





## 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>	Hong Hua Oil & Gas Engineering Services, Ltd	<b>Job Number:</b>	QC-HH-06-24-0175	
<b>Date of Examination:</b>	06.06.2024	<b>Location:</b>	HH-029	
<b>Certificate No:</b>	QC-HH-06-24-0175-04-01			
Serial Number:	QTY	Description	SWL	Date of last thorough examination
96606 112922	02	Lad-Saf  Solid core rope Manufacture: SALA Wire rope size: 8mm Model NO: 6116540 Material: Steel  	140 KG	05.12.2023
<b>Reference Standard:</b>		EN 362:2008/T , EN 353/1: 1993		
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:	
			<input type="checkbox"/> YES <input checked="" 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"/>	Within an interval of 6 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
			With an interval of 12 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
			In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" 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) <b>NONE</b>				
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				
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>			<input type="checkbox"/> YES	<input checked="" 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 Through Examination:
Khaled Mahmoud	Mohamed Abdulla		05.12.2024


**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operation Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.






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<b>Certificate No:</b>	QC-HH-06-24-0175-04-02			
Serial Number:	QTY	Description	SWL	Date of last thorough examination
100865 105339	02	Lad-Saf  Solid core rope Manufacture: SALA Wire rope size: 8mm Model NO: 6160030 Material: Steel  	140 KG	05.12.2023
<b>Reference Standard:</b>		EN 362:2008/T , EN 353/1: 1993		
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:	
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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			With an interval of 12 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
			In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
			After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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