE?                                                                                                                                                                                                                     |     |  |    |   |                                                                                                                                                                           | YES | v | NO |   |

|                                      |                                                                                     |                             |                                                                                       |
|--------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------|
| LEEA & ASNT Level II Inspector Name: | Signature:                                                                          | Authenticating This Report: | Signature:                                                                            |
| Karrar Ali                           |  | Mohamed Abdulla             |  |

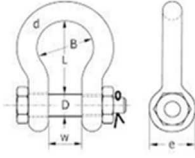
**THIS IS TO CERTIFY THAT:** a competent person (Karrar Ali) at the mentioned work location on the date shown above, and the Equipment described in this report was tested & inspected as per the requirements of the Lifting Operations and Lifting Equipment Regulation (LOLER). The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## Lifting Accessories of Visual and Thorough Examination

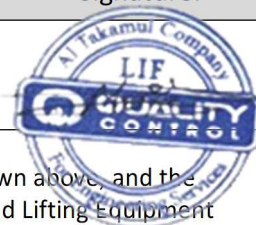
This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

|                                   |                              |                           |                      |
|-----------------------------------|------------------------------|---------------------------|----------------------|
| Client:                           | Egyptian Maintenance Company | Certificate no:           | QC-B-09-26-202-04-02 |
| Location:                         | Degassing Station 5          | Job Order No:             | QC-B-09-26-202       |
| Date of Examination:              | 14-SEP-2026                  | Next Inspection Due:      | 13-MARCH-2027        |
| Date of last Thorough examination |                              | Last Proof Load Test Date |                      |
| 08-MARCH-2026                     |                              | By Manufacture            |                      |

| IDENTIFICATION NO | QTY | DESCRIPTION                                                                                                                                                                                                                       | SWL       |
|-------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| D4035<br>D4037    | 02  | <p>Safety Pin Bow Shackles</p> <p>Size: 1 1/8"</p> <p>Grade: 6</p> <p>Manufacturer: BASH-P</p> <p>Safety Factor 6:1</p> <p>Location: Store</p>  | 9 1/2 Ton |

Reference Standard: BS EN 13889

|                                                                                                                                                                                                                                                        |     |  |    |   |                                                                                                                                                                           |     |   |    |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|----|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---|----|---|
| Is this the first examination after Installation or assembly at a new site or location?                                                                                                                                                                |     |  |    |   | Was the examination carried out?<br>Within 6 months?<br>With an interval of 12 months?<br>By an examination scheme?<br>After the occurrence of exceptional circumstances? |     |   |    |   |
|                                                                                                                                                                                                                                                        | YES |  | NO | v |                                                                                                                                                                           | YES | v | NO |   |
|                                                                                                                                                                                                                                                        |     |  |    |   |                                                                                                                                                                           | YES |   | NO | v |
| If the answer to the above question is YES, has the equipment been installed correctly?                                                                                                                                                                | YES |  | NO |   |                                                                                                                                                                           | YES | v | NO |   |
|                                                                                                                                                                                                                                                        |     |  |    |   |                                                                                                                                                                           | YES |   | NO | v |
| 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)<br>NONE                                                                                          |     |  |    |   |                                                                                                                                                                           |     |   |    |   |
| Is the above a defect that is of immediate danger to persons?                                                                                                                                                                                          |     |  |    |   |                                                                                                                                                                           | YES |   | NO | v |
| Is the above a defect that is not yet, but could become a danger to persons<br>(If YES, state the date by which)                                                                                                                                       |     |  |    |   |                                                                                                                                                                           | N/A |   |    |   |
| 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: (If none, state NONE)<br>The subject Items were inspected visually and dimensionally, where no signs of defects were observed at the time of inspection, and were found satisfactory. |     |  |    |   |                                                                                                                                                                           |     |   |    |   |
| IS THIS EQUIPMENT SAFE TO OPERATE?                                                                                                                                                                                                                     |     |  |    |   |                                                                                                                                                                           | YES | v | NO |   |

|                                      |                                                                                     |                             |                                                                                       |
|--------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------|
| LEEA & ASNT Level II Inspector Name: | Signature:                                                                          | Authenticating This Report: | Signature:                                                                            |
| Karrar Ali                           |  | Mohamed Abdulla             |  |

