



CERTIFICATE OF THOROUGH EXAMINATION

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

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| Client Name: | Hong Hua Oil& Gas Engineering Services Ltd | Job Number: | QC-HH-07-24-0203 | | | | | | | | | | | | | | | | | | | | |
| Date of Examination: | 20.07.2024 | Location: | HH Rig 029 | | | | | | | | | | | | | | | | | | | | |
| Certificate No: | QC-HH-07-24-0203/M11 | | | | | | | | | | | | | | | | | | | | | | |
| Serial Number: | QTY | Description | MBL | | | | | | | | | | | | | | | | | | | | |
| M3401 | 01 | <p style="text-align: center;">SINGLE LEG WIRE ROPE SLINGE</p> <p>10 mm Diameter, 17 M Length, Const.6×36, IWRC, RHO, Galv Steel IWRC, MECHANICALLY SPLICED WITH ALUMINUM FERRULE. Hard Eye X Plain.</p> <p>FOS: 5:1</p> | 69.6 KN | | | | | | | | | | | | | | | | | | | | |
| Date of last Thorough examination | NEW | | | | | | | | | | | | | | | | | | | | | | |
| Reference Standard: | BS EN 13414-1+A2:2008 | | | | | | | | | | | | | | | | | | | | | | |
| Is this the first examination after Installation or assembly at a new site or location? | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>YES</td> <td style="text-align: center;">√</td> <td>NO</td> <td></td> </tr> </table> | YES | √ | NO | | Was the examination carried out: Within an interval of 6 months? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances? | | | | | | | | | | | | | | | | |
| YES | √ | NO | | | | | | | | | | | | | | | | | | | | | |
| If the answer to the above question is YES has the equipment been installed correctly? | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>YES</td> <td style="text-align: center;">√</td> <td>NO</td> <td></td> </tr> </table> | YES | √ | NO | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>YES</td> <td style="text-align: center;">√</td> <td>NO</td> <td></td> </tr> <tr> <td>YES</td> <td style="text-align: center;">√</td> <td>NO</td> <td style="text-align: center;">√</td> </tr> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> <tr> <td>YES</td> <td></td> <td>NO</td> <td style="text-align: center;">√</td> </tr> </table> | YES | √ | NO | | YES | √ | NO | √ | YES | | NO | | YES | | NO | √ |
| YES | √ | NO | | | | | | | | | | | | | | | | | | | | | |
| YES | √ | NO | | | | | | | | | | | | | | | | | | | | | |
| YES | √ | NO | √ | | | | | | | | | | | | | | | | | | | | |
| YES | | NO | | | | | | | | | | | | | | | | | | | | | |
| YES | | 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: | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>YES</td> <td></td> <td>NO</td> <td style="text-align: center;">√</td> </tr> </table> | YES | | NO | √ | | | | | | | | | | | | | | | | |
| YES | | NO | √ | | | | | | | | | | | | | | | | | | | | |
| Is the above a defect which 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? | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>YES</td> <td style="text-align: center;">√</td> <td>NO</td> <td></td> </tr> </table> | YES | √ | NO | | | | | | | | | | | | | | | | | |
| YES | √ | NO | | | | | | | | | | | | | | | | | | | | | |
| Name of Inspector: | Name of person authenticating this report: | Signature & Stamp | | | | | | | | | | | | | | | | | | | | | |
| Mohamed Abdalla | Ashraf El Said |  | | | | | | | | | | | | | | | | | | | | | |
| Date of Next Through Examination: | 19.01.2025 | | | | | | | | | | | | | | | | | | | | | | |
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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.

