



Inspection Service

This Service Presented To

Hong Hua

Inspection Service:

Rig Lifting Gear:

Customer:

HONG HUA OIL & GAS Engineering Services Ltd, Iraq

Work Location:

HH – 29 / RU – 625

Inspection Date:

27 – Aug – 2024

Next Inspection Date:

26 – Feb – 2025

Inspector Name:

Syed Aamir Ali:





Inspection Summary Report

| | | | |
|------------|---|-------------------|---------------------|
| Report No: | QC-HH29-08-24-0229 | Job No: | QC-HH29-Aug-24-0229 |
| Customer: | HONG HUA OIL & GAS Engineering Services Ltd, Iraq: | Examination date: | 27-Aug-2024 |
| Location: | HH - 29 / RU - 625 | Next Due date: | 26-Feb-2025 |



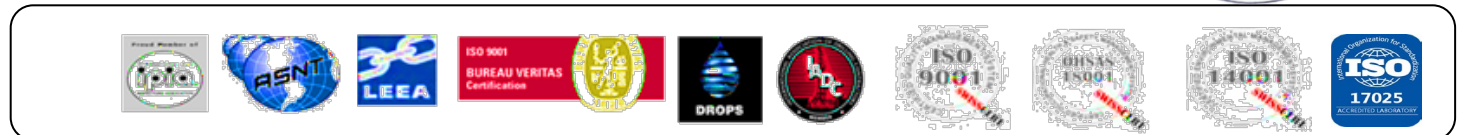
Equipment Details:

| | |
|---------------------------------|------------------------------------|
| Name of The Examined Equipment: | Polyester Flat Woven Webbing Sling |
|---------------------------------|------------------------------------|

Summary of Procedures:

| Description of Step: | Status | Remark |
|---|--------|--------|
| Visually Check For Any Damage Wear Distortionetc. | ✓ | Pass |
| Check The Marking of Serial Number: | ✓ | Pass |
| Check The Marking of Manufacture: | ✓ | Pass |
| Is This Equipment Safe To Operate: | ✓ | Pass |
| Is This Equipment Inspected Visually and Dimensionally: | ✓ | Pass |
| At The Time Of Inspection Found Satisfactory: | ✓ | Pass |

| | |
|---|--|
| Inspector Name & Qualification: Syed Aamir Ali: ASNT Level II VT,MT,PT,UT, LEEA Level I,II | Signature & Stamp  |
|---|--|





CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

| | | | |
|----------------------------|---|------------------------|----------------------|
| Client Name: | HONG HUA OIL & GAS Engineering Services Ltd, Iraq: | Certificate No: | QC-HH-08-24-0229-001 |
| Rig & Location: | HH - 29 / RU - 625 | Job No: | QC-HH29-AUG-24-0229 |
| Examination date: | 27-Aug-2024 | Next Due date: | 26-Feb-2025 |

| Serial Number: | QTY | Description: | SWL: | Date of Last Thorough Examination: |
|--|-----|--|---------|------------------------------------|
| 230911778 230911790 220910269 230911822 | 04 | <p>POLYESTER FLAT WOVEN WEBBING SLING</p> <p>Manufacturer: GT / Oct-2023 Type: DWS Flat Length: 5 M Dia: 3 in Color: Yellow Safety Factor: 7:1 Location: Rig Store</p>  | 3000 KG | New |

| | |
|----------------------------|--------------|
| Reference Standard: | BS EN 1492-1 |
|----------------------------|--------------|

| | | | | | | | | |
|---|-----|----|----|---|--------------------------------|-----|----|----|
| Is This the First Examination After Installation or Assembly at a New Site or Location? | YES | NO | √ | Was The Examination Carried out: Within an Interval of 6 Months? | YES | √ | NO | |
| | | | | | With an Interval of 12 Months? | YES | | NO |
| If the answer to the above question is YES has the equipment been installed correctly? | YES | √ | NO | In Accordance with an Examination Scheme? After the Occurrence of Exceptional Circumstances? | 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: | YES | | NO | √ |
|--|-----|--|----|---|

| | | |
|---|---------|--|
| Is the Above an Affect Which is not yet but Could Become a Danger to Persons (If YES State the Date by When) | YES by: | |
|---|---------|--|

