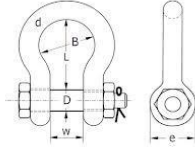






### LIFTING ACCESSORIES OF VISUAL AND THOROUGH EXAMINATION

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

<b>Client:</b>	ABERDEEN CO	<b>Certificate no:</b>	QC-B-03-25-0080/01
<b>Location:</b>	Aberdeen Yard	<b>Job Order No:</b>	QC-B-03-25-0080
<b>Date of Examination:</b>	08-Mar-2025	<b>Next Inspection Due:</b>	07-Sep-2025
<b>Last Inspection</b>		<b>Last Proof Load Test Date</b>	
10/09/2024		By Manufacture	

IDENTIFICATION NO	DESCRIPTION	QTY	SWL	
B8906 B8907 B8912 B8913	<p><b>Safety pin bow Shackles</b></p> <p>Size: 3/4" Grade: 6 Manufacture: TOYOLIFT Safety Factor: 6:1</p> 	04	4 3/4 TON	
<b>Applicable Reference Standard:</b>	BS EN 13889 / US FED SPEC RR-C-27 1 D			
* Is this the first examination after installation or assembly at a new site or location?  * If the answer to the above question is YES has the equipment been installed correctly?	Was the examination carried out?			
	YES	NO	√	
	* Within an interval of 6 months?		YES	√
	* Within an interval of 12 months?		YES	NO
* By an examination scheme?		YES	√	
* After the occurrence of exceptional circumstances?		YES	NO	
Identification Of Any Part Found to Have a Defect Which Is or Could Become a Danger to Persons and A Description of The Defect: <b>None</b>				
Is The Above A Defect Which Is Of Immediate Danger To Persons			YES	
Is The Above A Defect Which Is Not Yet But Could Become A Danger To Persons: (If YES State The Date By When)			NO	
Particulars Of Any Repair, Renewal, Or Alteration Required to Remedy the Defect Identified Above: <b>None</b>				
<b>** Visual And Dimension Check was Carried Out.</b>				
Is This Equipment Safe To Operate?		Yes Accept	NO Reject	
		√		

<b>LEE &amp; ASNT Level II Inspector Name:</b>	<b>SIGNATURE:</b>	<b>Authenticating This Report:</b>	<b>SIGNATURE:</b>
Khaled Mahmoud		Mohammed Abdullah	

**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

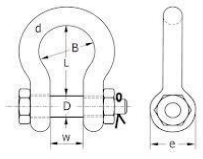






## LIFTING ACCESSORIES OF VISUAL AND THOROUGH EXAMINATION

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

<b>Client:</b>	ABERDEEN CO	<b>Certificate no:</b>	QC-B-03-25-0080/02
<b>Location:</b>	Aberdeen Yard	<b>Job Order No:</b>	QC-B-03-25-0080
<b>Date of Examination:</b>	08-Mar-2025	<b>Next Inspection Due:</b>	07-Sep-2025
<b>Last Inspection</b>		<b>Last Proof Load Test Date</b>	
10/09/2024		By Manufacture	

IDENTIFICATION NO	DESCRIPTION	QTY	SWL	
B9365 B9366 B9367 B9368	<p><b>Safety pin bow Shackles</b></p> <p>Size: 5/8" Grade: 6 Manufacture: TOYOLIFT Safety Factor: 6:1</p> 	04	3 1/4 TON	
<b>Applicable Reference Standard:</b>	BS EN 13889 / US FED SPEC RR-C-27 1 D			
* Is this the first examination after installation or assembly at a new site or location?  * If the answer to the above question is YES has the equipment been installed correctly?	Was the examination carried out?			
	YES	NO	√	
	* Within an interval of 6 months?		YES	√
	* Within an interval of 12 months?		YES	NO
* By an examination scheme?		YES	√	
* After the occurrence of exceptional circumstances?		YES	NO	
Identification Of Any Part Found to Have a Defect Which Is or Could Become a Danger to Persons and A Description of The Defect: <b>None</b>				
Is The Above A Defect Which Is Of Immediate Danger To Persons			YES	
Is The Above A Defect Which Is Not Yet But Could Become A Danger To Persons: (If YES State The Date By When)			NO	
Particulars Of Any Repair, Renewal, Or Alteration Required to Remedy the Defect Identified Above: <b>None</b>				
<b>** Visual And Dimension Check was Carried Out.</b>				
Is This Equipment Safe To Operate?		Yes Accept	NO Reject	
		√		

<b>LEE &amp; ASNT Level II Inspector Name:</b>	<b>SIGNATURE:</b>	<b>Authenticating This Report:</b>	<b>SIGNATURE:</b>
Khaled Mahmoud		Mohammed Abdullah	

**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