

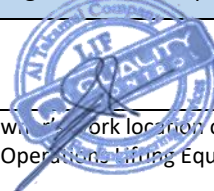


## CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

<b>Client Name:</b>	Daqing Drilling Company			<b>Job Number:</b>	QC-DQ-05-24-0145																										
<b>Date of Examination:</b>	02.05.2024	<b>Location:</b>	DQ Rig 012	<b>Certificate No:</b>	QC-DQ-05-24-0145/54																										
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last thorough examination</b>																										
005 004 B3 8-5	04	Turnbuckle  Type: Hook x Hook Size: 1" Manufacture: China Safety Factor: 5:1  Location: Rig Site		3 TON	30.10.2023																										
<b>Reference Standard:</b>		BS 4429:1987																													
Is this the first examination after Installation or assembly at a new site or location?  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></td> <td>NO</td> <td>✓</td> </tr> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> </table>		YES		NO	✓	YES		NO		Was the examination carried out: Within an interval of 6 months? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>YES</td> <td>✓</td> <td>NO</td> <td></td> </tr> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> <tr> <td>YES</td> <td>✓</td> <td>NO</td> <td></td> </tr> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> </table>		YES	✓	NO		YES		NO	✓	YES	✓	NO		YES		NO	✓
				YES		NO	✓																								
YES		NO																													
YES	✓	NO																													
YES		NO	✓																												
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 state NONE) <b>NONE</b>																															
Is the above a defect which is of immediate danger to persons:				YES		NO	✓																								
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	✓	NO																							

REV: 01 Dated: 20 June 2022

<b>ASNT Level II Inspector Name:</b>	<b>Authenticating This Report:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Khaled Mahmoud	Mohamed Abdulla		01.11.2024

**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.





## 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>	Daqing Drilling Company	<b>Job Number:</b>	QC-DQ-05-24-0145
<b>Date of Examination:</b>	02.05.2024	<b>Location:</b>	DQ Rig 012
<b>Certificate No:</b>	QC-DQ-05-24-0145/55		

Serial Number:	QTY	Description	SWL	Date of last thorough examination
1004102	01	<p style="text-align: center;">Oil Drum Clamp</p> <p>Single Leg Chain Sling 8 mm Dia (Grade 8), With 1.8 M Length, Connected with Chain Link Connector (13-8) WLL 5.3 T During the Chain. And Connected with Two Chain Connector Links (9-8), With Two Safety Pin Bow Shackles 7/16" WLL 1.5 Tonnes SN (1 &amp; 2). With Two CG Drum Clamp SWL 0.5 Tonnes, Each One SN (40641 &amp; 40658) At Both Ends.</p> <p>Location: Store</p>	1 TON	30.10.2023

<b>Reference Standard:</b>	S EN 818-4:1996 + A1:2008
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Is this the first examination after Installation or assembly at a new site or location?	YES	NO	✓	Was the examination carried out: Within an interval of 6 months? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?	YES	✓	NO	✓
If the answer to the above question is YES has the equipment been installed correctly?	YES	NO			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 State NONE) **NONE**

Is the above a defect which is of immediate danger to persons: YES ☐ NO ☒

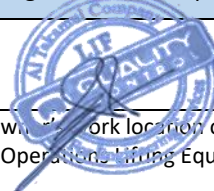
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when) YES by: \_\_\_\_\_

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?** YES ☒ NO ☐

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		01.11.2024

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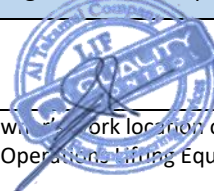


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<b>Client Name:</b>	Daqing Drilling Company			<b>Job Number:</b>	QC-DQ-05-24-0145
<b>Date of Examination:</b>	02.05.2024	<b>Location:</b>	DQ Rig 012	<b>Certificate No:</b>	QC-DQ-05-24-0145/56
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last thorough examination</b>
12 112	02	<b>EYE BOLT</b>  Type: Collar Eye Bolt Material: Forged Steel Eye Bolt Shank Dia: 24 mm Grade: G4 Thread Ident: M24 Safety Factor 5:1  Location: TDS Guide Rail		1.8 TON	27.10.2023
<b>Reference Standard:</b>		BS EN ISO 3266:2010+A1:2015			
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 type="checkbox"/>	NO <input checked="" type="checkbox"/>	Within an interval of 12 months?	
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 type="checkbox"/>	NO <input checked="" type="checkbox"/>	After the occurrence of exceptional circumstances?	
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

<b>ASNT Level II Inspector Name:</b>	<b>Authenticating This Report:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Khaled Mahmoud	Mohamed Abdulla		01.11.2024

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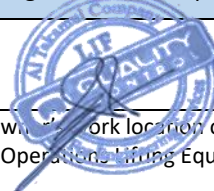


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<b>Client Name:</b>	Daqing Drilling Company			<b>Job Number:</b>	QC-DQ-05-24-0145
<b>Date of Examination:</b>	02.05.2024	<b>Location:</b>	DQ Rig 012	<b>Certificate No:</b>	QC-DQ-05-24-0145/57
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last thorough examination</b>
A6458	01	SINGLE LEG WIRE ROPE SLING  Dim: 19 MM DIA x 1.5 M (L) FOS: 5:1 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE. Soft Eye X Soft Eye  Location: Lifting Cross Bar		4.6 TON	27.10.2023
<b>Reference Standard:</b>		BS EN 13414-1			
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? With 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?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		YES <input type="checkbox"/> NO <input checked="" 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:				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

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Khaled Mahmoud	Mohamed Abdulla		01.11.2024

