



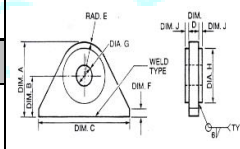
Al Takamul Company for Engineering Services  
Quality Control – Iraq

## LIFTING ACCESSORIES OF VISUAL AND THOROUGH EXAMINATION

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

|                      |             |                                  |                  |
|----------------------|-------------|----------------------------------|------------------|
| Client:              | SLB BASRA   | Certificate no:                  | QC-SLB/25191-10A |
| Location:            | D&M YARD    | Job Order No:                    | QC-SLB/25191     |
| Date of Examination: | 24-Jul-2025 | Next Inspection Due:             | 23-Jan-2026      |
| Last Inspection      |             | Last Proof Load Test Date        |                  |
| 29-Jan-2025          |             | After Any Repair Or Modification |                  |

| Serial Number:      | QTY                             | Description                                                                                                                                                                                            | PAYLOAD |
|---------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| OLU-MA-5016         | 01                              | <b>MUD LOGGING UNIT</b><br><br>Dim : 4.9 m(L) X 2.45 m (W) X 2.6 m (H)<br>FULLY WELDED STEEL CONSTRUCTION WITH FOUR TOP MOUNTED LIFTING POINTS<br>TARE WEIGHT : 7200 kg<br>MAX. GROSS WEIGHT : 9000 kg | 1800KG  |
| Reference Standard: | BS EN ISO 10855 DNV2.7-1 &2.7-2 |                                                                                                                                                                                                        |         |
| Pad Eyes Dimension: | Thickness:                      | Pin Hole:                                                                                                                                                                                              | Length: |
|                     | 22 mm                           | 26 mm                                                                                                                                                                                                  | 180 mm  |
|                     |                                 | Height:                                                                                                                                                                                                | 95 mm   |



Is this the first examination after Installation or assembly at a new site or location?

YES ☒ NO ☒

If the answer to the above question is YES has the equipment been installed correctly?

YES ☒ NO ☒  
N/A

Was the examination carried out?  
Within an interval of 6 months?  
Within an interval of 12 months?  
In accordance with an examination scheme?  
After the occurrence of exceptional circumstances?

YES ☒ NO ☒  
YES ☒ NO ☒  
YES ☒ NO ☒  
YES ☒ NO ☒  
YES ☒ NO ☒

Identification of any part found to have a defect, which is or could not 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?

YES by:

Particulars of any repair, renewal, or alteration required to remedy the defect identified above:

Particulars of any tests carried out as part of the examination: **NONE**

\*\* The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory

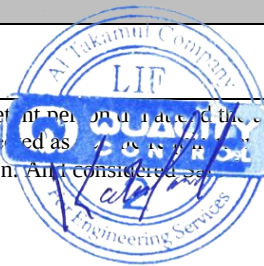
\*\* MPI was carried out on the pad eyes Welding Areas and found satisfactory, Check MPI Certificate No : (.....) attached.

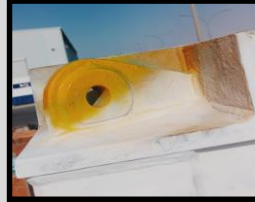
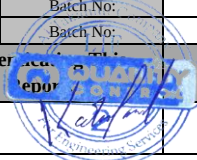
IS THIS EQUIPMENT SAFE TO OPERATE?

YES ☒ NO ☒

|                                      |            |                             |            |
|--------------------------------------|------------|-----------------------------|------------|
| LEEA & ASNT Level II Inspector Name: | SIGNATURE: | Authenticating This Report: | SIGNATURE: |
| Mohammad Abdullah                    |            | Ashraf Elsaad               |            |

