




### 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., Ltd Iraq Branch (Casing team)			<b>Job Number:</b>	QC-ZPEC-01-2024-0022
<b>Date of Examination:</b>	11.01.2024	<b>Location:</b>	ZEPC BASE	<b>Certificate No:</b>	QC-ZPEC-01-2024-0022/01
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of last Thorough examination</b>	
CAS-03 CAS-04	02	Single Leg Wire Rope Sling  Diameter: 19 MM Length: 3 M 6X36 IWRC, Rope Grade 1960 N/MM2 Galv IWRC, Mechanically Spliced with Aluminum Ferrules, Steel Core Hard Eye X Soft Eye.  Safety Factor: 5:1	4 Ton	28.06.2023	
<b>Reference Standard:</b>	BS EN 13414-1/2				
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ✓	
				Was the examination carried out? Within an interval of 12 months?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ✓	
				In accordance with an examination scheme? 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:				<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					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES	<input checked="" type="checkbox"/> ✓ <input 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		10.07.2024		

REV: 01 Dated: 20 June 2022




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<b>Date of Examination:</b>	11.01.2024	<b>Location:</b>	ZEPC BASE	<b>Certificate No:</b>	QC-ZPEC-01-2024-0022/02
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of last Thorough examination</b>	
F8718 F8719	02	Single Leg Wire Rope Sling  Diameter: 22 MM Length: 3 M 6X36 IWRC, Rope Grade 1960 N/MM2 Galv IWRC, Mechanically Spliced with Aluminum Ferrules, Steel Core Hard Eye X Hard Eye.  Safety Factor: 5:1	5.65 Ton	28.06.2023	
<b>Reference Standard:</b>	BS EN 13414-1/2				
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"/>		Was the examination carried out? Within an interval of 12 months?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				Was the examination carried out? In accordance with an examination scheme?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				Was the examination carried out? 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:				<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					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> 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		10.07.2024		

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<b>Date of Examination:</b>	11.01.2024	<b>Location:</b>	ZEPC BASE	<b>Certificate No:</b>	QC-ZPEC-01-2024-0022/03
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of last Thorough examination</b>	
D8743	01	Single Leg Wire Rope Sling  Diameter: 26 MM Length: 3 M 6X36 IWRC, Rope Grade 1960 N/MM2 Galv IWRC, Mechanically Spliced with Aluminum Ferrules, Steel Core Hard Eye X Hard Eye.  Safety Factor: 5:1	7.8 Ton	28.06.2023	
<b>Reference Standard:</b>	BS EN 13414-1/2				
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 type="checkbox"/> NO <input checked="" 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"/>
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:					<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					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>					<input type="checkbox"/> 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>	
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<b>Date of Examination:</b>	11.01.2024	<b>Location:</b>	ZEPC BASE	<b>Certificate No:</b>	QC-ZPEC-01-2024-0022/04
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of last Thorough examination</b>	
H7943	01	Single Leg Wire Rope Sling  Diameter: 26 MM Length: 2.6 M 6X36 IWRC, Rope Grade 1960 N/MM2 Galv IWRC, Mechanically Spliced with Aluminum Ferrules, Steel Core Hard Eye X Hard Eye.  Safety Factor: 5:1	7.8 Ton	28.06.2023	
<b>Reference Standard:</b>	BS EN 13414-1/2				
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 type="checkbox"/> NO <input checked="" 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"/>
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:					<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:					
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<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>					<input type="checkbox"/> 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>	
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<b>Date of Examination:</b>	11.01.2024	<b>Location:</b>	ZEPC BASE	<b>Certificate No:</b>	QC-ZPEC-01-2024-0022/05
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of last Thorough examination</b>	
KJ01	01	Two Leg Wire Rope Sling  Diameter: 16 MM Length: 1.52 M 6X36 IWRC, Rope Grade 1960 N/MM2 Galv IWRC, Mechanically Spliced with Aluminum Ferrules, Steel Core Hard Eye X Hard Eye.  Safety Factor: 5:1	4.2 Ton	28.06.2023	
<b>Reference Standard:</b>	BS EN 13414-1/2				
Is this the first examination after Installation or assembly at a new site or location?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Was the examination carried out? Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				After the occurrence of exceptional circumstances? 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>	
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<b>Date of Examination:</b>	11.01.2024	<b>Location:</b>	ZEPC BASE	<b>Certificate No:</b>	QC-ZPEC-01-2024-0022/06
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of last Thorough examination</b>	
D8789	01	REGULAR SWIVEL  Manufacturer: Crosby Type: Regular Grade: 8 Size: 1"	6.7 Ton	28.06.2023	
<b>Reference Standard:</b>	BS EN 1677-2:2000+A:2008				
Is this the first examination after Installation or assembly at a new site or location?		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?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	In accordance with an examination scheme?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	After the occurrence of exceptional circumstances?	
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:					
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<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>		
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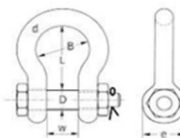

