

LIFTING ACCESSORIES CERTIFICATE OF THOROUGH EXAMINATION

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

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|---|---|----------------------------------|-----------------|--|------------------------------------|-----|-----------|----|-----|---|
| CLIENT: | SLB BASRA | CERTIFICATE NO: | QC-SLB-25245-09 | | | | | | | |
| LOCATION: | ARTIFICIAL LIFT | | | | | | | | | |
| EXAMINATION DATE: | 23/Sep/2025 | JOB NO: | QC-SLB-25245 | | | | | | | |
| LAST INSPECTION | NEXT INSPECTION DATE | LAST PROOF LOAD TEST DATE | | | | | | | | |
| 24/Feb/2025 | 22/Mar/2026 | BY MANUFACTURE | | | | | | | | |
| IDENTIFICATION NO | DESCRIPTION | | QTY | SWL | | | | | | |
| A9007 | <p>Safety pin bow Shackles</p> <p>Size: 1 1/4" Grade: 6 Manufacturer: TOYOLIFT</p> <p>Safety Factor: 6:1</p> | | 01 | 12 TON | | | | | | |
| Applicable Reference Standard: | BS EN 13889 / US FED SPEC RR-C-27 1 D | | | | | | | | | |
| * 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 | | | |
| | √ | | | | * By an examination scheme? | | YES | | | |
| | | | | * After the occurrence of exceptional circumstances? | | YES | | NO | | |
| Identification of Any Part Found to Have a Defect Which Is or Could Become a Danger to Persons and A Description of the Defect: None | | | | | | | | | | |
| Is The Above a Defect Which Is of Immediate Danger to Persons | | | | | | | YES | | NO | √ |
| Is The Above a Defect Which Is Not Yet but Could Become a Danger to Persons: (If YES State The Date By When) | | | | | NO | | √ | | YES | |
| Particulars Of Any Repair, Renewal, Or Alteration Required To Remedy The Defect Identified Above: None | | | | | | | | | | |
| ** Visual and Dimension Check was Carried Out. | | | | | | | | | | |
| Is This Equipment Safe To Operate? | | | Yes Accept | | √ | | NO Reject | | | |

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|-------------------|-------------------|--------------------|-------------------|
| INSPECTOR | SIGNATURE: | SUPERVISOR: | SIGNATURE: |
| Mohammed 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.

