



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-01-2024-0028/06
Serial Number:	QTY	Description	SWL	Date of last Thorough examination
S1 S2	02	<u>SAFETY PIN BOW SHACKLE</u> Size: 5/8" Grade: 6 Manufacture: HX Safety Factor: 6:1 Location : Attached With Filter skid NO: GI-01	3.25TON	17-07-2023
Reference Standard:		BS EN 13889		
Is this the first examination after Installation or assembly at a new site or location?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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 type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/>	
			With an interval of 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ✓	
			In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/>	
			After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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:			YES	<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)			NO	<input checked="" type="checkbox"/> ✓
Particulars of any repair, renewal or alteration required to remedy the defect identified above:			YES by:	
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				
IS THIS EQUIPMENT SAFE TO OPERATE?			YES	<input checked="" type="checkbox"/> ✓ <input 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

