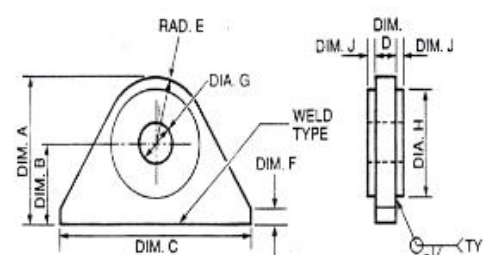





## Certificate of Thorough Examination & NDT of Lifting Equipment

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-07-0201-01		
<b>Date of Examination:</b>	14.07.2024	<b>Location:</b>	HH Rig 029		
<b>Certificate No:</b>	QC-HH-07-0201-02/65				
<b>Serial Number:</b>	<b>QTY</b>	<b>Description</b>	<b>SWL Each Pad Eye:</b>		
47-1 47-2 48-1 48-2	04	Fabricated Pad Eyes  Pad Eye Dimension Thickness: 20 mm Pin Hole: 30 mm Length: 94 mm Height: 120 mm	5 KN		
			<b>Date of last Thorough examination</b> 06.01.2024		
					
<b>Reference Standard:</b>		LEEA DOC 048:2015			
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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> With an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> In accordance with an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
If the answer to the above question is YES has the equipment been installed correctly?		YES <input 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:			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) <b>VISUAL INSPECTION and MPI CARRIED OUT AND FOUND SATISFACTORY</b>					
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
<b>NDT Equipment Details</b>					
Standard	ASTM E709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-011	Due Date	12.08.2024
White Contrast	WCP-2	Batch No:	220602	Due Date	06-2025
Black Ink	7HF	Batch No:	220605	Due Date	7-1-2025
<b>NDT procedure</b>					
Visual and MPI carried out for the above description and found free of surface defects at the time of inspection					
Identification of any part found to have a defect and a description of the defect:					
None					
Particulars of any repair, renewal or alteration required to remedy the defect identified above:					
None					

<b>ASNT Level II Inspector Name:</b>	<b>Authenticating This Report:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Mohamed Abdalla	Ashraf Alsaid		13.01.2025

REV: 01 Dated: 20 June 2022





## Visual & Magnetic Particles Examination Report

<b>Client Name:</b>	Hong Hua Oil & Gas Engineering Services Ltd	<b>Job Number:</b>	QC-HH-07-0201-01
<b>Date of Examination:</b>	14.07.2024	<b>Location:</b>	HH Rig 029
<b>Certificate No:</b>	QC-HH-07-0201-03/66		
<b>Serial Number</b>	<b>Description of the examined equipment</b>		<b>Result</b>
ZB-17-019 (DZ1-1 & DZ1-2)	Fabricated Pad Eyes Off Substructure Supporting Beams		Pass
<b>Pad Eyes Serial Number</b>	47-1 & 47-2 & 48-1 & 48-2	<b>SWL Each Pad Eye:</b>	5 KN



### NDT Equipment Details

<b>Standard</b>	ASTM E709	<b>Viewing Condition:</b>	Colored Media	<b>Method</b>	WET
<b>Yoke</b>	Permanent	<b>Serial No:</b>	PY-10	<b>Due Date</b>	12.08.2024
<b>White Contrast</b>	WCP-2	<b>Batch No:</b>	220602	<b>Due Date</b>	06-2025
<b>Black Ink</b>	7HF	<b>Batch No:</b>	220605	<b>Due Date</b>	7-1-2025

### NDT procedure


Visual and MPI carried out for the above description and found free of surface defects at the time of inspection

Identification of any part found to have a defect and a description of the defect:

None

Particulars of any repair, renewal or alteration required to remedy the defect identified above:

None

<b>ASNT Level II Inspector Name:</b>	<b>Authenticating This Report:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Mohamed Abdalla	Ashraf Alsaid		13.01.2025

