



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-25237-12 |
| Location: | WIRESLINE WORKSHOP | Job Order No: | QC-SLB-25237 |
| Date of Examination: | 16/Sep/2025 | Next Inspection Due: | 15/Mar/2026 |
| Last Inspection | | Last Proof Load Test Date | |
| N/A | | BY MANUFACTURE | |

| IDENTIFICATION NO | DESCRIPTION | QTY | SWL |
|---|---|--|---------------|
| M5822 | <p><u>Four Leg Wire Rope Sling.</u></p> <p>Diameter: 16 mm Length: 2.3 M IWRC, MECHANICALLY SPLICED WITH ALUMINUM FERRULE C/W MASTER LINK ASSEMBLY AT TOP HARD EYE AT BOTH END SAFETY FACTOR 5:1</p>  | 01 | 6.9 TON @ 45° |
| 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? | YES | | NO |
| | | | √ |
| * If the answer to the above question is YES has the equipment been installed correctly? | YES | | NO |
| | √ | | |
| | | Was the examination carried out? | |
| | | * Within an interval of 6 months? | |
| | | YES | |
| | | √ | |
| | | * Within an interval of 12 months? | |
| | | YES | |
| | | √ | |
| | | * By an examination scheme? | |
| | | YES | |
| | | √ | |
| | | * After the occurrence of exceptional circumstances? | |
| | | 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: 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 |
| | | √ | |

| | | | |
|--|---|------------------------------------|-------------------|
| LEE & ASNT Level II Inspector Name: | SIGNATURE: | Authenticating This Report: | SIGNATURE: |
| Mohammed 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.