





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 SECVICE CO:	Certificate No:	QC-ATS-05-24-0081-008													
Date of Examination:	05-May-2024	Location:	ATS Yard	Job Number: QC-ATS-May-2024-0081												
Serial Number:	QTY	Description:		SWL:												
D615-944 D615-045	02	<p style="text-align: center;"><u>FLAT POLYESTER WOVEN WEBBING SLING</u> C/W Folded Soft Eye at Each End</p> <p>Manufacture: Webblon Korea: Manufacture Date: 06-Oct-2016 Material: 100% Polyester (PET) Length: 2 M Width: 6 in Color: Brown Safety Factor: 7:1</p> <p>Location: ATS Yard:</p> 		Vertical 6 Ton												
Reference Standard:		BS EN 1492-1:2000-A1:2008														
Is This the First Examination After Installation or Assembly at a New Site or Location?		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	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?								
YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>													
If the answer to the above question is YES has the equipment been installed correctly?		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>YES</td> <td><input checked="" type="checkbox"/></td> <td>NO</td> <td><input type="checkbox"/></td> </tr> </table>		YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>YES</td> <td><input checked="" type="checkbox"/></td> <td>NO</td> <td><input type="checkbox"/></td> </tr> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>													
YES	<input checked="" type="checkbox"/>	NO	<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 Sate NONE) NONE																
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 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:																
IS THIS EQUIPMENT SAFE TO OPERATE?		YES	<input checked="" type="checkbox"/>	NO <input type="checkbox"/>												

REV: 01 Dated: 20 June 2022

Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Ashraf El Said ASNT Level II VT,MT,PT,UT Leea 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:

