

LIFTING ACCESSORIES CERTIFICATE OF THOROUGH EXAMINATION

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

CLIENT:	SLB BASRA	CERTIFICATE NO:	QC-SLB-25178-01																				
LOCATION:	ARTIFICIAL LIFT	JOB NO:	QC-SLB-25178																				
EXAMINATION DATE:	05/Jul/2025																						
LAST INSPECTION	NEXT INSPECTION DATE	PROOF LOAD TEST DATE																					
N/A	04/Jan/2026	BY MANUFACTURE																					
IDENTIFICATION NO	DESCRIPTION	QTY	SWL																				
LG090425F1	<u>DELTA PLATE</u> Steel Structure C/W 3 PIN HOLES	01	20000 LBS																				
Applicable Reference Standard:	BS EN 13155																						
* Is this the first examination after installation or assembly at a new site or location?	<table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>√</td> </tr> </table>			YES		NO	√																
YES		NO	√																				
* If the answer to the above question is YES has the equipment been installed correctly?	<table border="1"> <tr> <td>YES</td> <td>√</td> <td>NO</td> <td></td> </tr> </table>			YES	√	NO																	
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	<table border="1"> <tr> <td colspan="2">Was the examination carried out?</td> <td></td> <td></td> </tr> <tr> <td>* Within an interval of 6 months?</td> <td>YES</td> <td>√</td> <td>NO</td> </tr> <tr> <td>* Within an interval of 12 months?</td> <td>YES</td> <td></td> <td>NO</td> </tr> <tr> <td>* By an examination scheme?</td> <td>YES</td> <td>√</td> <td>NO</td> </tr> <tr> <td>* After the occurrence of exceptional circumstances?</td> <td>YES</td> <td></td> <td>NO</td> </tr> </table>			Was the examination carried out?				* Within an interval of 6 months?	YES	√	NO	* Within an interval of 12 months?	YES		NO	* By an examination scheme?	YES	√	NO	* After the occurrence of exceptional circumstances?	YES		NO
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* 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: 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)		NO	By:																				
Particulars Of Any Repair, Renewal, Or Alteration Required To Remedy The Defect Identified Above: None																							
** Visual And Dimension Check was Carried Out.																							
Is This Equipment Safe To Operate?	Yes Accept	√	NO Reject																				

INSPECTOR	SIGNATURE:	SUPERVISOR:	SIGNATURE:
Mohammed Abdullah		Ashraf Elsaad	

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.

