





## 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>	Zhongman Petroleum Engineering Technology Service (Hong Kong) Co. Limited Iraq Branch			<b>Certificate No:</b>	QC-ZPEC-05-24-0144-011
<b>Date of Examination:</b>	01-May-2024	<b>Rig &amp; Location:</b>	ZPEC Rig 25 RU-612	<b>Job Number:</b>	QC-ZPEC-May-2024-0144
<b>Serial Number:</b>	<b>QTY</b>	<b>Description:</b>		<b>SWL:</b>	<b>Date of Last Thorough Examination:</b>
C 1214	01	<p><b><u>FLAT POLYESTER WOVEN WEBBING SLING</u></b></p> <p>C/W Folded Soft Eye at Each End            Manufacture: Safety Marine:            Manufacture Date: Nov - 2023            Length: 10 M            Safety Factor: 7:1</p> <p>Location: Rig Store:</p> 		10 Ton	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:	
				<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"/>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input 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:				<input 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) <b>The Subject Items Were Inspected Visually and Dimensionally Where No Signs of Defects Were Observed at The Time of Inspection and Found Satisfactory:</b>					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input 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>
Syed Aamir Ali ASNT Level II VT,MT,PT,UT Leea I,II	Mohamed Abdulla LEEa Registered Technician		<b>30-Nov-2024</b>

**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: