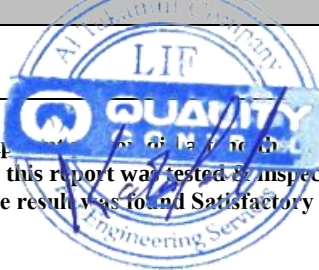


## LIFTING ACCESSORIES CERTIFICATE OF THOROUGH EXAMINATION

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-25180-11 |                                  |     |
| <b>LOCATION:</b>                                                                                                                     | WIRELINE WORKSHOP                                                                                                                                                                                                                                        |                             | <b>JOB NO:</b>  | QC-SLB-25180                     |     |
| <b>EXAMINATION DATE:</b>                                                                                                             | 10/Jul/2025                                                                                                                                                                                                                                              |                             |                 |                                  |     |
| <b>LAST INSPECTION</b>                                                                                                               |                                                                                                                                                                                                                                                          | <b>NEXT INSPECTION DATE</b> |                 | <b>LAST PROOF LOAD TEST DATE</b> |     |
| 14/Jan/2025                                                                                                                          |                                                                                                                                                                                                                                                          | 09/Jan/2026                 |                 | BY MANUFACTURE                   |     |
| <b>IDENTIFICATION NO</b>                                                                                                             | <b>DESCRIPTION</b>                                                                                                                                                                                                                                       |                             |                 | <b>QTY</b>                       |     |
| BLP-265712-047                                                                                                                       | <b>DOUBLE HOOK CHAIN-FOR LOGIN UNIT RIG UP</b><br>Diameter: 7 mm X 0.60 m<br>SIZE: 9/32" X 23" IN<br>Grade: 100<br>Safety Latch Hook at the End<br>SAFETY FACTOR 4:1  |                             |                 | 01                               |     |
| <b>SWL</b>                                                                                                                           |                                                                                                                                                                                                                                                          | 12000 LBS                   |                 |                                  |     |
| <b>Applicable Reference Standard:</b>                                                                                                | BS EN 818-2:1996+A1:2008                                                                                                                                                                                                                                 |                             |                 |                                  |     |
| * Is this the first examination after installation or assembly at a new site or location?                                            | <b>Was the examination carried out?</b>                                                                                                                                                                                                                  |                             |                 |                                  |     |
|                                                                                                                                      | YES                                                                                                                                                                                                                                                      | NO                          | ✓               |                                  |     |
|                                                                                                                                      | * 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                               | ✓   |
|                                                                                                                                      | * By 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 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:<br>(If YES State The Date By When)                      |                                                                                                                                                                                                                                                          |                             | NO              | ✓                                | YES |
| Particulars Of Any Repair, Renewal, Or Alteration Required To Remedy The Defect Identified Above: None                               |                                                                                                                                                                                                                                                          |                             |                 |                                  |     |
| <b>** Visual And Dimension Check was Carried Out.</b>                                                                                |                                                                                                                                                                                                                                                          |                             |                 |                                  |     |
| Is This Equipment Safe To Operate?                                                                                                   |                                                                                                                                                                                                                                                          | Yes Accept                  | ✓               | NO Reject                        |     |

| INSPECTOR         | SIGNATURE:                                                                          | SUPERVISOR:   | SIGNATURE: |
|-------------------|-------------------------------------------------------------------------------------|---------------|------------|
| Mohammed Abdallah |  | Ashraf Elsaad |            |

THIS IS TO CERTIFY THAT; a complete examination of 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 results were found Satisfactory at the time of Inspection and considered Safe for Lifting.