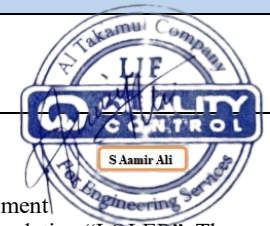
Particulars of any Repair, Renewal or Alteration Required to Remedy the Defect Identified Above:

Particulars of any tests Carried out as Part of the Examination: (If none state NONE)

The Items Were Inspected Visually and Dimensionally Where No Signs of Defects Were Observed at The Time of Inspection Found Satisfactory:

| | | | | |
|--|-----|---|----|--|
| Visual and Dimension Checks was Carried Out. | YES | √ | NO | |
|--|-----|---|----|--|

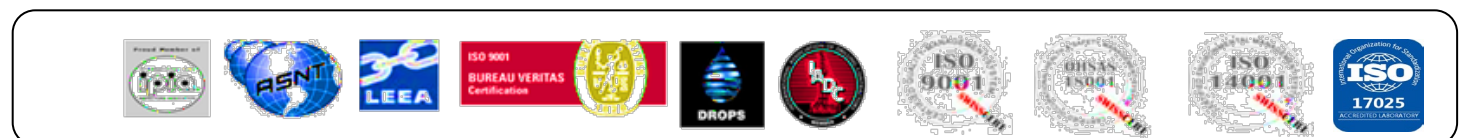
| | | | | |
|------------------------------------|-----|---|----|--|
| IS THIS EQUIPMENT SAFE TO OPERATE? | YES | √ | NO | |
|------------------------------------|-----|---|----|--|

| | | |
|--------------------------------------|--|---|
| ASNT Level II Inspector Name: | Authenticating This Report: | Signature & Stamp: |
| Syed Aamir Ali: | Mohamed Abdullah LEEA Registered Technician |  |

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.





CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

| | | | |
|---------------------|---|-----------------|----------------------|
| Client Name: | HONG HUA OIL & GAS Engineering Services Ltd, Iraq: | Certificate No: | QC-HH-08-24-0229-002 |
| Rig & Location: | HH – 29 / RU – 625 | Job No: | QC-HH29-AUG-24-0229 |
| Examination date: | 27–Aug–2024 | Next Due date: | 26–Feb–2025 |

| Serial Number: | QTY | Description: | SWL: | Date of Last Thorough Examination: |
|--|-----|--|---------|------------------------------------|
| GT291123/287 GT291123/250 GT291123/274 GT291123/277 GT291123/261 GT291123/249 | 06 | <p style="text-align: center;">POLYESTER FLAT WOVEN WEBBING SLING</p> <p>Manufacturer: GT / Nov-2023 Type: DWS Flat Length: 5 M Dia: 3 in Color: Yellow Safety Factor: 7:1 Location: Rig Store</p>  | 3000 KG | New |

| | |
|----------------------------|--------------|
| Reference Standard: | BS EN 1492-1 |
|----------------------------|--------------|

| | | | | | | | | |
|---|-----|----|----|---|-----|---|----|---|
| Is This the First Examination After Installation or Assembly at a New Site or Location? | YES | NO | √ | Was The Examination Carried out: Within an Interval of 6 Months? | YES | √ | NO | |
| | | | | With an Interval of 12 Months? | YES | | NO | √ |
| If the answer to the above question is YES has the equipment been installed correctly? | YES | √ | NO | In Accordance with an Examination Scheme? | YES | √ | NO | |
| | | | | After the Occurrence of Exceptional Circumstances? | 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: | YES | | NO | √ |
|--|-----|--|----|---|

| | |
|--|---------|
| Is the Above an Affect 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 Items Were Inspected Visually and Dimensionally Where No Signs of Defects Were Observed at The Time of Inspection Found Satisfactory:

