

## 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-25172-16 |                                  |
| <b>LOCATION:</b>                                                                                                                                                                          | WIRELINE WORKSHOP                                                                                                                                    |                             | <b>JOB NO:</b>  | QC-SLB-25172                     |
| <b>EXAMINATION DATE:</b>                                                                                                                                                                  | 28/Jun/2025                                                                                                                                          |                             |                 |                                  |
| <b>LAST INSPECTION</b>                                                                                                                                                                    |                                                                                                                                                      | <b>NEXT INSPECTION DATE</b> |                 | <b>LAST PROOF LOAD TEST DATE</b> |
| N/A                                                                                                                                                                                       |                                                                                                                                                      | 27/Dec/2025                 |                 | BY MANUFACTURE                   |
| <b>IDENTIFICATION NO</b>                                                                                                                                                                  | <b>DESCRIPTION</b>                                                                                                                                   |                             |                 | <b>QTY</b>                       |
| QC-1                                                                                                                                                                                      | <u><b>Tie Down Alloy Chain Sling for Login Unit Rig Up</b></u><br><b>MANUFACTURE: CROSBY</b><br><b>SIZE: 3/4" X 25FT</b><br><b>TYPE: CHAIN SLING</b> |                             |                 | 01                               |
| <b>SWL</b>                                                                                                                                                                                |                                                                                                                                                      |                             |                 |                                  |
| 30,000 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?<br><br>* 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                         | ✓               | 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: (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: |
|-------------------|-------------------------------------------------------------------------------------|---------------|------------|
| Mohammad Abdullah |  | Ashraf Alsaad |            |

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.

