

## 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>CERTIFICATION NO:</b>    | QC-SLB-25215-18 |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| <b>LOCATION:</b>                                                                                                                            | WIRE LINE SPOOLING AREA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>JOB NO:</b>              | QC-SLB-25215    |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| <b>EXAMINATION DATE:</b>                                                                                                                    | 21/Aug/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                 |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| <b>LAST INSPECTION</b>                                                                                                                      | <b>NEXT INSPECTION DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>PROOF LOAD TEST DATE</b> |                 |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| 21/Feb/2025                                                                                                                                 | 20/Feb/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BY MANUFACTURE              |                 |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| <b>IDENTIFICATION NO</b>                                                                                                                    | <b>DESCRIPTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>QTY</b>                  | <b>SWL</b>      |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| F3976<br>F3975                                                                                                                              | <p><u>Single Leg Wire Rope Sling.</u></p> <p>Diameter: 8mm<br/>Length: 1.5 m<br/>IWRC, MECHANICALLY SPLICED<br/>WITH ALUMINUM FERRULE<br/>HARD EYE ON BOTH ENDS.<br/>SAFETY FACTOR 5:1</p>                                                                                                                                                                                                                                       | 02                          | 1.55 Ton        |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| <b>Applicable Reference Standard:</b>                                                                                                       | BS EN 13414-1:2003+A2:2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |                 |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| <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>                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                 |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| <b>Is This Equipment Safe To Operate?</b>                                                                                                   | Yes Accept                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ✓                           | NO Reject       |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |

| INSPECTOR         | SIGNATURE:                                                                          | SUPERVISOR:   | SIGNATURE: |
|-------------------|-------------------------------------------------------------------------------------|---------------|------------|
| Mohemmad Abdullah |  | Ashraf Alsaad |            |

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