

## LIFTING ACCESSORIES CERTIFICATE OF THOROUGH EXAMINATION

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

|                                                                                                                                             |                                                                                     |                                                                                                                          |                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| CLIENT:                                                                                                                                     | SLB BASRA                                                                           | CERTIFICATE NO:                                                                                                          | QC-SLB/25241-18                        |
| LOCATION:                                                                                                                                   | Compilation Workshop                                                                | JOB NO:                                                                                                                  | QC-SLB/25241                           |
| EXAMINATION DATE:                                                                                                                           | 20/Sep/2025                                                                         |                                                                                                                          |                                        |
| LAST INSPECTION                                                                                                                             | N/A                                                                                 | NEXT INSPECTION DATE                                                                                                     | 19/Mar/2026                            |
|                                                                                                                                             |                                                                                     | LAST PROOF LOAD TEST DATE                                                                                                | BY MANUFACTURE                         |
| IDENTIFICATION NO                                                                                                                           | DESCRIPTION                                                                         |                                                                                                                          | QTY                                    |
| KF05<br>KF06                                                                                                                                | <b>Swivel Double Eyes</b><br><br>SIZE: 1 1/4"<br>Grade: 6<br><br>Safety Factor: 6:1 |                                                                                                                          | 02                                     |
| Applicable Reference Standard:                                                                                                              |                                                                                     | BS EN 1677-4/ US FED SPEC RR-C-27 1 D                                                                                    |                                        |
| * Is this the first examination after installation or assembly at a new site or location?                                                   |                                                                                     | Was the examination carried out?                                                                                         |                                        |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                         |                                                                                     | * Within an interval of 6 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                    |                                        |
|                                                                                                                                             |                                                                                     | * Within an interval of 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                   |                                        |
| * If the answer to the above question is YES has the equipment been installed correctly?                                                    |                                                                                     | * By an examination scheme? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                          |                                        |
| YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                         |                                                                                     | * After the occurrence of exceptional circumstances? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                                        |
| 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 <input type="checkbox"/>                                                                                             | NO <input checked="" type="checkbox"/> |
| 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 <input checked="" type="checkbox"/>                                                                                   | YES <input type="checkbox"/>           |
| 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 <input checked="" type="checkbox"/>                                                                           | NO Reject <input type="checkbox"/>     |

| INSPECTOR        | SIGNATURE:                                                                          | SUPERVISOR:   | SIGNATURE: |
|------------------|-------------------------------------------------------------------------------------|---------------|------------|
| Mohamed Abdallah |  | 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.