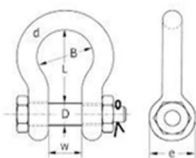
**THIS IS TO CERTIFY THAT:** a competent person (Karrar Ali) at the mentioned work location on the date shown above, and the Equipment described in this report was tested & inspected as per the requirements of the Lifting Operations and Lifting Equipment Regulation (LOLER). The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## Lifting Accessories of Visual and Thorough Examination

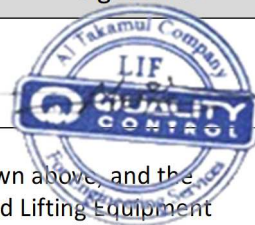
This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

|                                   |                              |                           |                      |
|-----------------------------------|------------------------------|---------------------------|----------------------|
| Client:                           | Egyptian Maintenance Company | Certificate no:           | QC-B-09-26-202-04-03 |
| Location:                         | Degassing Station 5          | Job Order No:             | QC-B-09-26-202       |
| Date of Examination:              | 14-SEP-2026                  | Next Inspection Due:      | 13-MARCH-2027        |
| Date of last Thorough examination |                              | Last Proof Load Test Date |                      |
| 08-MARCH-2026                     |                              | By Manufacture            |                      |

| IDENTIFICATION NO | QTY | DESCRIPTION                                                                                                                                                                                                                    | SWL       |
|-------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| A126              | 01  | <p>Safety Pin Bow Shackles</p> <p>Size: 1 1/8"</p> <p>Grade: 6</p> <p>Manufacturer: K.F</p> <p>Safety Factor 6:1</p> <p>Location: Store</p>  | 9 1/2 Ton |

Reference Standard: BS EN 13889

|                                                                                                                                                                                                                                                        |     |  |    |                                                                                                                                                                           |     |     |    |    |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|----|---|
| Is this the first examination after Installation or assembly at a new site or location?                                                                                                                                                                |     |  |    | Was the examination carried out?<br>Within 6 months?<br>With an interval of 12 months?<br>By an examination scheme?<br>After the occurrence of exceptional circumstances? |     |     |    |    |   |
|                                                                                                                                                                                                                                                        | YES |  | NO |                                                                                                                                                                           | v   | YES | v  | NO |   |
|                                                                                                                                                                                                                                                        |     |  |    |                                                                                                                                                                           | YES |     | NO | v  |   |
| If the answer to the above question is YES, has the equipment been installed correctly?                                                                                                                                                                | YES |  | NO |                                                                                                                                                                           |     | YES | v  | NO |   |
|                                                                                                                                                                                                                                                        |     |  |    | YES                                                                                                                                                                       |     |     | NO | v  |   |
| 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)<br>NONE                                                                                          |     |  |    |                                                                                                                                                                           |     |     |    |    |   |
| Is the above a defect that is of immediate danger to persons?                                                                                                                                                                                          |     |  |    |                                                                                                                                                                           |     | YES |    | NO | v |
| Is the above a defect that is not yet, but could become a danger to persons (If YES, state the date by which)                                                                                                                                          |     |  |    |                                                                                                                                                                           |     | N/A |    |    |   |
| 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: (If none, state NONE)<br>The subject Items were inspected visually and dimensionally, where no signs of defects were observed at the time of inspection, and were found satisfactory. |     |  |    |                                                                                                                                                                           |     |     |    |    |   |
| IS THIS EQUIPMENT SAFE TO OPERATE?                                                                                                                                                                                                                     |     |  |    |                                                                                                                                                                           |     | YES | v  | NO |   |

|                                      |                                                                                     |                             |                                                                                       |
|--------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------|
| LEEA & ASNT Level II Inspector Name: | Signature:                                                                          | Authenticating This Report: | Signature:                                                                            |
| Karrar Ali                           |  | Mohamed Abdulla             |  |

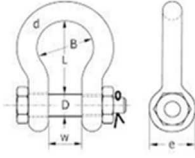
**THIS IS TO CERTIFY THAT:** a competent person (Karrar Ali) at the mentioned work location on the date shown above, and the Equipment described in this report was tested & inspected as per the requirements of the Lifting Operations and Lifting Equipment Regulation (LOLER). The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## Lifting Accessories of Visual and Thorough Examination

