





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-05-24-0081-013
Date of Examination:	05-May-2024	Location:	ATS Yard	Job Number: QC-ATS-May-2024-0081
Serial Number:	QTY	Description:	SWL:	Date of Last Thorough Examination:
D815-151	01	<p><u>FLAT POLYESTER WOVEN WEBBING SLING</u> C/W Folded Soft Eye at Each End</p> <p>Manufacture: Webblon Korea: Manufacture Date: 16-Oct-2017 Material: 100% Polyester (PET) Length: 4 M Width: 8 in Color: Blue Safety Factor: 7:1</p> <p>Location: ATS Yard:</p> 	Vertical 8 Ton	11-Nov-2023
Reference Standard:	BS EN 1492-1:2000-A1:2008			
Is This the First Examination After Installation or Assembly at a New Site or Location?	YES	NO	YES	NO
If the answer to the above question is YES has the equipment been installed correctly?	YES	NO	YES	NO
Was The Examination Carried out: Within an Interval of 6 Months?	YES	NO	YES	NO
Was The Examination Carried out: Within an Interval of 12 Months?	YES	NO	YES	NO
In Accordance with an Examination Scheme? After the Occurrence of Exceptional Circumstances?	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 Sate NONE) NONE				
Is the Above a Defect Which is of Immediate Danger to Persons:	YES	NO	YES	NO
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	NO	YES	NO

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:

