

## 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-25209-36 |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| <b>LOCATION:</b>                                                                                                                            | ARTIFICIAL LIFT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                 |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| <b>EXAMINATION DATE:</b>                                                                                                                    | 24/Aug/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>JOB NO:</b>                   | QC-SLB-25209    |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| <b>LAST INSPECTION</b>                                                                                                                      | <b>NEXT INSPECTION DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>LAST PROOF LOAD TEST DATE</b> |                 |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| 24/Feb/2025                                                                                                                                 | 23/Feb/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BY MANUFACTURE                   |                 |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| <b>IDENTIFICATION NO</b>                                                                                                                    | <b>DESCRIPTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>QTY</b>                       | <b>SWL</b>      |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| SC8993<br>SC8996                                                                                                                            | <b><u>LIFTING CLAMP ASSEMBLY</u></b><br><br>Lifting Clamp Assembly, Into Two Halves Bolted Together Complete of Two Lifting Points One On Each Side. Constructed of Welded Steel Plates.<br><br>Manufacture: SCIMEX PRECISION ENGINEERING                                                                                                                                                                                                                                                                                                 | 02                               | 18000 LBS       |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| <b>Applicable Reference Standard:</b>                                                                                                       | BS EN 13155                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                 |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| <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="2"><b>Was the examination carried out?</b></td> <td colspan="2"></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                               | 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>                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                 |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |
| <b>Is This Equipment Safe To Operate?</b>                                                                                                   | Yes Accept                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | √                                | NO Reject       |                                         |   |    |   |                                          |     |   |    |                                           |     |  |    |                                    |     |   |    |                                                             |     |  |    |

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

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