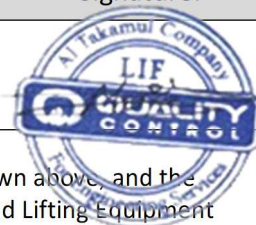
This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

|                                   |                              |                           |                      |
|-----------------------------------|------------------------------|---------------------------|----------------------|
| Client:                           | Egyptian Maintenance Company | Certificate no:           | QC-B-09-26-202-04-04 |
| Location:                         | Degassing Station 5          | Job Order No:             | QC-B-09-26-202       |
| Date of Examination:              | 14-SEP-2026                  | Next Inspection Due:      | 13-MARCH-2027        |
| Date of last Thorough examination |                              | Last Proof Load Test Date |                      |
| 08-MARCH-2026                     |                              | By Manufacture            |                      |

| IDENTIFICATION NO | QTY | DESCRIPTION                                                                                                                                                                                                                          | SWL       |
|-------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| CSD6841           | 01  | <p>Safety Pin Bow Shackles</p> <p>Size: 1 1/8"</p> <p>Grade: 6</p> <p>Manufacturer: CARLSTAHL</p> <p>Safety Factor 6:1</p> <p>Location: Store</p>  | 9 1/2 Ton |

Reference Standard: BS EN 13889

|                                                                                                                                                                                                                                                        |     |  |    |   |                                                                                                                                                                           |     |   |    |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|----|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---|----|---|
| Is this the first examination after Installation or assembly at a new site or location?                                                                                                                                                                |     |  |    |   | Was the examination carried out?<br>Within 6 months?<br>With an interval of 12 months?<br>By an examination scheme?<br>After the occurrence of exceptional circumstances? |     |   |    |   |
|                                                                                                                                                                                                                                                        | YES |  | NO | v |                                                                                                                                                                           | YES | v | NO |   |
|                                                                                                                                                                                                                                                        |     |  |    |   |                                                                                                                                                                           | YES |   | NO | v |
| If the answer to the above question is YES, has the equipment been installed correctly?                                                                                                                                                                | YES |  | NO |   |                                                                                                                                                                           | YES | v | NO |   |
|                                                                                                                                                                                                                                                        |     |  |    |   |                                                                                                                                                                           | YES |   | NO | v |
| 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)<br>NONE                                                                                          |     |  |    |   |                                                                                                                                                                           |     |   |    |   |
| Is the above a defect that is of immediate danger to persons?                                                                                                                                                                                          |     |  |    |   |                                                                                                                                                                           | YES |   | NO | v |
| Is the above a defect that is not yet, but could become a danger to persons (If YES, state the date by which)                                                                                                                                          |     |  |    |   |                                                                                                                                                                           | N/A |   |    |   |
| 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: (If none, state NONE)<br>The subject Items were inspected visually and dimensionally, where no signs of defects were observed at the time of inspection, and were found satisfactory. |     |  |    |   |                                                                                                                                                                           |     |   |    |   |
| IS THIS EQUIPMENT SAFE TO OPERATE?                                                                                                                                                                                                                     |     |  |    |   |                                                                                                                                                                           | YES | v | NO |   |

|                                      |                                                                                     |                             |                                                                                       |
|--------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------|
| LEEA & ASNT Level II Inspector Name: | Signature:                                                                          | Authenticating This Report: | Signature:                                                                            |
| Karrar Ali                           |  | Mohamed Abdulla             |  |

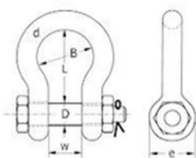
**THIS IS TO CERTIFY THAT:** a competent person (Karrar Ali) at the mentioned work location on the date shown above, and the Equipment described in this report was tested & inspected as per the requirements of the Lifting Operations and Lifting Equipment Regulation (LOLER). The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## Lifting Accessories of Visual and Thorough Examination

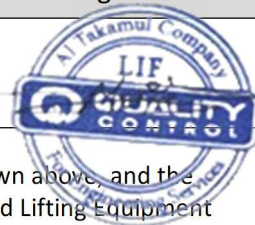
This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

|                                   |                              |                           |                      |
|-----------------------------------|------------------------------|---------------------------|----------------------|
| Client:                           | Egyptian Maintenance Company | Certificate no:           | QC-B-09-26-202-04-05 |
| Location:                         | Degassing Station 5          | Job Order No:             | QC-B-09-26-202       |
| Date of Examination:              | 14-SEP-2026                  | Next Inspection Due:      | 13-MARCH-2027        |
| Date of last Thorough examination |                              | Last Proof Load Test Date |                      |
| 08-MARCH-2026                     |                              | By Manufacture            |                      |

| IDENTIFICATION NO | QTY | DESCRIPTION                                                                                                                                                                                                          | SWL       |
|-------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| W4456<br>W4457    | 02  | <p>Safety Pin Bow Shackles</p> <p>Size: 1"<br/>Grade: 6</p> <p>Manufacturer: K.F<br/>Safety Factor 6:1</p> <p>Location: Store</p>  | 8 1/2 Ton |

