




## 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>	Zhongman Petroleum Engineering Technology Service (Hong Kong) Co. Limited Iraq Branch	<b>Certificate No:</b>	QC-ZPEC-06-24-0190-08	
<b>Date of Examination:</b>	28-Jun-2024	<b>Location:</b>	ZPEC Rig - 25 RU - 620	
<b>Job Number:</b>	QC-ZPEC-06-24-0190			
Serial Number:	QTY	Description:	SWL	Date of Last Thorough Examination:
B 8441	01	<b>SINGLE LEG WIRE ROPE SLING</b> 6X36 IWRC, ROPE GRAED 1960 N/MM2 GALV MECHANICALLY SPLICED WITH ALUMINUM FERRULE STEEL CORE: Hard Eye At Both Ends: Dim: 13 mm Dia X 25 M (L)  FOS: 5:1 Location: Catwalk	2.1 Ton	Nov-2023
<b>Reference Standard:</b>	BS EN 13414-1			
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"/> Within an interval of 6 months? <input type="checkbox"/> Within an interval of 12 months? <input checked="" type="checkbox"/> In accordance with an examination scheme? <input type="checkbox"/> After the occurrence of exceptional circumstances?	
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"/>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input 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:
Mohamed Abdulla	Ashraf El Said		27-Dec-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 Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.