**THIS IS TO CERTIFY THAT:** a competent person on 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.



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                           |                                                                       |                                      |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------|--------------------------------------|-----------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     | Online Traceability       | AL TAKAMUL COMPANY FOR ENGINEERING SERVICES<br>QUALITY CONTROL - IRAQ |                                      |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                           |                                                                       |                                      |           |
| <b>Visual Through Examination &amp; Magnetic Particles Examination Certificate</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                           |                                                                       |                                      |           |
| <b>Client</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>SLB BASRA</b>                                                                    | <b>Location</b>           | <b>D&amp;M YARD</b>                                                   |                                      |           |
| <b>Date of Examination:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>24/Jul/2025</b>                                                                  | <b>Certificate No:</b>    | <b>QC-SLB/25191-10B</b>                                               |                                      |           |
| <b>Date of Next Through Examination:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>23/Jan/2026</b>                                                                  | <b>Job Order Number:</b>  | <b>QC-SLB/25191</b>                                                   |                                      |           |
| <b>Description of the Examined Equipment</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     | <b>Serial Number</b>      | <b>Result</b>                                                         |                                      |           |
| <b>MUD LOGGING UNIT Pad Eyes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     | <b>OLU-MA5016</b>         | <b>Pass</b>                                                           |                                      |           |
| <div style="display: flex; justify-content: space-around; align-items: center;">  <div style="display: flex; flex-direction: column; gap: 10px;">   </div> </div>                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                           |                                                                       |                                      |           |
| <b>INSPECTION RESULT :</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                           |                                                                       |                                      |           |
| <b>VISUAL THOROUGH EXAMINATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Unit inspected and found free from deforms, cracks, corrosion & mechanical damage   |                           |                                                                       |                                      |           |
| <b>MAGNETIC PARTICLE INSPECTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Welds & forgn areas inspected and found free from cracks and other defects          |                           |                                                                       |                                      |           |
| <b>FINAL RESULTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Unit found satisfactory and free of defects at the time of inspection               |                           |                                                                       |                                      |           |
| <b>NDT Equipment Details</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                           |                                                                       |                                      |           |
| <b>Standard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ASTM E709                                                                           | <b>Viewing Condition:</b> | Colored Media                                                         | <b>Method:</b>                       | WET       |
| <b>AC/DC YOKE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Permanent                                                                           | <b>Serial No:</b>         | 201504048                                                             | <b>Due Date:</b>                     | 23-Aug-25 |
| <b>White Contrast</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | WCP-2                                                                               | <b>Batch No:</b>          | 008A009                                                               | <b>Due Date:</b>                     | Apr-26    |
| <b>Black Ink</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7HF                                                                                 | <b>Batch No:</b>          | 008A103                                                               | <b>Due Date:</b>                     | Jul-26    |
| <b>ASNT Level II Inspector Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Author</b>                                                                       |                           | <b>Signature &amp; Stamp:</b>                                         | <b>Review Signature &amp; Stamp:</b> |           |
| Mohammad Abdullah                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                           | Ashraf Elsaad                                                         |                                      |           |
| <div style="display: flex; justify-content: space-around; align-items: center;">         </div> |                                                                                     |                           |                                                                       |                                      |           |
| QC-QA-MT-010 Rev.02 Date SEP-2024.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                           |                                                                       |                                      |           |

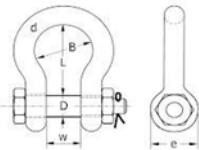


Al Takamul Company for Engineering Services  
Quality Control – Iraq

## LIFTING ACCESSORIES OF VISUAL AND THOROUGH EXAMINATION

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

|                      |             |                           |                 |
|----------------------|-------------|---------------------------|-----------------|
| Client:              | SLB BASRA   | Certificate no:           | QC-SLB/25191-10 |
| Location:            | D&M YARD    | Job Order No:             | QC-SLB/25191    |
| Date of Examination: | 24-Jul-2025 | Next Inspection Due:      | 23-Jan-2026     |
| Last Inspection      |             | Last Proof Load Test Date |                 |
| 29-Jan-2025          |             | BY MANUFACTURE            |                 |