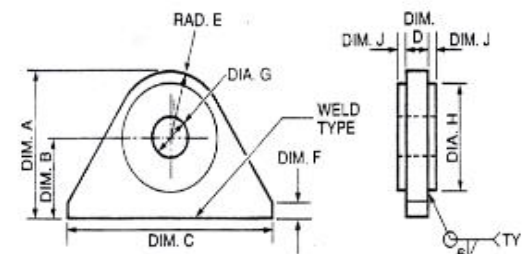
REV: 01 Dated: 20 June 2022






## Certificate of Thorough Examination & NDT of Lifting Equipment

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: Iraq	<b>Job Number:</b>	QC-HH-07-0201-01
<b>Date of Examination:</b>	14-July-2024	<b>Location:</b>	HH Rig 029
<b>Certificate No:</b>	QC-HH-07-0201-03/67		
<b>Serial Number:</b>	<b>QTY</b>	<b>Description:</b>	<b>Each Pad Eye SWL:</b> 9 KN <b>Last Examination Date:</b> 06-Jan-2024
24-1 24-2	02	Fabricated Pad Eyes Rig Floor Beam Pad Eye Dimension Thickness: 20 mm Pin Hole: 40 mm Length: 110 mm Height: 128 mm	
<b>Reference Standard:</b>	LEEA DOC 048:2015		
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? With an interval of 12 months? In accordance with an examination scheme? After the occurrence of exceptional circumstances?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If the answer to the above question is YES has the equipment been installed correctly?	YES <input type="checkbox"/> NO <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:			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) <b>VISUAL INSPECTION and MPI CARRIED OUT AND FOUND SATISFACTORY</b>			
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>NDT Equipment Details</b>			
Standard	ASTM E709	Viewing Condition:	Colored Media
Yoke	Permanent	Serial No:	PY-011
White Contrast	WCP-2	Batch No:	220602
Black Ink	7HF	Batch No:	220605
Method	WET		
Due Date	12-Aug-2024		
Due Date	Jun-2025		
Due Date	Jan-2025		
<b>NDT procedure</b>			
***Visual and MPI Carried Out For The Above Description and Found Free of Surface Defects At The Time of Inspection:			
Identification of Any Part Found To Have A Defect And A Description of The Defect:			
<b>None:</b>			
Particulars of Any Repair, Renewal or Alteration Required To Remedy The Defect Identified Above:			
<b>None:</b>			

<b>ASNT Level II Inspector Name:</b>	<b>Authenticating This Report:</b>	<b>Signature &amp; Stamp:</b>	<b>Date of Next Through Examination:</b>
Mohamed Abdalla	Ashraf Alsaid		13.01.2025

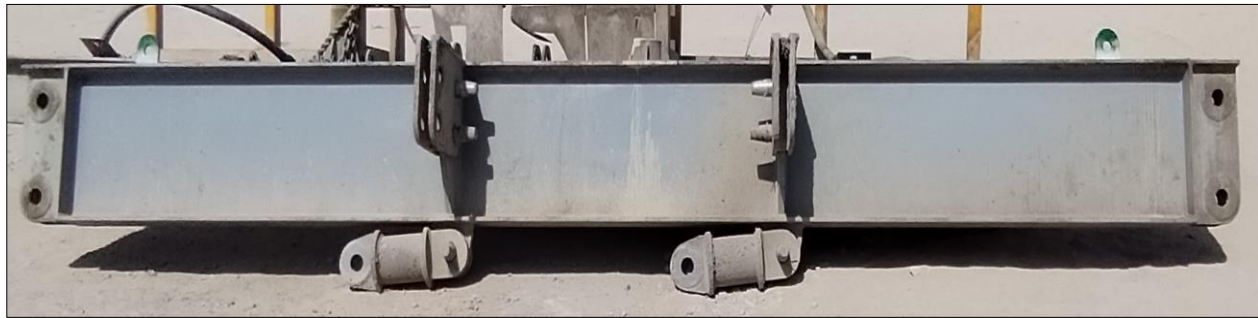
REV: 01 Dated: 20 June 2022





## Visual & Magnetic Particles Examination Report

Client Name:	Hong Hua Oil & Gas Engineering Services Ltd: Iraq	Job Number:	QC-HH-07-0201-01
Date of Examination:	14-July-2024	Location:	HH Rig 029
		Certificate No:	QC-HH-07-0201-03/68
Unit Serial Number:	Description of The Examined Equipment:		Result
DZ1-24	Rig Floor Beam Fabricated Lifting Pad Eyes		Pass
Lifting Pad Eye S/N#:	24-1 / 24-2	Each Pad Eye SWL:	9 KN



### NDT Equipment Details

Standard	ASTM E 709	Viewing Condition:	Colored Media	Method	WET
Yoke	Permanent	Serial No:	PY-10	Due Date	12-Aug-2024
White Contrast	WCP-2	Batch No:	220602	Due Date	Jun-2025
Black Ink	7HF	Batch No:	220605	Due Date	Jan-2025

### NDT Procedure:


\*\*\*Visual and MPI Carried Out For The Above Description and Found Free of Surface Defects At The Time of Inspection:

Identification of Any Part Found To Have A Defect And A Description of The Defect:

**None:**

Particulars of Any Repair, Renewal or Alteration Required To Remedy The Defect Identified Above:

**None:**

ASNT Level II Inspector Name:	Authenticating This Report:	Signature & Stamp:	Date of Next Through Examination:
Mohamed Abdalla	Ashraf Alsaid		13.01.2025

REV: 01 Dated: 20 June 2022