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<b>Client Name:</b>	Daqing Drilling Company			<b>Job Number:</b>	QC-DQ-05-24-0145
<b>Date of Examination:</b>	02.05.2024	<b>Location:</b>	DQ Rig 012	<b>Certificate No:</b>	QC-DQ-05-24-0145/58
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last thorough examination</b>
N2954	01	TWO LEG WIRE ROPE SLING  Dim: 38 MM DIA x 2 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  Location: Annular Blowout Preventer		23.4 TON	27.10.2023
<b>Reference Standard:</b>		BS EN 13414-1			
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? With 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?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		YES <input type="checkbox"/> NO <input checked="" 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:				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

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Khaled Mahmoud	Mohamed Abdulla		01.11.2024

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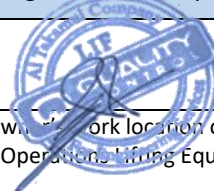


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<b>Client Name:</b>	Daqing Drilling Company			<b>Job Number:</b>	QC-DQ-05-24-0145
<b>Date of Examination:</b>	02.05.2024	<b>Location:</b>	DQ Rig 012	<b>Certificate No:</b>	QC-DQ-05-24-0145/59
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last thorough examination</b>
N3059	01	SAFETY PIN BOW SHACKLE  Size: 1 1/5" Grade: 6 Manufacture: Bash-p Safety Factor: 6:1  Location: Annular Blowout Preventer		17 TON	27.10.2023
<b>Reference Standard:</b>		BS EN 13889			
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: Within an interval of 6 months? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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 checked="" 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"/>		<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:				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

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Khaled Mahmoud	Mohamed Abdulla		01.11.2024

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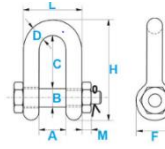


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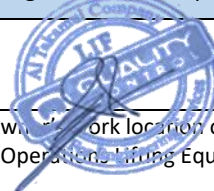
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<b>Client Name:</b>	Daqing Drilling Company	<b>Job Number:</b>	QC-DQ-05-24-0145
<b>Date of Examination:</b>	02.05.2024	<b>Location:</b>	DQ Rig 012
		<b>Certificate No:</b>	QC-DQ-05-24-0145/60

Serial Number:	QTY	Description	SWL	Date of last thorough examination				
22242 22243 22245	03	<b>SAFETY PIN DEE SHACKLE</b>  Size: 1 1/5" Grade: 6 Manufacture: DSL Safety Factor: 6:1    Location: Annular Blowout Preventer	17 TON	27.10.2023				
<b>Reference Standard:</b>		BS EN 13889						
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></td> <td>NO</td> <td>✓</td> </tr> </table>	YES		NO	✓	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"/>	
YES		NO	✓					
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></td> <td>NO</td> <td></td> </tr> </table>	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 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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Khaled Mahmoud	Mohamed Abdulla		01.11.2024

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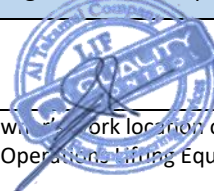


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<b>Date of Examination:</b>	02.05.2024	<b>Location:</b>	DQ Rig 012	<b>Certificate No:</b>	QC-DQ-05-24-0145/61
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last thorough examination</b>
1-16	01	SAFETY PIN BOW SHACKLE  Size: 2" Grade: 6 Manufacture: Crosby Safety Factor: 6:1  Location: Rig Floor		2 TON	27.10.2023
<b>Reference Standard:</b>		BS EN 13889			
Is this the first examination after Installation or assembly at a new site or location?		YES		NO	
If the answer to the above question is YES has the equipment been installed correctly?		YES		NO	
Was the examination carried out: Within an interval of 6 months? With an interval of 12 months? 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 State NONE) <b>NONE</b>					
Is the above a defect which is of immediate danger to persons:				YES	NO
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	NO

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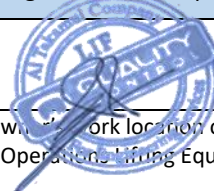


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<b>Date of Examination:</b>	02.05.2024	<b>Location:</b>	DQ Rig 012	<b>Certificate No:</b>	QC-DQ-05-24-0145/62
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last thorough examination</b>
LS-82735-6/11	01	Safety Body harness Polyester Web.  Model: LX500 Manufacture: Liftek Date Of Manufacture: 12/2019 Material: Polyester Size: Universal  Location: Store		310 LBS	27.10.2023
<b>Reference Standard:</b>		BS EN 361:2002			
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? With 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?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		YES <input type="checkbox"/> NO <input checked="" 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:				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

<b>ASNT Level II Inspector Name:</b>	<b>Authenticating This Report:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Khaled Mahmoud	Mohamed Abdulla		01.11.2024

**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.

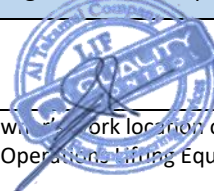


## CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

<b>Client Name:</b>	Daqing Drilling Company			<b>Job Number:</b>	QC-DQ-05-24-0145
<b>Date of Examination:</b>	02.05.2024	<b>Location:</b>	DQ Rig 012	<b>Certificate No:</b>	QC-DQ-05-24-0145/63
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>		<b>SWL</b>	<b>Date of last thorough examination</b>
20454306/014 1014255	02	Safety Body harness Polyester Web.  Model: 0333 Manufacture: Miller Date Of Manufacture: 07/2012 Material: Polyester Size: Universal  Location: Store		310 LBS	27.10.2023
<b>Reference Standard:</b>		BS EN 361:2002			
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? With 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?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		YES <input type="checkbox"/> NO <input checked="" 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:				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

<b>ASNT Level II Inspector Name:</b>	<b>Authenticating This Report:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Khaled Mahmoud	Mohamed Abdulla		01.11.2024

**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.