| IDENTIFICATION NO                                                                                                                           | DESCRIPTION                                                                                                                                                                                                                 |   |    |   |                                                      |  | QTY | SWL                       |    |    |     |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|---|------------------------------------------------------|--|-----|---------------------------|----|----|-----|
| BA 145<br>BA 146                                                                                                                            | <div><u>Safety pin bow Shackles</u></div> <div><u>Diameter:</u> 1''<br/><u>Grade:</u> 6<br/><u>Manufacturer:</u> Crosby</div> <div></div> |   |    |   |                                                      |  | 02  | 8.5 TON<br>AT 0-45<br>DEG |    |    |     |
|                                                                                                                                             |                                                                                                                                                                                                                             |   |    |   |                                                      |  |     |                           |    |    |     |
| Applicable Reference Standard:                                                                                                              | BS EN 13889                                                                                                                                                                                                                 |   |    |   |                                                      |  |     |                           |    |    |     |
| * Is this the first examination after installation or assembly at a new site or location?                                                   |                                                                                                                                                                                                                             |   |    |   | Was the examination carried out?                     |  |     |                           |    |    |     |
|                                                                                                                                             | YES                                                                                                                                                                                                                         |   | NO | √ | * Within an interval of 6 months?                    |  | YES | √                         | NO |    |     |
|                                                                                                                                             |                                                                                                                                                                                                                             |   |    |   | * Within an interval of 12 months?                   |  | YES |                           | NO | √  |     |
| * If the answer to the above question is YES has the equipment been installed correctly?                                                    | 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: <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                       |    |    | By: |
| Particulars Of Any Repair, Renewal, Or Alteration Required To Remedy The Defect Identified Above: <b>None</b>                               |                                                                                                                                                                                                                             |   |    |   |                                                      |  |     |                           |    |    |     |
| ** Visual And Dimension Check was Carried Out.                                                                                              |                                                                                                                                                                                                                             |   |    |   |                                                      |  |     |                           |    |    |     |
| Is This Equipment Safe To Operate?                                                                                                          |                                                                                                                                                                                                                             |   |    |   | Yes Accept                                           |  | √   | NO Reject                 |    |    |     |

|                                         |                                                                                     |                             |            |
|-----------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|------------|
| LEEA & ASNT Level II<br>Inspector Name: | SIGNATURE:                                                                          | Authenticating This Report: | SIGNATURE: |
| Mohammad Abdullah                       |  | Ashraf Elsaad               |            |

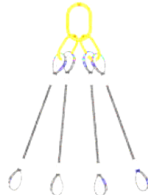
**THIS IS TO CERTIFY THAT:** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.

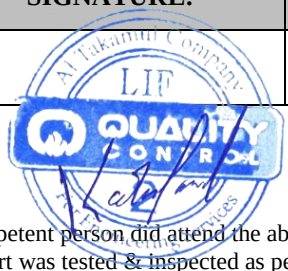


## LIFTING ACCESSORIES OF VISUAL AND THOROUGH EXAMINATION

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

|                      |             |                           |                 |
|----------------------|-------------|---------------------------|-----------------|
| Client:              | SLB BASRA   | Certificate no:           | QC-SLB/25191-11 |
| Location:            | D&M YARD    | Job Order No:             | QC-SLB/25191    |
| Date of Examination: | 24-Jul-2025 | Next Inspection Due:      | 23-Jan-2026     |
| Last Inspection      |             | Last Proof Load Test Date |                 |
| 29-Jan-2025          |             | BY MANUFACTURE            |                 |

