

CERTIFICATE OF THOROUGH EXAMINATION

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



Client Name:	Aberdeen Technical Services	Rig & Location:	Aberdeen Yard	Certificate No:	QC-ATS-0074-004
Examination Date:	23-Apr-2024	Due Date:	22-Oct-2024	Job Number:	QC-ATS-Apr-2024-0074

Serial Number:	QTY:	Item Description:	SWL:	Date of Manufacture:	Date of Last Thorough Examination
C 13 C 14 C 15 C 16	04	Collared Eyebolt Thread Size: 24mm (M24) Eyebolt Eye Diameter: 50mm Eyebolt Eye thickness: 20mm Location: Automatic Fire Fighting System:	1.8 Ton	Nil	Nil

Reference Standard:	BS EN: ISO 3266 ASME: B18/B30 DIN: 580-2017
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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? With an interval of 12 months?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √ <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 checked="" type="checkbox"/> NO <input type="checkbox"/> √	In accordance with an examination scheme? After the occurrence of exceptional circumstances?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input 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) NONE			
Is the above a defect that is of immediate danger to persons:			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> √
Is the above a defect that is not yet but could become a danger to persons (If YES state the date by when)			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) 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"/> NO <input type="checkbox"/> √

Name of Inspector:	Name of person authenticating this report:	Signature & Stamp:	
Ashraf El Said	M Abdullah		
CERTIFICATION ASNT LEVEL II VT,MT,PT,UT,RT, 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.