

AI TAKAMUL COMPANY FOR ENGINEERING TESTS AND PROFESSIONAL SAFETY LIMITED

Basra, North Rumaila, Quality Control Yard - Iraq

Tel: +9647810009138 / +9647834964657

Email: OP@qualitycontrol-iraq.com / hany.akafi@qualitycontrol-iraq.com



CERTIFICATE OF THOROUGH EXAMINATION

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

| | | | | | |
|--|---|--|-------------------------------|---|--------------------------------------|
| Client Name | Black Gold Gulf Oil And Gas Services Co.Ltd Basra Iraq | Rig Location | QC Yard North Rumaila | Certificate No: | QC-BG-07-0182-01 |
| Examination Date | 13-07-2024 | Due Date | 12-01-2025 | Job Number: | QC-BG-07-0182 |
| Serial Number: | QTY | Item Description | | SWL | Date of manufacture if known: |
| B1 B2 | 02 | SINGLE-LEG WIRE ROPE SLING Dim:28 mm X 2 M Manufacture: Safety Marine FOS: 5:1 IWRC, Mechanically Spliced with Aluminum Ferrule C/W Soft Eye Both End. | | 9 ton | - |
| Reference Standard: | | BS EN 13414-1:2003+A2:2008 | | | |
| 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: | |
| If the answer to the above question is YES has the equipment been installed correctly? | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | Within an interval of 6 months? | |
| | | N/A | | With an interval of 12 months? | |
| | | | | In accordance with an examination scheme? | |
| | | | | 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"/> 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"/> | |
| Name of Inspector: | Name of person authenticating this report: | | Signature & Stamp: | | |
| Syed Aamir Ali | Ashraf El Said | | | | |
| | | | | | |

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.

