



Lifting Accessories of Visual and Thorough Examination

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

Client:	Aberdeen Technical Service Company	Certificate no:	QC-B-03-25-0100/01
Location:	Aberdeen Yard	Job Order No.:	QC-B-03-25-0100
Date of Examination:	14-Mar-2025	Next Inspection Due:	13-Sep-2025
Last Inspection		Last Proof Load Test Date	
28.09.2024		By Manufacture	

IDENTIFICATION NO	DESCRIPTION	QTY	SWL
D815-152 D815-154	<p>Flat Woven Webbing Sling</p> <p>Double Ply Folded Eye at both ends Name of Manufacturer: Webblon Korea Date of Manufacture: 06.10.2016 Material: 100% PET, Color: Blue EWL: 4m Width: 8" Fos: 7:1</p> 	02	Vertical 8 T Choker 6.4 T Basket 16 T

Reference Standard:	BS EN 1492-1:2000+A1:2008
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Is this the first examination after Installation or assembly at a new site or location?	YES	NO	√	Was the examination carried out: Within 6 months? With an interval of 12 months? By an examination scheme? After the occurrence of exceptional circumstances?	YES	√	NO			
					YES		NO	√		
If the answer to the above question is YES has the equipment been installed correctly?	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:								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?								YES	√	NO

LEEA & ASNT Level II Inspector Name:	Signature:	Authenticating This Report:	Signature:
Mohamed Abdulla		Ashraf ElSaid	


THIS IS TO CERTIFY THAT: a competent person did attend the owner mentioner'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:	Aberdeen Technical Service Company	Certificate no:	QC-B-03-25-0100/02
Location:	Aberdeen Yard	Job Order No.:	QC-B-03-25-0100
Date of Examination:	14-Mar-2025	Next Inspection Due:	13-Sep-2025
Last Inspection		Last Proof Load Test Date	
28.09.2024		By Manufacture	

IDENTIFICATION NO	DESCRIPTION	QTY	SWL
102150-18/10	<p>Flat Woven Webbing Sling</p> <p>Double Ply Folded Eye at both ends Name of Manufacturer: LIFTEK Material: 100% PET, Color: Blue EWL: 6m Width: 8" Fos: 7:1</p> 	02	<p>Vertical 8 T Choker 6.4 T Basket 16 T</p>
Reference Standard:	BS EN 1492-1:2000+A1:2008		

Is this the first examination after Installation or assembly at a new site or location?	YES		NO	<input checked="" type="checkbox"/>	Was the examination carried out: Within 6 months? With an interval of 12 months? By an examination scheme? After the occurrence of exceptional circumstances?	YES	<input checked="" type="checkbox"/>	NO			
						YES		NO	<input checked="" type="checkbox"/>		
If the answer to the above question is YES has the equipment been installed correctly?	YES		NO			YES	<input checked="" type="checkbox"/>	NO			
						YES		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		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)						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) <i>The subject items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory</i>											
IS THIS EQUIPMENT SAFE TO OPERATE?								YES	<input checked="" type="checkbox"/>	NO	

LEEA & ASNT Level II Inspector Name:	Signature:	Authenticating This Report:	Signature:
Mohamed Abdulla		Ashraf ElSaid	


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Client:	Aberdeen Technical Service Company	Certificate no:	QC-B-03-25-0100/03
Location:	Aberdeen Yard	Job Order No.:	QC-B-03-25-0100
Date of Examination:	14-Mar-2025	Next Inspection Due:	13-Sep-2025
Last Inspection		Last Proof Load Test Date	
28.09.2024		By Manufacture	

IDENTIFICATION NO	DESCRIPTION	QTY	SWL
2308064	<p>Retractable Fall Arrester Block</p> <p>Make: Rigman Type / Model: RMFA 150SRL Rope Dia.: 4.5 (mm) Rope Length: 15 (m) Mfg. Year: 2023 No. Of Persons Allowed.: 1</p> 	01	140 KG

Reference Standard:	BS EN 360:2002 / BS EN 363:2018 - TC
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Is this the first examination after Installation or assembly at a new site or location?	YES		NO	√	Was the examination carried out: Within 6 months? With an interval of 12 months? By an examination scheme? After the occurrence of exceptional circumstances?	YES	√	NO	
						YES		NO	√
If the answer to the above question is YES has the equipment been installed correctly?	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 Sate NONE) **NONE**

Is the above a defect which is of immediate danger to persons: 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? YES NO

LEEA & ASNT Level II Inspector Name:	Signature:	Authenticating This Report:	Signature:
Mohamed Abdulla		Ashraf ElSaid	


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Lifting Accessories of Visual and Thorough Examination