| IDENTIFICATION NO                                                                                                                           | DESCRIPTION                                                                                                                                                                                                                                                                                                                            |                            |   |    |            |                                                      | QTY | SWL                      |    |     |   |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---|----|------------|------------------------------------------------------|-----|--------------------------|----|-----|---|
| A1007                                                                                                                                       | <p><b><u>Four Leg Wire Rope Sling.</u></b></p> <p><u>Diameter:</u> 26 mm<br/><u>Length:</u> 5.30 M<br/>IWRC, MECHANICALLY SPLICED<br/>WITH ALUMINUM FERRULE C/W<br/>MASTER LINK ASSEMBLY AT TOP<br/>HARD EYE AT BOTH END<br/>SAFETY FACTOR 5:1</p>  |                            |   |    |            |                                                      | 01  | 18 TON<br>AT 0-45<br>DEG |    |     |   |
| Applicable Reference Standard:                                                                                                              |                                                                                                                                                                                                                                                                                                                                        | BS EN 13414-1:2003+A2:2008 |   |    |            |                                                      |     |                          |    |     |   |
| * Is this the first examination after installation or assembly at a new site or location?                                                   |                                                                                                                                                                                                                                                                                                                                        |                            |   |    |            | Was the examination carried out?                     |     |                          |    |     |   |
|                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                        | YES                        |   | NO | √          | Within an interval of 6 months?<br>*                 |     | YES                      | √  | NO  |   |
|                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                        |                            |   |    |            | * Within an interval of 12 months?                   |     | YES                      |    | NO  | √ |
| * If the answer to the above question is YES has the equipment been installed correctly?                                                    |                                                                                                                                                                                                                                                                                                                                        | YES                        | √ | NO |            | * In accordance with 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: <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                      |    | By: |   |
| 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                |    |     |   |

| LEEA & ASNT Level II Inspector Name: | SIGNATURE:                                                                          | Authenticating This Report: | SIGNATURE: |
|--------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|------------|
| Mohammad 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.

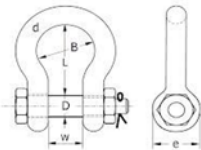


Al Takamul Company for Engineering Services  
Quality Control – Iraq

## LIFTING ACCESSORIES OF VISUAL AND THOROUGH EXAMINATION

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|                      |             |                           |                 |
|----------------------|-------------|---------------------------|-----------------|
| Client:              | SLB BASRA   | Certificate no:           | QC-SLB/25191-12 |
| Location:            | D&M YARD    | Job Order No:             | QC-SLB/25191    |
| Date of Examination: | 24-Jul-2025 | Next Inspection Due:      | 23-Jan-2026     |
| Last Inspection      |             | Last Proof Load Test Date |                 |
| 29-Jan-2025          |             | BY MANUFACTURE            |                 |

| IDENTIFICATION NO                                                                                                                           | DESCRIPTION                                                                                                                                                                                                                                 |  |  |    |            |  | QTY                                                  | SWL                       |     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----|------------|--|------------------------------------------------------|---------------------------|-----|--|
| 17118                                                                                                                                       | <div><div><u>Safety pin bow Shackles</u></div><div><div><u>Diameter:</u> 1''<br/><u>Grade:</u> 6<br/><u>Manufacturer:</u> GT</div><div></div></div></div> |  |  |    |            |  | 01                                                   | 8.5 TON<br>AT 0-45<br>DEG |     |  |
| Applicable Reference Standard:                                                                                                              | BS EN 13889                                                                                                                                                                                                                                 |  |  |    |            |  |                                                      |                           |     |  |
| * Is this the first examination after installation or assembly at a new site or location?                                                   | YES                                                                                                                                                                                                                                         |  |  | NO |            |  | Was the examination carried out?                     |                           |     |  |
|                                                                                                                                             |                                                                                                                                                                                                                                             |  |  |    |            |  | * Within an interval of 6 months?                    |                           |     |  |
|                                                                                                                                             |                                                                                                                                                                                                                                             |  |  |    |            |  | YES                                                  |                           |     |  |
| * If the answer to the above question is YES has the equipment been installed correctly?                                                    | YES                                                                                                                                                                                                                                         |  |  | NO |            |  | * Within an interval of 12 months?                   |                           |     |  |
|                                                                                                                                             |                                                                                                                                                                                                                                             |  |  |    |            |  | YES                                                  |                           |     |  |
|                                                                                                                                             |                                                                                                                                                                                                                                             |  |  |    |            |  | YES                                                  |                           |     |  |
| * By an examination scheme?                                                                                                                 | YES                                                                                                                                                                                                                                         |  |  | NO |            |  | * After the occurrence of exceptional circumstances? |                           |     |  |
|                                                                                                                                             |                                                                                                                                                                                                                                             |  |  |    |            |  | YES                                                  |                           |     |  |
|                                                                                                                                             |                                                                                                                                                                                                                                             |  |  |    |            |  | YES                                                  |                           |     |  |
| 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>                               |                                                                                                                                                                                                                                             |  |  |    |            |  |                                                      |                           |     |  |
| ** Visual And Dimension Check was Carried Out.                                                                                              |                                                                                                                                                                                                                                             |  |  |    |            |  |                                                      |                           |     |  |
| Is This Equipment Safe To Operate?                                                                                                          |                                                                                                                                                                                                                                             |  |  |    | Yes Accept |  | NO Reject                                            |                           |     |  |

