





## CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

<b>Client Name:</b>	<b>ABERDEEN TECHNICAL SECVICE CO:</b>		<b>Certificate No:</b>	QC-ATS-05-24-0081-002	
<b>Date of Examination:</b>	05-May-2024	<b>Location:</b>	ATS Yard	<b>Job Number:</b>	QC-ATS-May-2024-0081
<b>Serial Number:</b>	<b>QTY</b>	<b>Description:</b>		<b>SWL:</b>	<b>Date of Last Thorough Examination:</b>
D215-1525 D215-1526 D215-1529 D215-1530 D215-1532 D215-1533 D215-1534	07	<p style="text-align: center;"><b><u>FLAT POLYESTER WOVEN WEBBING SLING</u></b></p> <p style="text-align: center;">C/W Folded Soft Eye at Each End</p> <p>Manufacture: Webblon Korea: Manufacture Date: 06-Oct-2016 Material: 100% Polyester (PET) Length: 8 M Width: 2 in Color: Green Safety Factor: 7:1</p> <p>Location: ATS Yard:</p> 		Vertical 2 Ton	11-Nov-2023
<b>Reference Standard:</b>		BS EN 1492-1:2000-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 checked="" 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 checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/>
Is the Above a Affect 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 checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/>

REV: 01 Dated: 20 June 2022

<b>Inspector Name:</b>	<b>Authenticating This Report:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Ashraf El Said ASNT Level II VT,MT,PT,UT Lea I,II	Mohamed Abdulla LEEA Registered Technician		04-Nov-2024

**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:

