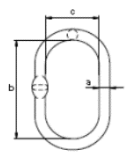


## LIFTING ACCESSORIES CERTIFICATE OF THOROUGH EXAMINATION

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

|                                                                                                                                             |                                                                                                                                                                                                      |                             |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------|
| <b>CLIENT:</b>                                                                                                                              | SLB BASRA                                                                                                                                                                                            | <b>CERTIFICATE NO:</b>      | QC-SLB-25178-04   |
| <b>LOCATION:</b>                                                                                                                            | ARTIFICIAL LIFT                                                                                                                                                                                      | <b>JOB NO:</b>              | QC-SLB-25178      |
| <b>EXAMINATION DATE:</b>                                                                                                                    | 5/Jul/2025                                                                                                                                                                                           |                             |                   |
| <b>LAST INSPECTION</b>                                                                                                                      | <b>NEXT INSPECTION DATE</b>                                                                                                                                                                          | <b>PROOF LOAD TEST DATE</b> |                   |
| N/A                                                                                                                                         | 4/Jan/2026                                                                                                                                                                                           | BY MANUFACTURE              |                   |
| <b>IDENTIFICATION NO</b>                                                                                                                    | <b>DESCRIPTION</b>                                                                                                                                                                                   | <b>QTY</b>                  | <b>SWL</b>        |
| SA11<br>SA14                                                                                                                                | <u>MASTER LINK</u><br><br>Material: Alloy steel G10<br>Quenched and tempered<br>Safety factor 4:1<br>Dim: 1-3/4"  | 02                          | 84900 lbs         |
| <b>Applicable Reference Standard:</b>                                                                                                       | EN 1677-4                                                                                                                                                                                            |                             |                   |
| * Is this the first examination after installation or assembly at a new site or location?                                                   | Was the examination carried out?                                                                                                                                                                     |                             |                   |
|                                                                                                                                             | YES                                                                                                                                                                                                  | NO                          | √                 |
| * If the answer to the above question is YES has the equipment been installed correctly?                                                    | * Within an interval of 6 months?                                                                                                                                                                    |                             |                   |
|                                                                                                                                             | YES                                                                                                                                                                                                  | NO                          | √                 |
| * If the answer to the above question is YES has the equipment been installed correctly?                                                    | * Within an interval of 12 months?                                                                                                                                                                   |                             |                   |
|                                                                                                                                             | 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                         | NO                |
| Is The Above A Defect Which Is Not Yet But Could Become A Danger To Persons:<br>(If YES State The Date By When)                             |                                                                                                                                                                                                      | NO                          | YES               |
| 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>INSPECTOR</b>                                                                                                                            | <b>SIGNATURE:</b>                                                                                                                                                                                    | <b>SUPERVISOR:</b>          | <b>SIGNATURE:</b> |
| 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.