|                                      |                                                                                     |                             |            |
|--------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|------------|
| LEEA & ASNT Level II Inspector Name: | SIGNATURE:                                                                          | Authenticating This Report: | SIGNATURE: |
| Mohammad 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.



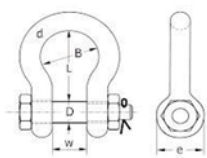


Al Takamul Company for Engineering Services  
Quality Control – Iraq

## LIFTING ACCESSORIES OF VISUAL AND THOROUGH EXAMINATION

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

|                      |             |                           |                 |
|----------------------|-------------|---------------------------|-----------------|
| Client:              | SLB BASRA   | Certificate no:           | QC-SLB/25191-13 |
| Location:            | D&M YARD    | Job Order No:             | QC-SLB/25191    |
| Date of Examination: | 24-Jul-2025 | Next Inspection Due:      | 23-Jan-2026     |
| Last Inspection      |             | Last Proof Load Test Date |                 |
| 29-Jan-2025          |             | BY MANUFACTURE            |                 |

| IDENTIFICATION NO                                                                                                                           | DESCRIPTION                                                                                                                                                                                                              |             |  |  |  |                                                      | QTY | SWL                       |  |           |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|--|--|------------------------------------------------------|-----|---------------------------|--|-----------|
| 17112                                                                                                                                       | <div><u>Safety pin bow Shackles</u></div> <div><u>Diameter:</u> 1''<br/><u>Grade:</u> 6<br/><u>Manufacturer:</u> GT6</div> <div></div> |             |  |  |  |                                                      | 01  | 8.5 TON<br>AT 0-45<br>DEG |  |           |
|                                                                                                                                             |                                                                                                                                                                                                                          |             |  |  |  |                                                      |     |                           |  |           |
| Applicable Reference Standard:                                                                                                              |                                                                                                                                                                                                                          | BS EN 13889 |  |  |  |                                                      |     |                           |  |           |
| * Is this the first examination after installation or assembly at a new site or location?                                                   |                                                                                                                                                                                                                          |             |  |  |  | Was the examination carried out?                     |     |                           |  |           |
|                                                                                                                                             |                                                                                                                                                                                                                          | YES         |  |  |  | * Within an interval of 6 months?                    |     |                           |  |           |
|                                                                                                                                             |                                                                                                                                                                                                                          | NO          |  |  |  | YES                                                  |     |                           |  |           |
| * If the answer to the above question is YES has the equipment been installed correctly?                                                    |                                                                                                                                                                                                                          | YES         |  |  |  | * Within an interval of 12 months?                   |     |                           |  |           |
|                                                                                                                                             |                                                                                                                                                                                                                          | NO          |  |  |  | YES                                                  |     |                           |  |           |
|                                                                                                                                             |                                                                                                                                                                                                                          | YES         |  |  |  | * By an examination scheme?                          |     |                           |  |           |
|                                                                                                                                             |                                                                                                                                                                                                                          | YES         |  |  |  | * After the occurrence of exceptional circumstances? |     |                           |  |           |
|                                                                                                                                             |                                                                                                                                                                                                                          | NO          |  |  |  | YES                                                  |     |                           |  |           |
|                                                                                                                                             |                                                                                                                                                                                                                          | 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 |

|                                         |                                                                                     |                             |            |
|-----------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|------------|
| LEEA & ASNT Level II<br>Inspector Name: | SIGNATURE:                                                                          | Authenticating This Report: | SIGNATURE: |
| Mohammad 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.