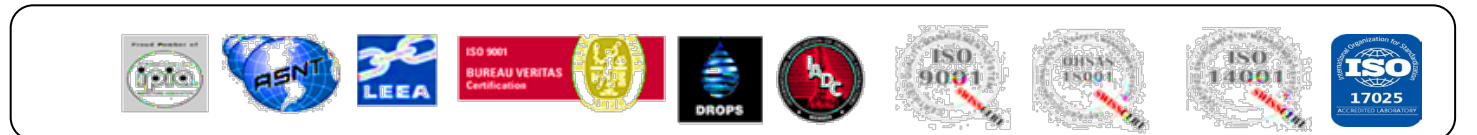
| | | | | |
|--|-----|---|----|--|
| Visual and Dimension Checks was Carried Out. | YES | √ | NO | |
|--|-----|---|----|--|

| | | | | |
|------------------------------------|-----|---|----|--|
| IS THIS EQUIPMENT SAFE TO OPERATE? | YES | √ | NO | |
|------------------------------------|-----|---|----|--|

| | | |
|--------------------------------------|--|---|
| ASNT Level II Inspector Name: | Authenticating This Report: | Signature & Stamp: |
| Syed Aamir Ali: | Mohamed Abdullah LEEA Registered Technician |  |

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.





CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

| | | | |
|----------------------------|---|------------------------|----------------------|
| Client Name: | HONG HUA OIL & GAS Engineering Services Ltd, Iraq: | Certificate No: | QC-HH-08-24-0229-003 |
| Rig & Location: | HH – 29 / RU – 625 | Job No: | QC-HH29-AUG-24-0229 |
| Examination date: | 27–Aug–2024 | Next Due date: | 26–Feb–2025 |

| Serial Number: | QTY | Description: | SWL: | Date of Last Thorough Examination: |
|---|-----|---|---------|------------------------------------|
| 98791-1/3 98791-1/32 98791-1/23 98791-1/22 98791-1/10 98791-1/17 98791-1/27 98791-1/35 | 08 | <p>POLYESTER FLAT WOVEN WEBBING SLING</p> <p>Manufacturer: Liftek / Jun-2023</p> <p>Type: Flat</p> <p>Length: 10 M</p> <p>Dia: 3 in</p> <p>Color: Yellow</p> <p>Safety Factor: 7:1</p> <p>Location: Rig Store</p>  | 3000 KG | New |

| | |
|----------------------------|--------------|
| Reference Standard: | BS EN 1492-1 |
|----------------------------|--------------|

| | | | | | | | | |
|---|-----|----|----|--|--------------------------------|-----|----|----|
| Is This the First Examination After Installation or Assembly at a New Site or Location? | YES | NO | √ | Was The Examination Carried out: Within an Interval of 6 Months? | YES | √ | NO | |
| | | | | | With an Interval of 12 Months? | YES | | NO |
| If the answer to the above question is YES has the equipment been installed correctly? | YES | √ | NO | In Accordance with an Examination Scheme? After the Occurrence of Exceptional Circumstances? | 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: | YES | | NO | √ |
|--|-----|--|----|---|

| | | |
|--|---------|--|
| Is the Above an Affect Which is not yet but Could Become a Danger to Persons (If YES State the Date by When) | YES by: | |
|--|---------|--|

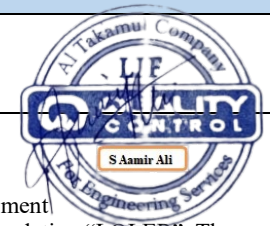
Particulars of any Repair, Renewal or Alteration Required to Remedy the Defect Identified Above:

Particulars of any tests Carried out as Part of the Examination: (If none state NONE)

The Items Were Inspected Visually and Dimensionally Where No Signs of Defects Were Observed at The Time of Inspection Found Satisfactory:

| | | | | |
|--|-----|---|----|--|
| Visual and Dimension Checks was Carried Out. | YES | √ | NO | |
|--|-----|---|----|--|