Reference Standard: BS EN 13889

|                                                                                                                                                                                                                                                        |     |  |    |                                                                                                                                                                           |     |     |    |    |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|----|---|
| Is this the first examination after Installation or assembly at a new site or location?                                                                                                                                                                |     |  |    | Was the examination carried out?<br>Within 6 months?<br>With an interval of 12 months?<br>By an examination scheme?<br>After the occurrence of exceptional circumstances? |     |     |    |    |   |
|                                                                                                                                                                                                                                                        | YES |  | NO |                                                                                                                                                                           | v   | YES | v  | NO |   |
|                                                                                                                                                                                                                                                        |     |  |    |                                                                                                                                                                           | YES |     | NO | v  |   |
| If the answer to the above question is YES, has the equipment been installed correctly?                                                                                                                                                                | YES |  | NO |                                                                                                                                                                           |     | YES | v  | NO |   |
|                                                                                                                                                                                                                                                        |     |  |    | YES                                                                                                                                                                       |     |     | NO | v  |   |
| 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)<br>NONE                                                                                          |     |  |    |                                                                                                                                                                           |     |     |    |    |   |
| Is the above a defect that is of immediate danger to persons?                                                                                                                                                                                          |     |  |    |                                                                                                                                                                           |     | YES |    | NO | v |
| Is the above a defect that is not yet, but could become a danger to persons<br>(If YES, state the date by which)                                                                                                                                       |     |  |    |                                                                                                                                                                           |     | N/A |    |    |   |
| 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: (If none, state NONE)<br>The subject Items were inspected visually and dimensionally, where no signs of defects were observed at the time of inspection, and were found satisfactory. |     |  |    |                                                                                                                                                                           |     |     |    |    |   |
| IS THIS EQUIPMENT SAFE TO OPERATE?                                                                                                                                                                                                                     |     |  |    |                                                                                                                                                                           |     | YES | v  | NO |   |

|                                      |                                                                                     |                             |                                                                                       |
|--------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------|
| LEEA & ASNT Level II Inspector Name: | Signature:                                                                          | Authenticating This Report: | Signature:                                                                            |
| Karrar Ali                           |  | Mohamed Abdulla             |  |

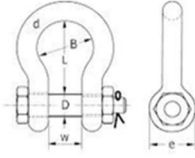
**THIS IS TO CERTIFY THAT:** a competent person (Karrar Ali) at the mentioned work location on the date shown above, and the Equipment described in this report was tested & inspected as per the requirements of the Lifting Operations and Lifting Equipment Regulation (LOLER). The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## Lifting Accessories of Visual and Thorough Examination

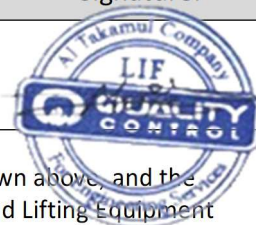
This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

|                                   |                              |                           |                      |
|-----------------------------------|------------------------------|---------------------------|----------------------|
| Client:                           | Egyptian Maintenance Company | Certificate no:           | QC-B-09-26-202-04-06 |
| Location:                         | Degassing Station 5          | Job Order No:             | QC-B-09-26-202       |
| Date of Examination:              | 14-SEP-2026                  | Next Inspection Due:      | 13-MARCH-2027        |
| Date of last Thorough examination |                              | Last Proof Load Test Date |                      |
| 08-MARCH-2026                     |                              | By Manufacture            |                      |

| IDENTIFICATION NO | QTY | DESCRIPTION                                                                                                                                                                                                                                                   | SWL       |
|-------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 02A<br>23         | 02  | <p style="text-align: center;">Safety Pin Bow Shackles</p> <p>Size: 7/8"</p> <p>Grade: 6</p> <p>Manufacturer: TOYOLIFT</p> <p>Safety Factor 6:1</p> <p>Location: Store</p>  | 6 1/2 Ton |

Reference Standard: BS EN 13889

|                                                                                                                                                                                                                                                        |     |  |    |   |                                                                                                                                                                           |     |   |    |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|----|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---|----|---|
| Is this the first examination after Installation or assembly at a new site or location?                                                                                                                                                                |     |  |    |   | Was the examination carried out?<br>Within 6 months?<br>With an interval of 12 months?<br>By an examination scheme?<br>After the occurrence of exceptional circumstances? |     |   |    |   |
|                                                                                                                                                                                                                                                        | YES |  | NO | v |                                                                                                                                                                           | YES | v | NO |   |
|                                                                                                                                                                                                                                                        |     |  |    |   |                                                                                                                                                                           | YES |   | NO | v |
| If the answer to the above question is YES, has the equipment been installed correctly?                                                                                                                                                                | YES |  | NO |   |                                                                                                                                                                           | YES | v | NO |   |
|                                                                                                                                                                                                                                                        |     |  |    |   |                                                                                                                                                                           | YES |   | NO | v |
| 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)<br>NONE                                                                                          |     |  |    |   |                                                                                                                                                                           |     |   |    |   |
| Is the above a defect that is of immediate danger to persons?                                                                                                                                                                                          |     |  |    |   |                                                                                                                                                                           | YES |   | NO | v |
| Is the above a defect that is not yet, but could become a danger to persons<br>(If YES, state the date by which)                                                                                                                                       |     |  |    |   |                                                                                                                                                                           | N/A |   |    |   |
| 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: (If none, state NONE)<br>The subject Items were inspected visually and dimensionally, where no signs of defects were observed at the time of inspection, and were found satisfactory. |     |  |    |   |                                                                                                                                                                           |     |   |    |   |
| IS THIS EQUIPMENT SAFE TO OPERATE?                                                                                                                                                                                                                     |     |  |    |   |                                                                                                                                                                           | YES | v | NO |   |

|                                      |                                                                                     |                             |                                                                                       |
|--------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------|
| LEEA & ASNT Level II Inspector Name: | Signature:                                                                          | Authenticating This Report: | Signature:                                                                            |
| Karrar Ali                           |  | Mohamed Abdulla             |  |

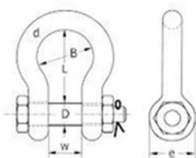
**THIS IS TO CERTIFY THAT:** a competent person (Karrar Ali) at the mentioned work location on the date shown above, and the Equipment described in this report was tested & inspected as per the requirements of the Lifting Operations and Lifting Equipment Regulation (LOLER). The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## Lifting Accessories of Visual and Thorough Examination

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

|                                   |                              |                           |                      |
|-----------------------------------|------------------------------|---------------------------|----------------------|
| Client:                           | Egyptian Maintenance Company | Certificate no:           | QC-B-09-26-202-04-07 |
| Location:                         | Degassing Station 5          | Job Order No:             | QC-B-09-26-202       |
| Date of Examination:              | 14-SEP-2026                  | Next Inspection Due:      | 13-MARCH-2027        |
| Date of last Thorough examination |                              | Last Proof Load Test Date |                      |
| 08-MARCH-2026                     |                              | By Manufacture            |                      |

| IDENTIFICATION NO | QTY | DESCRIPTION                                                                                                                                                                                                                    | SWL       |
|-------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 117A              | 01  | <p>Safety Pin Bow Shackles</p> <p>Size: 7/8"</p> <p>Grade: 6</p> <p>Manufacturer: MCKAT</p> <p>Safety Factor 6:1</p> <p>Location: Store</p>  | 6 1/2 Ton |

Reference Standard: BS EN 13889

|                                                                                                                                                                                                                                                        |     |  |    |                                                                                                                                                                                       |     |     |    |    |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|----|---|
| Is this the first examination after Installation or assembly at a new site or location?                                                                                                                                                                |     |  |    | Was the examination carried out?<br>Within 6 months?<br><br>With an interval of 12 months?<br><br>By an examination scheme?<br><br>After the occurrence of exceptional circumstances? |     |     |    |    |   |
|                                                                                                                                                                                                                                                        | YES |  | NO |                                                                                                                                                                                       | v   | YES | v  | NO |   |
|                                                                                                                                                                                                                                                        |     |  |    |                                                                                                                                                                                       | YES |     | NO | v  |   |
| If the answer to the above question is YES, has the equipment been installed correctly?                                                                                                                                                                | YES |  | NO |                                                                                                                                                                                       |     | YES | v  | NO |   |
|                                                                                                                                                                                                                                                        |     |  |    | YES                                                                                                                                                                                   |     |     | NO | v  |   |
| 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)<br>NONE                                                                                          |     |  |    |                                                                                                                                                                                       |     |     |    |    |   |
| Is the above a defect that is of immediate danger to persons?                                                                                                                                                                                          |     |  |    |                                                                                                                                                                                       |     | YES |    | NO | v |
| Is the above a defect that is not yet, but could become a danger to persons<br>(If YES, state the date by which)                                                                                                                                       |     |  |    |                                                                                                                                                                                       |     | N/A |    |    |   |
| 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: (If none, state NONE)<br>The subject Items were inspected visually and dimensionally, where no signs of defects were observed at the time of inspection, and were found satisfactory. |     |  |    |                                                                                                                                                                                       |     |     |    |    |   |
| IS THIS EQUIPMENT SAFE TO OPERATE?                                                                                                                                                                                                                     |     |  |    |                                                                                                                                                                                       |     | YES | v  | NO |   |

