




## 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>	Hong Hua Oil& Gas Engineering Services Ltd		<b>Job Number:</b>	QC-HH-04-24-0135	
<b>Date of Examination:</b>	28.04.2024	<b>Location:</b>	HH Rig 029	<b>Certificate No:</b>	QC-HH-04-24-0135-07-01
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last thorough examination</b>
M2336 M2343 M2331 M2348 M2344 M2333 M2356 M2358 M2354 M2340	10	SINGLE LEG WIRE ROPE SLINGE  13 mm Diameter, 1.5 M Length, Const.6×36, IWRC, RHO, Galv Steel IWRC, MECHANICALLY SPLICED WITH ALUMINUM FERRULE. Hard Eye X Hard Eye. Manufacture: Liftek FOS: 5:1  Location: High Pressure Line		2.1 Ton	16.11.2023
<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"/> 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"/>	
If the answer to the above question is YES has the equipment been installed correctly?		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"/>	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"/>

REV: 01 Dated: 20 June 2022

ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Khaled Mahmoud	Mohamed Abdulla		27.10.2024

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned 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.






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<b>Date of Examination:</b>	28.04.2024	<b>Location:</b>	HH Rig 029	<b>Certificate No:</b>	QC-HH-04-24-0135-07-02
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last thorough examination</b>
M2342 M2343 M2332 M2355 M2345	05	<p>SINGLE LEG WIRE ROPE SLINGE</p> <p>13 mm Diameter, 1.5 M Length, Const.6×36, IWRC, RHO, Galv Steel IWRC, MECHANICALLY SPLICED WITH ALUMINUM FERRULE. Hard Eye X Hard Eye. Manufacture: Liftek FOS: 5:1</p> <p>Location: High Pressure Line</p>		2.1 Ton	16.11.2023
<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 checked="" type="checkbox"/> NO <input 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"/> √ 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 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"/> √			
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 checked="" type="checkbox"/> NO <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)				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"/> √

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<b>Date of Examination:</b>	28.04.2024	<b>Location:</b>	HH Rig 029	<b>Certificate No:</b>	QC-HH-04-24-0135-07-03
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last thorough examination</b>
L1180	01	SINGLE LEG WIRE ROPE SLINGE  13 mm Diameter, 1.5 M Length, Const.6×36, IWRC, RHO, Galv Steel IWRC, MECHANICALLY SPLICED WITH ALUMINUM FERRULE. Hard Eye X Hard Eye. Manufacture: Liftek FOS: 5:1  Location: High Pressure Line		2.0 Ton	16.11.2023
<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"/> 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"/>	
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/> NO <input type="checkbox"/>			
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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:	
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<b>Date of Examination:</b>	28.04.2024	<b>Location:</b>	HH Rig 029	<b>Certificate No:</b>	QC-HH-04-24-0135-07-04		
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>			<b>SWL</b>	<b>Date of last thorough examination</b>	
M2378 M2370 M2369	03	SINGLE LEG WIRE ROPE SLINGE  13 mm Diameter, 2 M Length, Const.6×36, IWRC, RHO, Galv Steel IWRC, MECHANICALLY SPLICED WITH ALUMINUM FERRULE. Hard Eye X Hard Eye. Manufacture: Liftek FOS: 5:1  Location: High Pressure Line			2.1 Ton	16.11.2023	
<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"/>	
				With an interval of 12 months?		YES <input type="checkbox"/> NO <input checked="" 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"/>		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"/>