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Client:	Aberdeen Technical Service Company	Certificate no:	QC-B-03-25-0100/04
Location:	Aberdeen Yard	Job Order No.:	QC-B-03-25-0100
Date of Examination:	14-Mar-2025	Next Inspection Due:	13-Sep-2025
Last Inspection		Last Proof Load Test Date	
28.09.2024		By Manufacture	

IDENTIFICATION NO	DESCRIPTION	QTY	SWL
T 23121182 T 23121193	<p>Manual Chain Hoist</p>  <p>Make: Toyolift No. of Falls: 2 Grade: T8 Chain Dia.: 8 (mm) Range of Lift: 6 (m) F.O.S: 4:1</p>	02	3 T
Reference Standard:	BS EN 13157: 2004 + A1: 2009		

Is this the first examination after Installation or assembly at a new site or location?	YES		NO	<input checked="" type="checkbox"/>	Was the examination carried out: Within 6 months? With an interval of 12 months? By an examination scheme? After the occurrence of exceptional circumstances?	YES	<input checked="" type="checkbox"/>	NO			
						YES		NO	<input checked="" type="checkbox"/>		
If the answer to the above question is YES has the equipment been installed correctly?	YES		NO			YES	<input checked="" type="checkbox"/>	NO			
						YES		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		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)						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) <i>The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory</i>											
IS THIS EQUIPMENT SAFE TO OPERATE?								YES	<input checked="" type="checkbox"/>	NO	

LEEA & ASNT Level II Inspector Name:	Signature:	Authenticating This Report:	Signature:
Mohamed Abdulla		Ashraf ElSaid	


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Client:	Aberdeen Technical Service Company	Certificate no:	QC-B-03-25-0100/05
Location:	Aberdeen Yard	Job Order No.:	QC-B-03-25-0100
Date of Examination:	14-Mar-2025	Next Inspection Due:	13-Sep-2025
Last Inspection		Last Proof Load Test Date	
28.09.2024		By Manufacture	

IDENTIFICATION NO	DESCRIPTION	QTY	SWL
LS-100495-7/31 LS-100495-7/4	<p>Safety Harness</p> <p>Full body safety harness</p> <p>Make: Liftek</p> <p>Model: LX500</p> 	02	One Person

Reference Standard:	BS EN 361:2002
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Is this the first examination after Installation or assembly at a new site or location?	YES	NO	✓	Was the examination carried out: Within 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		By 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 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)
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IS THIS EQUIPMENT SAFE TO OPERATE? YES ✓ NO

LEEA & ASNT Level II Inspector Name:	Signature:	Authenticating This Report:	Signature:
Mohamed Abdulla		Ashraf ElSaid	

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Client:	Aberdeen Technical Service Company	Certificate no:	QC-B-03-25-0100/06
Location:	Aberdeen Yard	Job Order No.:	QC-B-03-25-0100
Date of Examination:	14-Mar-2025	Next Inspection Due:	13-Sep-2025
Last Inspection		Last Proof Load Test Date	
28.09.2024		By Manufacture	

IDENTIFICATION NO	DESCRIPTION	QTY	SWL
LL-101488-6/23 LL-101488-6/16	Double Lanyard Double webbing lanyard c/w shock absorber, 1 karabiner and 2 rebar hooks. Make: Liftek Model: LX121 Length: 1.6 (m)	02	One Person



Reference Standard:	BS EN 354:2010 & BS EN 355:2002
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					YES		NO	√
If the answer to the above question is YES has the equipment been installed correctly?	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: 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? YES √ NO

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Mohamed Abdulla		Ashraf ElSaid	

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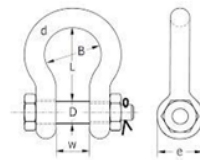


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Client:	Aberdeen Technical Service Company	Certificate no:	QC-B-03-25-0100/07
Location:	Aberdeen Yard	Job Order No.:	QC-B-03-25-0100
Date of Examination:	14-Mar-2025	Next Inspection Due:	13-Sep-2025
Last Inspection		Last Proof Load Test Date	
28.09.2024		By Manufacture	

IDENTIFICATION NO	DESCRIPTION	QTY	SWL
C2134 C2135	Safety Pin Bow Shackles Size: 1 1/2" Grade: 6 Manufacturer: TOYOLIFT Safety Factor 6:1	02	17 Ton
Reference Standard:	BS EN 13889-2003+A1:2008		



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						YES		NO	√
If the answer to the above question is YES has the equipment been installed correctly?	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:						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) <i>The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory</i>									
IS THIS EQUIPMENT SAFE TO OPERATE?						YES	√	NO	

LEEA & ASNT Level II Inspector Name:	Signature	Authenticating This Report:	Signature
Mohamed Abdulla		Ashraf ElSaid	

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