

## CERTIFICATE OF THOROUGH EXAMINATION

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

|                          |                             |                            |               |                        |                      |
|--------------------------|-----------------------------|----------------------------|---------------|------------------------|----------------------|
| <b>Client Name:</b>      | Aberdeen Technical Services | <b>Rig &amp; Location:</b> | Aberdeen Yard | <b>Certificate No:</b> | QC-ATS-0074-003      |
| <b>Examination Date:</b> | 23-Apr-2024                 | <b>Due Date:</b>           | 22-Oct-2024   | <b>Job Number:</b>     | QC-ATS-Apr-2024-0074 |

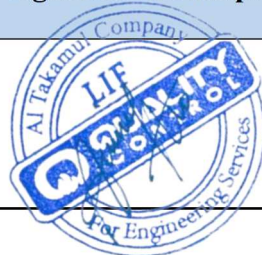

| Serial Number:               | QTY: | Item Description:  | SWL:       | Date of Manufacture: | Date of Last Thorough Examination |
|------------------------------|------|--|------------|----------------------|-----------------------------------|
| C 09<br>C 10<br>C 11<br>C 12 | 04   | <b>Collared Eyebolt</b><br><br>Thread Size: 24mm (M24)<br>Eyebolt Eye Diameter: 50mm<br>Eyebolt Eye thickness: 20mm<br>Location: Automatic Fire Fighting System: | 1.8<br>Ton | Nil                  | Nil                               |

|                            |   |
|----------------------------|---|
| <b>Reference Standard:</b> | BS EN: ISO 3266 ASME: B18/B30 DIN: 580-2017 |
|----------------------------|---|

|   |     |    |    |   |     |   |    |   |
|---|-----|----|----|---|-----|---|----|---|
| Is this the first examination after Installation or assembly at a new site or location? | YES | NO | ✓  | Was the examination carried out:<br>Within an interval of 6 months?<br>With an interval of 12 months? | YES | ✓ | NO | ✓ |
| If the answer to the above question is YES has the equipment been installed correctly?  | YES | ✓  | NO | In accordance with an examination scheme?<br>After the occurrence of exceptional circumstances?       | 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 that is of immediate danger to persons:   |  |  | YES |
| Is the above a defect that is not yet but could become a danger to persons (If YES state the date by when)  |  |  | NO  |
| N/A   |  |  |     |
| 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)<br>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 | ✓ |
|---|--|--|-----|---|----|---|

|   |   |   |   |
|---|---|---|---|
| <b>Name of Inspector:</b>   | <b>Name of person authenticating this report:</b> | <b>Signature &amp; Stamp:</b>   |   |
| Ashraf El Said  | M Abdullah  |  |  |
| <b>CERTIFICATION</b><br>ASNT LEVEL II VT,MT,PT,UT,RT,<br>LEEA I,II, |   |   |   |

REV: 01 Dated: 20 June 2022

**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.

