

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-25245-21 | |
| 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 |
| LG160525F3 | <u>Single Leg Chain Sling.</u> Dim: 10mm X 2ft C/W Grab Connector At The End G 80 SAFETY FACTOR 4:1 | | 02 | 13900 LBS |
| Applicable Reference Standard: | BS EN 818-2:1996+A1:2008 | | | |
| * 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 |
| | | | | NO |
| | | * 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 |
| | | | √ | By: |
| 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 | |
| | | √ | | |

| | | | |
|-------------------|-------------------|--------------------|-------------------|
| 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.

