

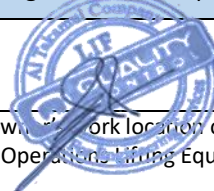


Certificate of Visual and Thorough Examination

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

Client Name:	Honghua Oil & Gas Engineering Services Ltd.			Certificate No:	QC-HH-05-24-0158/18		
Date of Examination:	15.05.2024	Location:	HH Rig 029	Job Number:	QC-HH-05-24-0158		
Serial Number:	QTY	Description		SWL:	Date of last Thorough examination		
M2836	01	CHAIN SLING DIM:13 MM X 9.0 M Type: BOTH END PLAIN Grade: 8 Safety Factor: 4:1 Location :Air winch =		5.3 TON	28.01.2024		
Reference Standard:		BS EN 818-1					
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:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> √ <input type="checkbox"/> NO <input type="checkbox"/>	
				Within an interval of 6 months?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> √	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		With an interval of 12 months?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> √ <input 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 type="checkbox"/> NO <input type="checkbox"/>		In accordance with an examination scheme?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> √ <input 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 type="checkbox"/> 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							
IS THIS EQUIPMENT SAFE TO OPERATE?						<input type="checkbox"/> YES <input checked="" type="checkbox"/> √ <input 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 Abdullah		14.11.2024

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