|                                      |                                                                                     |                             |                                                                                       |
|--------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------|
| LEEA & ASNT Level II Inspector Name: | Signature:                                                                          | Authenticating This Report: | Signature:                                                                            |
| Karrar Ali                           |  | Mohamed Abdulla             |  |

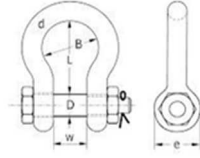
**THIS IS TO CERTIFY THAT:** a competent person (Karrar Ali) at the mentioned work location on the date shown above, and the Equipment described in this report was tested & inspected as per the requirements of the Lifting Operations and Lifting Equipment Regulation (LOLER). The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## Lifting Accessories of Visual and Thorough Examination

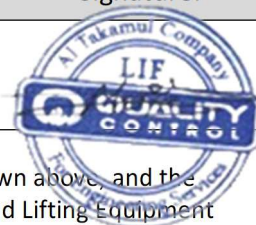
This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

|                                   |                              |                           |                      |
|-----------------------------------|------------------------------|---------------------------|----------------------|
| Client:                           | Egyptian Maintenance Company | Certificate no:           | QC-B-09-26-202-04-08 |
| Location:                         | Degassing Station 5          | Job Order No:             | QC-B-09-26-202       |
| Date of Examination:              | 14-SEP-2026                  | Next Inspection Due:      | 13-MARCH-2027        |
| Date of last Thorough examination |                              | Last Proof Load Test Date |                      |
| 08-MARCH-2026                     |                              | By Manufacture            |                      |

| IDENTIFICATION NO | QTY | DESCRIPTION                                                                                                                                                                                                                       | SWL       |
|-------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| A8625             | 01  | <p>Safety Pin Bow Shackles</p> <p>Size: 7/8"</p> <p>Grade: 6</p> <p>Manufacturer: TOYOLIFT</p> <p>Safety Factor 6:1</p> <p>Location: Store</p>  | 4 3/4 Ton |

Reference Standard: BS EN 13889

|                                                                                                                                                                                                                                                        |     |  |    |   |                                                                                                                                                                           |     |   |    |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|----|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---|----|---|
| Is this the first examination after Installation or assembly at a new site or location?                                                                                                                                                                |     |  |    |   | Was the examination carried out?<br>Within 6 months?<br>With an interval of 12 months?<br>By an examination scheme?<br>After the occurrence of exceptional circumstances? |     |   |    |   |
|                                                                                                                                                                                                                                                        | YES |  | NO | v |                                                                                                                                                                           | YES | v | NO |   |
|                                                                                                                                                                                                                                                        |     |  |    |   |                                                                                                                                                                           | YES |   | NO | v |
| If the answer to the above question is YES, has the equipment been installed correctly?                                                                                                                                                                | YES |  | NO |   |                                                                                                                                                                           | YES | v | NO |   |
|                                                                                                                                                                                                                                                        |     |  |    |   |                                                                                                                                                                           | YES |   | NO | v |
| 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)<br>NONE                                                                                          |     |  |    |   |                                                                                                                                                                           |     |   |    |   |
| Is the above a defect that is of immediate danger to persons?                                                                                                                                                                                          |     |  |    |   |                                                                                                                                                                           | YES |   | NO | v |
| Is the above a defect that is not yet, but could become a danger to persons<br>(If YES, state the date by which)                                                                                                                                       |     |  |    |   |                                                                                                                                                                           | N/A |   |    |   |
| 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: (If none, state NONE)<br>The subject Items were inspected visually and dimensionally, where no signs of defects were observed at the time of inspection, and were found satisfactory. |     |  |    |   |                                                                                                                                                                           |     |   |    |   |
| IS THIS EQUIPMENT SAFE TO OPERATE?                                                                                                                                                                                                                     |     |  |    |   |                                                                                                                                                                           | YES | v | NO |   |

|                                      |                                                                                     |                             |                                                                                       |
|--------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------|
| LEEA & ASNT Level II Inspector Name: | Signature:                                                                          | Authenticating This Report: | Signature:                                                                            |
| Karrar Ali                           |  | Mohamed Abdulla             |  |

