




CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

Client Name:	Aberdeen Technical Service CO.			Job Number:	QC-ATS-01-2024-0002
Date of Examination:	03.01.2024	Location:	ATS Yard	Certificate No:	QC-ATS-01-2024-0002-10
Serial Number:	QTY	Description		SWL	Date of last thorough examination
L9041 L9042 L9043 L9044	04	SAFETY PIN BOW SHACKLE MANUFACTURER: GT Size: 1 1/4" Grade: 6 Safety Factor: 6:1		12 TON	17.07.2023
Reference Standard:	BS EN 13889-2003+A1:2008				
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?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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"/>		With an interval of 12 months?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				In accordance with an examination scheme?	
				<input type="checkbox"/> YES <input checked="" 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:				<input type="checkbox"/> 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					
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:
Mohamed Abdalla	Ashraf El-Said		02.07.2024

REV: 01 Dated: 20 June 2022

