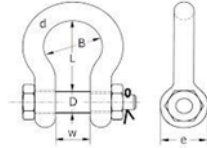
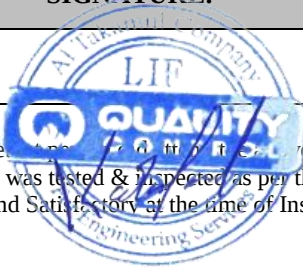


## LIFTING ACCESSORIES CERTIFICATE OF THOROUGH EXAMINATION

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-25206-16 |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| <b>LOCATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | WIRE LINE WORKSHOP                                                                                                                                                                                                                                            | <b>JOB NO:</b>                   | QC-SLB-25206    |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| <b>EXAMINATION DATE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8/Aug/2025                                                                                                                                                                                                                                                    |                                  |                 |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| <b>LAST INSPECTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>NEXT INSPECTION DATE</b>                                                                                                                                                                                                                                   | <b>LAST PROOF LOAD TEST DATE</b> |                 |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| 24/Feb/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7/Feb/2026                                                                                                                                                                                                                                                    | BY MANUFACTURE                   |                 |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| <b>IDENTIFICATION NO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DESCRIPTION</b>                                                                                                                                                                                                                                            | <b>QTY</b>                       | <b>SWL</b>      |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| NE2389A<br>NE2389B<br>NE2389C<br>NE2389D                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b><u>Safety pin bow Shackles</u></b></p> <p>Size: 3/4''<br/>Grade: 6<br/>Safety Factor: 6:1<br/>Manufacturer: Crosby</p>  <p><b><u>Attached in sling NE2389</u></b></p> | 04                               | 4.75 TON        |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| <b>Applicable Reference Standard:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BS EN 13889 / US FED SPEC RR-C-27 1 D UNIT 042                                                                                                                                                                                                                |                                  |                 |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| <b>* Is this the first examination after installation or assembly at a new site or location?</b>                                                                                                                                                                                                                                                                                                                                                                                                                    | <table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> </table>                                                                                                                                                                          |                                  |                 | YES                                     |   | NO | ✓ |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                               | NO                               | ✓               |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| <b>* If the answer to the above question is YES has the equipment been installed correctly?</b>                                                                                                                                                                                                                                                                                                                                                                                                                     | <table border="1"> <tr> <td>YES</td> <td>✓</td> <td>NO</td> <td></td> </tr> </table>                                                                                                                                                                          |                                  |                 | YES                                     | ✓ | NO |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ✓                                                                                                                                                                                                                                                             | NO                               |                 |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| <table border="1"> <tr> <td colspan="4"><b>Was the examination carried out?</b></td> </tr> <tr> <td><b>* Within an interval of 6 months?</b></td> <td>YES</td> <td>✓</td> <td>NO</td> </tr> <tr> <td><b>* Within an interval of 12 months?</b></td> <td>YES</td> <td></td> <td>NO</td> </tr> <tr> <td><b>* By an examination scheme?</b></td> <td>YES</td> <td>✓</td> <td>NO</td> </tr> <tr> <td><b>* After the occurrence of exceptional circumstances?</b></td> <td>YES</td> <td></td> <td>NO</td> </tr> </table> |                                                                                                                                                                                                                                                               |                                  |                 | <b>Was the examination carried out?</b> |   |    |   | <b>* Within an interval of 6 months?</b> | YES | ✓ | NO | <b>* Within an interval of 12 months?</b> | YES |  | NO | <b>* By an examination scheme?</b> | YES | ✓ | NO | <b>* After the occurrence of exceptional circumstances?</b> | YES |  | NO |
| <b>Was the examination carried out?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                               |                                  |                 |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| <b>* Within an interval of 6 months?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | YES                                                                                                                                                                                                                                                           | ✓                                | NO              |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| <b>* Within an interval of 12 months?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | YES                                                                                                                                                                                                                                                           |                                  | NO              |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| <b>* By an examination scheme?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | YES                                                                                                                                                                                                                                                           | ✓                                | NO              |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| <b>* After the occurrence of exceptional circumstances?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 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                               | 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       |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |

| INSPECTOR        | SIGNATURE:                                                                          | SUPERVISOR:   | SIGNATURE: |
|------------------|-------------------------------------------------------------------------------------|---------------|------------|
| Mohamed Abdallah |  | ASHRAF ELSAAD |            |

**THIS IS TO CERTIFY THAT;** a complete examination of the re-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.