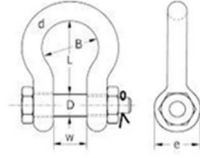
**THIS IS TO CERTIFY THAT:** a competent person (Karrar Ali) at the mentioned work location on the date shown above, and the Equipment described in this report was tested & inspected as per the requirements of the Lifting Operations and Lifting Equipment Regulation (LOLER). The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## Lifting Accessories of Visual and Thorough Examination

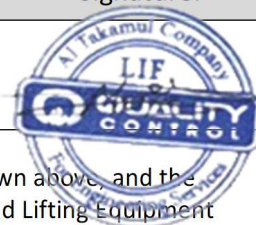
This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

|                                   |                              |                           |                      |
|-----------------------------------|------------------------------|---------------------------|----------------------|
| Client:                           | Egyptian Maintenance Company | Certificate no:           | QC-B-09-26-202-04-09 |
| Location:                         | Degassing Station 5          | Job Order No:             | QC-B-09-26-202       |
| Date of Examination:              | 14-SEP-2026                  | Next Inspection Due:      | 13-MARCH-2027        |
| Date of last Thorough examination |                              | Last Proof Load Test Date |                      |
| 08-MARCH-2026                     |                              | By Manufacture            |                      |

| IDENTIFICATION NO | QTY | DESCRIPTION                                                                                                                                                                                                                       | SWL       |
|-------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| B58<br>A8607      | 02  | <p>Safety Pin Bow Shackles</p> <p>Size: 5/8"</p> <p>Grade: 6</p> <p>Manufacturer: TOYOLIFT</p> <p>Safety Factor 6:1</p> <p>Location: Store</p>  | 3 1/4 Ton |

Reference Standard: BS EN 13889

|                                                                                                                                                                                                                                                        |     |  |    |   |                                                                                                                                                                           |     |   |    |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|----|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---|----|---|
| Is this the first examination after Installation or assembly at a new site or location?                                                                                                                                                                |     |  |    |   | Was the examination carried out?<br>Within 6 months?<br>With an interval of 12 months?<br>By an examination scheme?<br>After the occurrence of exceptional circumstances? |     |   |    |   |
|                                                                                                                                                                                                                                                        | YES |  | NO | v |                                                                                                                                                                           | YES | v | NO |   |
|                                                                                                                                                                                                                                                        |     |  |    |   |                                                                                                                                                                           | YES |   | NO | v |
| If the answer to the above question is YES, has the equipment been installed correctly?                                                                                                                                                                | YES |  | NO |   |                                                                                                                                                                           | YES | v | NO |   |
|                                                                                                                                                                                                                                                        |     |  |    |   |                                                                                                                                                                           | YES |   | NO | v |
| 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)<br>NONE                                                                                          |     |  |    |   |                                                                                                                                                                           |     |   |    |   |
| Is the above a defect that is of immediate danger to persons?                                                                                                                                                                                          |     |  |    |   |                                                                                                                                                                           | YES |   | NO | v |
| Is the above a defect that is not yet, but could become a danger to persons<br>(If YES, state the date by which)                                                                                                                                       |     |  |    |   |                                                                                                                                                                           | N/A |   |    |   |
| 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: (If none, state NONE)<br>The subject Items were inspected visually and dimensionally, where no signs of defects were observed at the time of inspection, and were found satisfactory. |     |  |    |   |                                                                                                                                                                           |     |   |    |   |
| IS THIS EQUIPMENT SAFE TO OPERATE?                                                                                                                                                                                                                     |     |  |    |   |                                                                                                                                                                           | YES | v | NO |   |

|                                      |                                                                                     |                             |                                                                                       |
|--------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------|
| LEEA & ASNT Level II Inspector Name: | Signature:                                                                          | Authenticating This Report: | Signature:                                                                            |
| Karrar Ali                           |  | Mohamed Abdulla             |  |

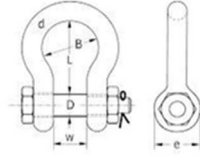
**THIS IS TO CERTIFY THAT:** a competent person (Karrar Ali) at the mentioned work location on the date shown above, and the Equipment described in this report was tested & inspected as per the requirements of the Lifting Operations and Lifting Equipment Regulation (LOLER). The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.