<b>Client Name:</b>	Zhongman Petroleum and Natural Gas Group Corp., Ltd Iraq Branch (Casing team)			<b>Job Number:</b>	QC-ZPEC-01-2024-0022
<b>Date of Examination:</b>	11.01.2024	<b>Location:</b>	ZEPC BASE	<b>Certificate No:</b>	QC-ZPEC-01-2024-0022/07
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of last Thorough examination</b>	
S08	01	REGULAR SWIVEL  Manufacturer: SLR Type: Regular Grade: 8 Size: 16-8	8 Ton	28.06.2023	
<b>Reference Standard:</b>	BS EN 1677-2:2000+A:2008				
Is this the first examination after Installation or assembly at a new site or location?		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?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	With an interval of 12 months?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	In accordance with an examination scheme?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	After the occurrence of exceptional circumstances?	
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:					
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<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
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<b>Date of Examination:</b>	11.01.2024	<b>Location:</b>	ZEPC BASE	<b>Certificate No:</b>	QC-ZPEC-01-2024-0022/08
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last Thorough examination</b>
A3055 A3059	02	SAFETY PIN BOW SHACKLE  Size: 5/8" Grade: 6 Manufacture: TOYOLIFT Safety Factor: 6:1  		3.25 TON	28.06.2023
<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?	
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ✓	
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ✓	
				<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"/>
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 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)					
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<b>ASNT Level II Inspector Name:</b>	<b>Authenticating This Report:</b>		<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>	
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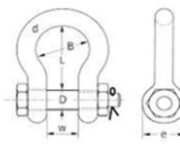

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<b>Date of Examination:</b>	11.01.2024	<b>Location:</b>	ZEPC BASE	<b>Certificate No:</b>	QC-ZPEC-01-2024-0022/09
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last Thorough examination</b>
F8620	01	SAFETY PIN BOW SHACKLE  Size: 5/8" Grade: 6 Manufacture: BASH-P Safety Factor: 6:1		3.25 TON	28.06.2023
<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"/>		Within an interval of 12 months? 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"/>	
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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 type="checkbox"/>
				YES by:	<input type="checkbox"/>
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<b>Date of Examination:</b>	11.01.2024	<b>Location:</b>	ZEPC BASE	<b>Certificate No:</b>	QC-ZPEC-01-2024-0022/10
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of last Thorough examination</b>	
G6892	01	SAFETY PIN BOW SHACKLE  Size: 5/8" Grade: 6 Manufacture: GT Safety Factor: 6:1  	3.25 TON	28.06.2023	
<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?	
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				Within 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:				<input type="checkbox"/> YES	<input type="checkbox"/> NO <input checked="" type="checkbox"/> ✓
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REV: 01 Dated: 20 June 2022


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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., Ltd Iraq Branch (Casing team)			<b>Job Number:</b>	QC-ZPEC-01-2024-0022
<b>Date of Examination:</b>	11.01.2024	<b>Location:</b>	ZEPC BASE	<b>Certificate No:</b>	QC-ZPEC-01-2024-0022/11
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last Thorough examination</b>
A4096	01	SAFETY PIN BOW SHACKLE  Size: 5/8" Grade: 6 Manufacture: CROSBY Safety Factor: 6:1		3.25 TON	28.06.2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	Was the examination carried out? Within an interval of 6 months?	
			✓	YES	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	Within an interval of 12 months?	
				YES	
				In accordance with an examination scheme?	
				YES	
				After the occurrence of exceptional circumstances?	
				YES	
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	NO
					✓
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	NO
				✓	
<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		10.07.2024		