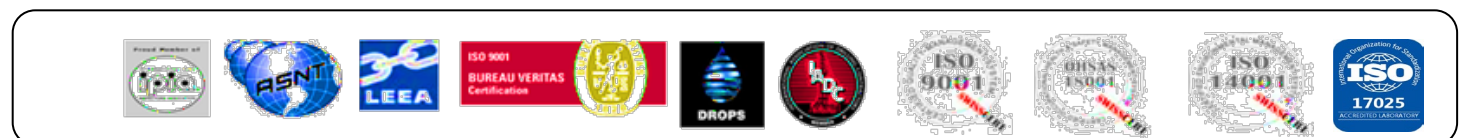
| | | | | |
|------------------------------------|-----|---|----|--|
| IS THIS EQUIPMENT SAFE TO OPERATE? | YES | √ | NO | |
|------------------------------------|-----|---|----|--|

| | | |
|--------------------------------------|--|---|
| ASNT Level II Inspector Name: | Authenticating This Report: | Signature & Stamp: |
| Syed Aamir Ali: | Mohamed Abdullah LEEA Registered Technician |  |

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.





CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

| | | | |
|---------------------|---|-----------------|----------------------|
| Client Name: | HONG HUA OIL & GAS Engineering Services Ltd, Iraq: | Certificate No: | QC-HH-08-24-0229-004 |
| Rig & Location: | HH – 29 / RU – 625 | Job No: | QC-HH29-AUG-24-0229 |
| Examination date: | 27–Aug–2024 | Next Due date: | 26–Feb–2025 |

| Serial Number: | QTY | Description: | SWL: | Date of Last Thorough Examination: |
|----------------|-----|--|---------|------------------------------------|
| 96962-30/55 | 01 | <p style="text-align: center;">POLYESTER FLAT WOVEN WEBBING SLING</p> <p>Manufacturer: Liftek / Feb-2023 Type: Flat Length: 2 M Dia: 1 in Color: Violet Safety Factor: 7:1 Location: Rig Store</p>  | 1000 KG | New |

| | |
|----------------------------|--------------|
| Reference Standard: | BS EN 1492-1 |
|----------------------------|--------------|

| | | | | | |
|---|---|--|---|---|--|
| 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"/> |
| If the answer to the above question is YES has the equipment been installed correctly? | YES <input checked="" type="checkbox"/> | NO <input 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"/> |

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 an Affect Which is not yet but Could Become a Danger to Persons (If YES State the Date by When) | YES by: |
|---|---------|

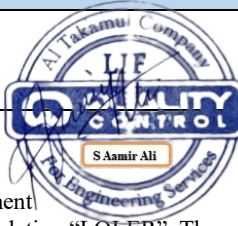
Particulars of any Repair, Renewal or Alteration Required to Remedy the Defect Identified Above:

Particulars of any tests Carried out as Part of the Examination: (If none state NONE)

The Items Were Inspected Visually and Dimensionally Where No Signs of Defects Were Observed at The Time of Inspection Found Satisfactory:

| | | |
|--|---|-----------------------------|
| Visual and Dimension Checks was Carried Out. | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
|--|---|-----------------------------|

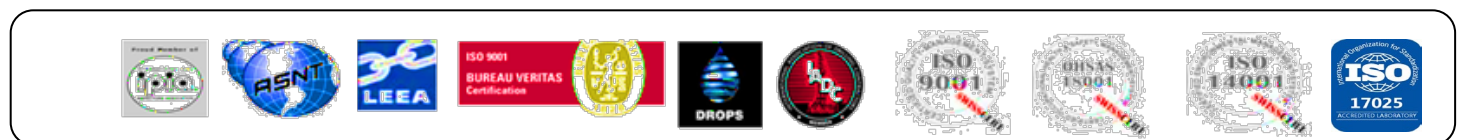
| | | |
|------------------------------------|---|-----------------------------|
| IS THIS EQUIPMENT SAFE TO OPERATE? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
|------------------------------------|---|-----------------------------|

| | | |
|--------------------------------------|--|---|
| ASNT Level II Inspector Name: | Authenticating This Report: | Signature & Stamp: |
| Syed Aamir Ali: | Mohamed Abdullah LEEA Registered Technician |  |

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.





CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

| | | | |
|---------------------|---|-----------------|----------------------|
| Client Name: | HONG HUA OIL & GAS Engineering Services Ltd, Iraq: | Certificate No: | QC-HH-08-24-0229-005 |
| Rig & Location: | HH – 29 / RU – 625 | Job No: | QC-HH29-AUG-24-0229 |
| Examination date: | 27–Aug–2024 | Next Due date: | 26–Feb–2025 |

| Serial Number: | QTY | Description: | SWL: | Date of Last Thorough Examination: |
|----------------|-----|--|---------|------------------------------------|
| 92092-5/65 | 01 | <p style="text-align: center;">POLYESTER FLAT WOVEN WEBBING SLING</p> <p>Manufacturer: Liftek / Jan-2022 Type: Flat Length: 2 M Dia: 1 in Color: Violet Safety Factor: 7:1 Location: Rig Store</p>  | 1000 KG | New |

| | |
|----------------------------|--------------|
| Reference Standard: | BS EN 1492-1 |
|----------------------------|--------------|

| | | | | | |
|---|---|--|---|---|--|
| 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"/> |
| If the answer to the above question is YES has the equipment been installed correctly? | YES <input checked="" type="checkbox"/> | NO <input 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"/> |

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**

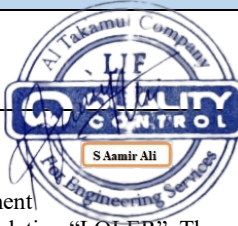
| | | |
|--|------------------------------|--|
| Is the Above a Defect Which is of Immediate Danger to Persons: | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
|--|------------------------------|--|

| | |
|---|---------|
| Is the Above an Affect 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 Items Were Inspected Visually and Dimensionally Where No Signs of Defects Were Observed at The Time of Inspection Found Satisfactory:

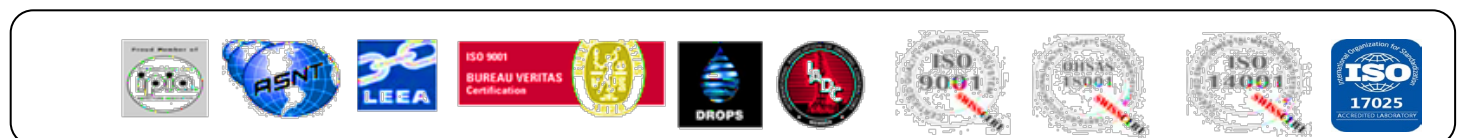
| | | |
|--|---|-----------------------------|
| Visual and Dimension Checks was Carried Out. | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| IS THIS EQUIPMENT SAFE TO OPERATE? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |

| | | |
|--------------------------------------|--|---|
| ASNT Level II Inspector Name: | Authenticating This Report: | Signature & Stamp: |
| Syed Aamir Ali: | Mohamed Abdullah LEEA Registered Technician |  |

REV: 01 Dated: 20 June 2022

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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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| | | | |
|----------------------------|---|------------------------|----------------------|
| Client Name: | HONG HUA OIL & GAS Engineering Services Ltd, Iraq: | Certificate No: | QC-HH-08-24-0229-006 |
| Rig & Location: | HH – 29 / RU – 625 | Job No: | QC-HH29-AUG-24-0229 |
| Examination date: | 27–Aug–2024 | Next Due date: | 26–Feb–2025 |

| Serial Number: | QTY | Description: | SWL: | Date of Last Thorough Examination: |
|---|-----|--|---------|------------------------------------|
| 96271-12/15 96271-12/73 96271-12/69 | 03 | <p>POLYESTER FLAT WOVEN WEBBING SLING</p> <p>Manufacturer: Liftek / Dec-2022 Type: Flat Length: 2 M Dia: 1 in Color: Violet Safety Factor: 7:1 Location: Rig Store</p>  | 1000 KG | New |

| | |
|----------------------------|--------------|
| Reference Standard: | BS EN 1492-1 |
|----------------------------|--------------|

| | | | | | | | | | |
|---|-----|-------------------------------------|----|-------------------------------------|---|--|-------------------------------------|--------------------------|-------------------------------------|
| 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"/> |
| | YES | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> | | Was The Examination Carried out: With an Interval of 12 Months? | YES | <input type="checkbox"/> | NO |
| If the answer to the above question is YES has the equipment been installed correctly? | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | 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 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 an Affect Which is not yet but Could Become a Danger to Persons (If YES State the Date by When) | YES by: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|---------|--------------------------|--------------------------|--------------------------|


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 Items Were Inspected Visually and Dimensionally Where No Signs of Defects Were Observed at The Time of Inspection Found Satisfactory:

| | | | | |
|--|-----|-------------------------------------|----|--------------------------|
| Visual and Dimension Checks was Carried Out. | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> |
|--|-----|-------------------------------------|----|--------------------------|

| | | | | |
|------------------------------------|-----|-------------------------------------|----|--------------------------|
| IS THIS EQUIPMENT SAFE TO OPERATE? | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> |
|------------------------------------|-----|-------------------------------------|----|--------------------------|

| | | |
|--------------------------------------|--|---|
| ASNT Level II Inspector Name: | Authenticating This Report: | Signature & Stamp: |
| Syed Aamir Ali: | Mohamed Abdullah LEEA Registered Technician |  |

REV: 01 Dated: 20 June 2022

THIS IS TO CERTIFY THAT;

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CERTIFICATE OF VISUAL AND THOROUGH EXAMINATION

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

| | | | |
|---------------------|---|-----------------|----------------------|
| Client Name: | HONG HUA OIL & GAS Engineering Services Ltd, Iraq: | Certificate No: | QC-HH-08-24-0229-007 |
| Rig & Location: | HH – 29 / RU – 625 | Job No: | QC-HH29-AUG-24-0229 |
| Examination date: | 27–Aug–2024 | Next Due date: | 26–Feb–2025 |

| Serial Number: | QTY | Description: | SWL: | Date of Last Thorough Examination: |
|----------------|-----|--|--------|------------------------------------|
| 230226002 | 01 | <p style="text-align: center;">POLYESTER FLAT WOVEN WEBBING SLING</p> <p>Manufacturer: GT / Nov-2023 Type: Flat Length: 10 M Dia: 10 In Color: Orange Safety Factor: 7:1 Location: Rig Store</p>  | 10 Ton | New |

| | |
|----------------------------|--------------|
| Reference Standard: | BS EN 1492-1 |
|----------------------------|--------------|

| | | | | | | | | |
|---|---|--|--|--|---|---|--|--|
| 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"/> | |
| If the answer to the above question is YES has the equipment been installed correctly? | YES <input checked="" type="checkbox"/> | NO <input 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"/> | |

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 an Affect Which is not yet but Could Become a Danger to Persons (If YES State the Date by When) | YES by: |
|--|---------|

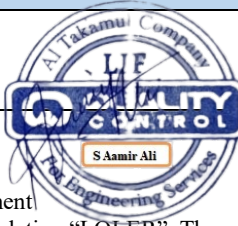
Particulars of any Repair, Renewal or Alteration Required to Remedy the Defect Identified Above:

Particulars of any tests Carried out as Part of the Examination: (If none state NONE)

The Items Were Inspected Visually and Dimensionally Where No Signs of Defects Were Observed at The Time of Inspection Found Satisfactory:

| | | | |
|--|---|-----------------------------|--|
| Visual and Dimension Checks was Carried Out. | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | |
|--|---|-----------------------------|--|

| | | | |
|------------------------------------|---|-----------------------------|--|
| IS THIS EQUIPMENT SAFE TO OPERATE? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | |
|------------------------------------|---|-----------------------------|--|

| | | |
|--------------------------------------|--|---|
| ASNT Level II Inspector Name: | Authenticating This Report: | Signature & Stamp: |
| Syed Aamir Ali: | Mohamed Abdullah LEEA Registered Technician |  |

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.