## Lifting Accessories of Visual and Thorough Examination

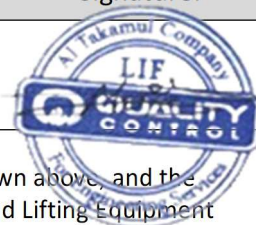
This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

|                                   |                              |                           |                      |
|-----------------------------------|------------------------------|---------------------------|----------------------|
| Client:                           | Egyptian Maintenance Company | Certificate no:           | QC-B-09-26-202-04-10 |
| Location:                         | Degassing Station 5          | Job Order No:             | QC-B-09-26-202       |
| Date of Examination:              | 14-SEP-2026                  | Next Inspection Due:      | 13-MARCH-2027        |
| Date of last Thorough examination |                              | Last Proof Load Test Date |                      |
| 31-MARCH-2026                     |                              | By Manufacture            |                      |

| IDENTIFICATION NO                                                                                            | QTY | DESCRIPTION                                                                                                                                                                                                                           | SWL    |
|--------------------------------------------------------------------------------------------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 110316-2/1<br>110316-2/2<br>110316-2/3<br>110316-2/4<br>110316-3/1<br>110316-3/2<br>110316-3/3<br>110316-3/4 | 08  | <p>Safety Pin Bow Shackles</p> <p>Size: 1 3/4"</p> <p>Grade: 6</p> <p>Manufacturer: GP HOLLAND</p> <p>Safety Factor 6:1</p> <p>Location: Store</p>  | 25 Ton |

Reference Standard: BS EN 13889

|                                                                                                                                                                                                                                                           |     |  |    |   |                                                                                                                                                                              |     |   |    |   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|----|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---|----|---|--|
| Is this the first examination after<br>Installation or assembly at a new site or location?                                                                                                                                                                |     |  |    |   | Was the examination carried out?<br>Within 6 months?<br>With an interval of 12 months?<br>By an examination scheme?<br>After the occurrence of exceptional<br>circumstances? |     |   |    |   |  |
|                                                                                                                                                                                                                                                           | YES |  | NO | ✓ |                                                                                                                                                                              | YES | ✓ | NO |   |  |
|                                                                                                                                                                                                                                                           |     |  |    |   |                                                                                                                                                                              | YES |   | NO | ✓ |  |
| If the answer to the above question is YES, has the<br>equipment been installed correctly?                                                                                                                                                                | YES |  | NO |   |                                                                                                                                                                              | YES | ✓ | NO |   |  |
|                                                                                                                                                                                                                                                           |     |  |    |   |                                                                                                                                                                              | 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)<br>NONE                                                                                             |     |  |    |   |                                                                                                                                                                              |     |   |    |   |  |
| Is the above a defect that is of immediate danger to persons?                                                                                                                                                                                             |     |  |    |   |                                                                                                                                                                              | YES |   | NO | ✓ |  |
| Is the above a defect that is not yet, but could become a danger to persons<br>(If YES, state the date by which)                                                                                                                                          |     |  |    |   |                                                                                                                                                                              | N/A |   |    |   |  |
| 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: (If none, state NONE)<br>The subject Items were inspected visually and dimensionally, where no signs of defects were observed at the time of inspection, and were found<br>satisfactory. |     |  |    |   |                                                                                                                                                                              |     |   |    |   |  |
| IS THIS EQUIPMENT SAFE TO OPERATE?                                                                                                                                                                                                                        |     |  |    |   |                                                                                                                                                                              | YES | ✓ | NO |   |  |

|                                      |                                                                                     |                             |                                                                                       |
|--------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------|
| LEEA & ASNT Level II Inspector Name: | Signature:                                                                          | Authenticating This Report: | Signature:                                                                            |
| Karrar Ali                           |  | Mohamed Abdulla             |  |

**THIS IS TO CERTIFY THAT:** a competent person (Karrar Ali) at the mentioned 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 and Lifting Equipment Regulation (LOLER). The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.