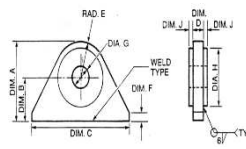





CERTIFICATE OF THOROUGH EXAMINATION

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

Client Name:	Zhongman Petroleum and Natural Gas Group Corp CO. Ltd. (ZPEC (Basra ,Iraq) STI			Job Number:	QC-ZPEC-01-2024-0028
Date of Examination:	16.01.2024	Location:	ZEPC RIG 35	Certificate No:	QC-ZPEC-01-2024-0028/01
Last Inspection		Last Proof Load Test Date		Next Proof Load Test Due	
17.07.2023		N/A		AFTER ANY REPAIR/MODIFICATION	
Serial Number:	QTY	Description			SWL
GI-01	01	<p align="center"><u>FILTER SKID</u></p> <p>DIM: 2.19 M (L) X 1.14 M (W) X 2.12 M (H)</p> <p>FULLY WELDED STEEL CONSTRUCTION WITH FOUR TOP MOUNTED LIFTING POINTS</p> <p>TARE WEIGHT: 2000 KG MAX GROSS WEIGHT: 2000 KG</p>			N/A
Reference Standard:	BS EN 12079-3:2006				
Pad Eyes Dimension:	Thickness:	Pin Hole:	Length:	Height:	
	18 mm	25 mm	140 mm	100 mm	
					
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		Was the examination carried out: Within an interval of 6 months?	
If the answer to the above question is YES has the equipment been installed correctly?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √	
Was the examination carried out: Within an interval of 12 months?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		In accordance with an examination scheme?	
After the occurrence of exceptional circumstances?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √	
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none state NONE) NONE					
Is the above a defect which is of immediate danger to persons:				<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> √
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				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)					
** The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory					
** MPI was carried out on the pad eyes Welding Areas and found satisfactory					
IS THIS EQUIPMENT SAFE TO OPERATE?				<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> √
ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:		
Khaled Mahmoud	Mohamed Abdalla		15.07.2024		

REV: 01 Dated: 20 June 2022

THIS IS TO CERTIFY THAT; a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.

