

## CERTIFICATE OF THOROUGH EXAMINATION

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

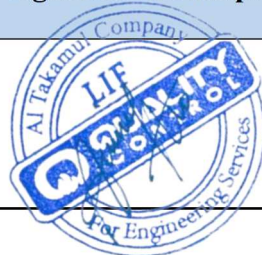

<b>Client Name:</b>	Aberdeen Technical Services	<b>Rig &amp; Location:</b>	Aberdeen Yard	<b>Certificate No:</b>	QC-ATS-0074-005
<b>Examination Date:</b>	23-Apr-2024	<b>Due Date:</b>	22-Oct-2024	<b>Job Number:</b>	QC-ATS-Apr-2024-0074

Serial Number:	QTY:	Item Description:	SWL:	Date of Manufacture:	Date of Last Thorough Examination
C 17 C 18 C 19 C 20	04	<b>Collared Eyebolt</b>  Thread Size: 24mm (M24) Eyebolt Eye Diameter: 50mm Eyebolt Eye thickness: 20mm Location: Automatic Fire Fighting System:	1.8 Ton	Nil	Nil

<b>Reference Standard:</b>	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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Was the examination carried out: Within an interval of 6 months? With an interval of 12 months?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If the answer to the above question is YES has the equipment been installed correctly?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	In accordance with an examination scheme? After the occurrence of exceptional circumstances?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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:			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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			
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>			<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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> 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.

