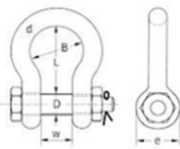




**CERTIFICATE OF THOROUGH EXAMINATION**

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

<b>Client Name:</b>	Zhongman Petroleum and Natural Gas Group Corp CO. Ltd. (ZPEC ( Basra ,Iraq ) STI		<b>Job Number:</b>	QC-ZPEC-01-2024-0028
<b>Date of Examination:</b>	16.01.2024	<b>Location:</b>	ZEPC RIG 35	<b>Certificate No:</b> QC-ZPEC-01-2024-0028/09
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of last Thorough examination</b>
L6670 L6671 L6673	03	<b><u>SAFETY PIN BOW SHACKLE</u></b>  Size: 5/8" Grade: 6 Manufacture: GT Safety Factor: 6:1 <b>Location : Attached With Centrifugal Pump</b> Skid NO: LXB-01 	3.25TON	17-07-2023
<b>Reference Standard:</b>	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 checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input 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) <b>NONE</b>				
Is the above a defect which is of immediate danger to persons:			YES	<input type="checkbox"/> NO <input checked="" 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)			YES by:	
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				
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>			YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>ASNT Level II Inspector Name:</b>	<b>Authenticating This Report:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>	
Khaled Mahmoud	Mohamed Abdalla		15.07.2024	

REV: 01 Dated: 20 June 2022