

CERTIFICATE OF THOROUGH EXAMINATION

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

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| Date of Examination: | 15-07-2024 | Date of Report: | 15-07-2024 | Certificate No: | QC-HH-07-24-0203-CB01 |
| Client Name: | Hong Hua Oil& Gas Engineering Services Ltd | Location: | HH Rig 029 | Job Number: | QC-HH-07-24-0203 |
| Serial Number: | QTY | Description | | SWL | Date of last Thorough examination |
| XB1700/41 | 01 | HEAVY DUTY CHAIN BLOCK Manufacture: GT Model: HSZ-A Lift: 3m Grade: 80 Chain Size: 10 mm F.O.S: 4:1 Location: Store | | 5000 kg. | 06-01-2024 |
| Reference Standard: | | BS EN 13157: 2004 + A1: 2009 | | | |
| 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? | |
| If the answer to the above question is YES has the equipment been installed correctly? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | With an interval of 12 months? | |
| | | | | In accordance with an examination scheme? | |
| | | | | 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) NONE | | | | | |
| 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 | | | | | |
| IS THIS EQUIPMENT SAFE TO OPERATE? | | | | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |

REV: 01 Dated: 20 June 2022

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|-------------------------------------------|---------------------------------------------------|-------------------------------|--|
| Name of Inspector: | Name of person authenticating this report: | Signature & Stamp: | |
| Mohamed Abdalla | ASHRAF ELSAID | | |
| Date of Next Thorough Examination: | 14-01-2025 | | |

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.





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| Date of Examination: | 15-07-2024 | Date of Report: | 15-07-2024 | Certificate No: | QC-HH-07-24-0203-CB02 | | | | |
| Client Name: | Hong Hua Oil& Gas Engineering Services Ltd | Location: | HH Rig 029 | Job Number: | QC-HH-07-24-0203 | | | | |
| Serial Number: | QTY | Description | | SWL | Date of last Thorough examination | | | | |
| 53010215 53010232 53010226 | 03 | <p style="text-align: center;">CHAIN BLOCK</p> <p>Manufacture: Liftman Model: LMCB-3 Lift: 3m Grade: 80 Chain Size: 10 mm F.O.S: 4:1 Location: Store</p> | | 3 TON | 06-01-2024 | | | | |
| Reference Standard: | | BS EN 13157: 2004 + A1: 2009 | | | | | | | |
| Is this the first examination after Installation or assembly at a new site or location? | | <table border="1" style="width: 100%; text-align: center;"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table> | | YES | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> | Was the examination carried out: | |
| YES | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> | | | | | | |
| | | | | Within an interval of 6 months? | | | | | |
| | | | | Within an interval of 12 months? | | | | | |
| If the answer to the above question is YES has the equipment been installed correctly? | | <table border="1" style="width: 100%; text-align: center;"> <tr> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input type="checkbox"/></td> </tr> </table> | | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | In accordance with an examination scheme? | |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | | | | | | |
| | | | | After the occurrence of exceptional circumstances? | | | | | |
| | | | | 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 which is of immediate danger to persons: | | | | YES | <input 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) | | | | NO | <input checked="" type="checkbox"/> | | | | |
| | | | | 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 | <input checked="" type="checkbox"/> | | | | |
| | | | | NO | <input type="checkbox"/> | | | | |

REV: 01 Dated: 20 June 2022

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| Date of Examination: | 15-07-2024 | Date of Report: | 15-07-2024 | Certificate No: | QC-HH-07-24-0203-CB03 |
| Client Name: | Hong Hua Oil& Gas Engineering Services Ltd | Location: | HH Rig 029 | Job Number: | QC-HH-07-24-0203 |
| Serial Number: | QTY | Description | | SWL | Date of last thorough examination |
| 50610272 | 01 | CHAIN BLOCK Manufacture: BASH-P Model: VCB177-1.5 Lift: 3m Grade: 80 Chain Size: 10 mm F.O.S: 4:1 Location: Store | | 1500 kg. | 06-01-2024 |
| Reference Standard: | | BS EN 13157: 2004 + A1: 2009 | | | |
| Is this the first examination after Installation or assembly at a new site or location? | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | Was the examination carried out: Within an interval of 6 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| | | | | With an interval of 12 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| If the answer to the above question is YES has the equipment been installed correctly? | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | In accordance with an examination scheme? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| | | | | After the occurrence of exceptional circumstances? <input type="checkbox"/> YES <input checked="" 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) NONE | | | | | |
| Is the above a defect which is of immediate danger to persons: | | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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? | | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |

REV: 01 Dated: 20 June 2022

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| Client Name: | Hong Hua Oil & Gas Engineering Services Ltd | Location: | HH Rig 029 | Job Number: | QC-HH-07-24-0203 |
| Serial Number: | QTY | Description | | SWL | Date of last Thorough examination |
| 122010208 | 01 | CHAIN BLOCK Manufacture: TOYO Lift: 3m Grade: 80 Chain Size: 10 mm F.O.S: 4:1 Location: Store | | 1 TON | 06-01-2024 |
| Reference Standard: | BS EN 13157: 2004 + A1: 2009 | | | | |
| 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? | |
| | | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
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| | | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| | | | | In accordance with an examination scheme? | |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| | | | | After the occurrence of exceptional circumstances? | |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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