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<b>Date of Examination:</b>	28.04.2024	<b>Location:</b>	HH Rig 029	<b>Certificate No:</b>	QC-HH-04-24-0135-07-05
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last thorough examination</b>
111	01	SINGLE LEG WIRE ROPE SLINGE  16 mm Diameter, 1 M Length, Const.6×36, IWRC, RHO, Galv Steel IWRC, MECHANICALLY SPLICED WITH ALUMINUM FERRULE. Hard Eye X Hard Eye. Manufacture: Liftek FOS: 5:1  Location: High Pressure Line		3 Ton	16.11.2023
<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"/> 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"/>	
If the answer to the above question is YES has the equipment been installed correctly?		YES <input 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)				YES by:	
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<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last thorough examination</b>
L11/5 M2350	02	SINGLE LEG WIRE ROPE SLINGE  13 mm Diameter, 1.5 M Length, Const.6×36, IWRC, RHO, Galv Steel IWRC, MECHANICALLY SPLICED WITH ALUMINUM FERRULE. Hard Eye X Hard Eye. Manufacture: Liftek FOS: 5:1  Location: High Pressure Line (Mud Pump)		2 Ton	16.11.2023
<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"/> 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"/>	
If the answer to the above question is YES has the equipment been installed correctly?		YES <input type="checkbox"/> NO <input type="checkbox"/>			
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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:	
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<b>Date of Examination:</b>	28.04.2024	<b>Location:</b>	HH Rig 029	<b>Certificate No:</b>	QC-HH-04-24-0135-07-07
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last thorough examination</b>
M2374 M2364 M2371	03	<p>SINGLE LEG WIRE ROPE SLINGE</p> <p>13 mm Diameter, 2 M Length, Const.6×36, IWRC, RHO, Galv Steel IWRC, MECHANICALLY SPLICED WITH ALUMINUM FERRULE. Hard Eye X Hard Eye. Manufacture: Liftek FOS: 5:1</p> <p>Location: High Pressure Line (Mud Pump)</p>		2.1 Ton	16.11.2023
<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 checked="" type="checkbox"/> NO <input 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"/> √ 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 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"/> √			
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 checked="" type="checkbox"/> NO <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)				YES by:	
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<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last thorough examination</b>
L1191 L1199	02	<p>SINGLE LEG WIRE ROPE SLINGE</p> <p>13 mm Diameter, 2 M Length, Const.6×36, IWRC, RHO, Galv Steel IWRC, MECHANICALLY SPLICED WITH ALUMINUM FERRULE. Hard Eye X Hard Eye. Manufacture: Liftek FOS: 5:1</p> <p>Location: High Pressure Line (Mud Pump)</p>		2 Ton	16.11.2023
<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 checked="" type="checkbox"/> NO <input 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"/> √ 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 checked="" type="checkbox"/> NO <input type="checkbox"/> √	
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<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last thorough examination</b>
M2376	01	SINGLE LEG WIRE ROPE SLINGE  13 mm Diameter, 2 M Length, Const.6×36, IWRC, RHO, Galv Steel IWRC, MECHANICALLY SPLICED WITH ALUMINUM FERRULE. Hard Eye X Hard Eye. Manufacture: Liftek FOS: 5:1  Location: High Pressure Line (Mud Pump)		2.4 Ton	16.11.2023
<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"/> 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"/>	
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<b>Date of Examination:</b>	28.04.2024	<b>Location:</b>	HH Rig 029	<b>Certificate No:</b>	QC-HH-04-24-0135-07-10
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last thorough examination</b>
16447	01	SINGLE LEG WIRE ROPE SLINGE  13 mm Diameter, 1.3 M Length, Const.6×36, IWRC, RHO, Galv Steel IWRC, MECHANICALLY SPLICED WITH ALUMINUM FERRULE. Hard Eye X Hard Eye. Manufacture: Liftek FOS: 5:1  Location: High Pressure Line (Mud Pump)		2 Ton	16.11.2023
<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"/> 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"/>	
If the answer to the above question is YES has the equipment been installed correctly?		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"/>	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"/>

REV: 01 Dated: 20 June 2022

ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Khaled Mahmoud	Mohamed Abdulla		27.10.2024

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned 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.






## 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>	Hong Hua Oil& Gas Engineering Services Ltd			<b>Job Number:</b>	QC-HH-04-24-0135		
<b>Date of Examination:</b>	28.04.2024	<b>Location:</b>	HH Rig 029	<b>Certificate No:</b>	QC-HH-04-24-0135-07-11		
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>			<b>SWL</b>	<b>Date of last thorough examination</b>	
S587	01	<p>FOUR LEG WIRE ROPE SLING</p> <p>Dim: 28 MM DIA x 5 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. WITH TOP MASTER LINK ASSEMBLY HARD EYE X HARD EYE</p> <p>Location: Top Drive House No: 19006120</p>			21 TON	16.11.2023	
<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"/>	
				With an interval of 12 months?		YES <input type="checkbox"/> NO <input checked="" 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"/>		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"/>

REV: 01 Dated: 20 June 2022

ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Thorough Examination:
Khaled Mahmoud	Mohamed Abdulla		27.10.2024

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations and Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.