REV: 01 Dated: 20 June 2022


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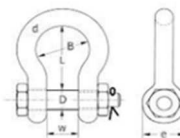

<b>Client Name:</b>	Zhongman Petroleum and Natural Gas Group Corp., Ltd Iraq Branch (Casing team)			<b>Job Number:</b>	QC-ZPEC-01-2024-0022
<b>Date of Examination:</b>	11.01.2024	<b>Location:</b>	ZEPC BASE	<b>Certificate No:</b>	QC-ZPEC-01-2024-0022/12
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last Thorough examination</b>
G5957	01	SAFETY PIN BOW SHACKLE  Size: 5/8" Grade: 6 Manufacture: K.F Safety Factor: 6:1		3.25 TON	28.06.2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	Was the examination carried out? Within an interval of 6 months?	
			✓	YES	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	Within an interval of 12 months?	
				YES	
				In accordance with an examination scheme?	
				YES	
				After the occurrence of exceptional circumstances?	
				YES	
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	NO
					✓
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	NO
				✓	
<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		10.07.2024		

REV: 01 Dated: 20 June 2022



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<b>Client Name:</b>	Zhongman Petroleum and Natural Gas Group Corp., Ltd Iraq Branch (Casing team)			<b>Job Number:</b>	QC-ZPEC-01-2024-0022
<b>Date of Examination:</b>	11.01.2024	<b>Location:</b>	ZEPC BASE	<b>Certificate No:</b>	QC-ZPEC-01-2024-0022/13
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of last Thorough examination</b>	
A3045 A3180 A3054 A3050	04	SAFETY PIN BOW SHACKLE  Size: 3/4" Grade: 6 Manufacture: TOYOLIFT Safety Factor: 6:1 	4.75 TON	28.06.2023	
<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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ✓	
				Was the examination carried out? Within an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?	
				<input checked="" type="checkbox"/> YES <input 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) <b>NONE</b>					
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 type="checkbox"/>
				YES by:	<input type="checkbox"/>
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		10.07.2024		

REV: 01 Dated: 20 June 2022




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<b>Client Name:</b>	Zhongman Petroleum and Natural Gas Group Corp., Ltd Iraq Branch (Casing team)			<b>Job Number:</b>	QC-ZPEC-01-2024-0022
<b>Date of Examination:</b>	11.01.2024	<b>Location:</b>	ZEPC BASE	<b>Certificate No:</b>	QC-ZPEC-01-2024-0022/14
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last Thorough examination</b>
F8654 G3851 G3847 G5038	04	SAFETY PIN BOW SHACKLE  Size: 3/4" Grade: 6 Manufacture: BASH-P Safety Factor: 6:1		4.75 TON	28.06.2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	Was the examination carried out? Within an interval of 6 months?	
			✓	YES	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	Within an interval of 12 months?	
				YES	
				In accordance with an examination scheme?	
				YES	
				After the occurrence of exceptional circumstances?	
				YES	
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	NO
					✓
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	NO
				✓	
<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		10.07.2024		

REV: 01 Dated: 20 June 2022


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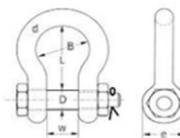

<b>Client Name:</b>	Zhongman Petroleum and Natural Gas Group Corp., Ltd Iraq Branch (Casing team)			<b>Job Number:</b>	QC-ZPEC-01-2024-0022
<b>Date of Examination:</b>	11.01.2024	<b>Location:</b>	ZEPC BASE	<b>Certificate No:</b>	QC-ZPEC-01-2024-0022/15
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last Thorough examination</b>
A2420 08A	02	SAFETY PIN BOW SHACKLE  Size: 3/4" Grade: 6 Manufacture: CROSBY Safety Factor: 6:1		4.75 TON	28.06.2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	Was the examination carried out? Within an interval of 6 months?	
			✓	YES	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	Within an interval of 12 months?	
				YES	
				In accordance with an examination scheme?	
				YES	
				After the occurrence of exceptional circumstances?	
				YES	
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	NO
					✓
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	NO
				✓	
<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		10.07.2024		

REV: 01 Dated: 20 June 2022



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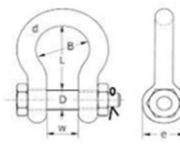

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<b>Client Name:</b>	Zhongman Petroleum and Natural Gas Group Corp., Ltd Iraq Branch (Casing team)			<b>Job Number:</b>	QC-ZPEC-01-2024-0022
<b>Date of Examination:</b>	11.01.2024	<b>Location:</b>	ZEPC BASE	<b>Certificate No:</b>	QC-ZPEC-01-2024-0022/16
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of last Thorough examination</b>	
016 012 025 038 09A 023 019	07	SAFETY PIN BOW SHACKLE  Size: 1" Grade: 6 Manufacture: D Y Safety Factor: 6:1  	8.5 TON	28.06.2023	
<b>Reference Standard:</b>	BS EN 13889				
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	Was the examination carried out? Within an interval of 6 months? Within an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	YES	NO
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	NO		
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	NO
<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		10.07.2024		

REV: 01 Dated: 20 June 2022


**CERTIFICATE OF THOROUGH EXAMINATION**

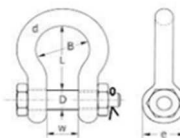

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<b>Client Name:</b>	Zhongman Petroleum and Natural Gas Group Corp., Ltd Iraq Branch (Casing team)			<b>Job Number:</b>	QC-ZPEC-01-2024-0022
<b>Date of Examination:</b>	11.01.2024	<b>Location:</b>	ZEPC BASE	<b>Certificate No:</b>	QC-ZPEC-01-2024-0022/17
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of last Thorough examination</b>	
S015	01	SAFETY PIN BOW SHACKLE  Size: 1" Grade: 6 Manufacture: CROSBY Safety Factor: 6:1  	8.5 TON	28.06.2023	
<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?	
				<input type="checkbox"/> Within an interval of 6 months? <input type="checkbox"/> Within an interval of 12 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"/> In accordance with an examination scheme? <input type="checkbox"/> After the occurrence of exceptional circumstances?	
				<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) <b>NONE</b>					
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					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> 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		10.07.2024		

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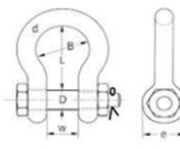

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<b>Client Name:</b>	Zhongman Petroleum and Natural Gas Group Corp., Ltd Iraq Branch (Casing team)			<b>Job Number:</b>	QC-ZPEC-01-2024-0022
<b>Date of Examination:</b>	11.01.2024	<b>Location:</b>	ZEPC BASE	<b>Certificate No:</b>	QC-ZPEC-01-2024-0022/18
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of last Thorough examination</b>	
A3033	01	SAFETY PIN BOW SHACKLE  Size: 1" Grade: 6 Manufacture: TOYOLIFT Safety Factor: 6:1  	8.5 TON	28.06.2023	
<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?		<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"/>	Within 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"/> 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:					<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:	
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<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>					<input type="checkbox"/> 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		10.07.2024		

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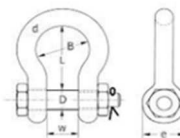

<b>Client Name:</b>	Zhongman Petroleum and Natural Gas Group Corp., Ltd Iraq Branch (Casing team)			<b>Job Number:</b>	QC-ZPEC-01-2024-0022
<b>Date of Examination:</b>	11.01.2024	<b>Location:</b>	ZEPC BASE	<b>Certificate No:</b>	QC-ZPEC-01-2024-0022/19
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of last Thorough examination</b>	
014 035	02	SAFETY PIN BOW SHACKLE  Size: 1" Grade: 6 Manufacture: G T Safety Factor: 6:1  	8.5 TON	28.06.2023	
<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?		<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"/>	Within 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"/> 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:					<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:					
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<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>					<input type="checkbox"/> 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		10.07.2024		

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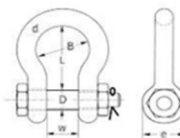

<b>Client Name:</b>	Zhongman Petroleum and Natural Gas Group Corp., Ltd Iraq Branch (Casing team)			<b>Job Number:</b>	QC-ZPEC-01-2024-0022
<b>Date of Examination:</b>	11.01.2024	<b>Location:</b>	ZEPC BASE	<b>Certificate No:</b>	QC-ZPEC-01-2024-0022/20
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last Thorough examination</b>
032 017 G5451 C6965	04	SAFETY PIN BOW SHACKLE  Size: 1" Grade: 6 Manufacture: BASH-P Safety Factor: 6:1  		8.5 TON	28.06.2023
<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?	
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 checked="" type="checkbox"/> Within an interval of 6 months? <input type="checkbox"/> Within an interval of 12 months? <input checked="" type="checkbox"/> In accordance with an examination scheme? <input type="checkbox"/> After the occurrence of exceptional circumstances?	
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:				<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:					
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<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES	<input checked="" type="checkbox"/> ✓ <input 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		10.07.2024		

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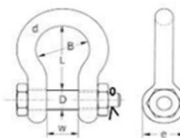

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<b>Client Name:</b>	Zhongman Petroleum and Natural Gas Group Corp., Ltd Iraq Branch (Casing team)			<b>Job Number:</b>	QC-ZPEC-01-2024-0022
<b>Date of Examination:</b>	11.01.2024	<b>Location:</b>	ZEPC BASE	<b>Certificate No:</b>	QC-ZPEC-01-2024-0022/21
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last Thorough examination</b>
030 D71	02	SAFETY PIN BOW SHACKLE  Size: 1" Grade: 6 Manufacture: H.K Safety Factor: 6:1  		8.5 TON	28.06.2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	Was the examination carried out? Within an interval of 6 months?	
			✓	YES	
If the answer to the above question is YES has the equipment been installed correctly?		YES	NO	Within an interval of 12 months?	
				YES	
				In accordance with an examination scheme?	
				YES	
				After the occurrence of exceptional circumstances?	
				YES	
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	NO
					✓
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	NO
				✓	
<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		10.07.2024		

REV: 01 Dated: 20 June 2022


**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., Ltd Iraq Branch (Casing team)			<b>Job Number:</b>	QC-ZPEC-01-2024-0022
<b>Date of Examination:</b>	11.01.2024	<b>Location:</b>	ZEPC BASE	<b>Certificate No:</b>	QC-ZPEC-01-2024-0022/22
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of last Thorough examination</b>	
D77	01	SAFETY PIN BOW SHACKLE  Size: 1" Grade: 6 Manufacture: S P Y Safety Factor: 6:1  	8.5 TON	28.06.2023	
<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?	
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"/> ✓		Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> NO <input type="checkbox"/> ✓	
				Within 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:				<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					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES	<input checked="" type="checkbox"/> ✓ <input 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		10.07.2024		

REV: 01 Dated: 20 June 2022


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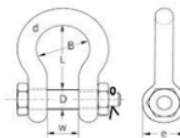

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

<b>Client Name:</b>	Zhongman Petroleum and Natural Gas Group Corp., Ltd Iraq Branch (Casing team)			<b>Job Number:</b>	QC-ZPEC-01-2024-0022
<b>Date of Examination:</b>	11.01.2024	<b>Location:</b>	ZEPC BASE	<b>Certificate No:</b>	QC-ZPEC-01-2024-0022/23
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last Thorough examination</b>
01 TO 32	32	SAFETY PIN BOW SHACKLE  Size: 7/16" Grade: 6 Manufacture: CROSBY Safety Factor: 6:1		1.5 TON	28.06.2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		YES	NO	✓	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?		YES	NO		Within an interval of 12 months?
					In accordance with an examination scheme?
					After the occurrence of exceptional circumstances?
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
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
<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			10.07.2024

REV: 01 Dated: 20 June 2022


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<b>Client Name:</b>	Zhongman Petroleum and Natural Gas Group Corp., Ltd Iraq Branch (Casing team)			<b>Job Number:</b>	QC-ZPEC-01-2024-0022
<b>Date of Examination:</b>	11.01.2024	<b>Location:</b>	ZEPC BASE	<b>Certificate No:</b>	QC-ZPEC-01-2024-0022/24
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL</b>	<b>Date of last Thorough examination</b>	
L62	01	SAFETY PIN BOW SHACKLE  Size: 3/4" Grade: 6 Manufacture: H.K Safety Factor: 6:1  	4.75 TON	28.06.2023	
<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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input 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"/>	Within an interval of 12 months? In accordance with an examination scheme?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ✓
After the occurrence of exceptional circumstances?			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:					<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					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>					<input type="checkbox"/> YES <input checked="" type="checkbox"/> ✓ <input 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			10.07.2024	

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